



# Secondhand smoke's effects on brain development: ADHD and associated behaviors in children

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#### Abstract

Secondhand smoke, also known as passive smoking, is a serious health hazard that affects millions of people worldwide. Exposure to secondhand smoke has been linked to a range of negative health outcomes, including lung cancer, heart disease, and respiratory problems. In fact, the World Health Organization estimates that secondhand smoke causes more than 600,000 premature deaths each year. It's important for individuals and governments to take steps to reduce exposure to secondhand smoke in order to protect public health. The Inhalation of secondhand smoke by active smokers and their companions is associated with illness and death. Many young people around the world are exposed to secondhand smoke. Infants and young children worldwide are at increased risk of exposure to secondhand smoke before and after birth due to their underdeveloped brain, immune and respiratory systems. Prenatal and postnatal exposure to tobacco smoke is associated with impairment of executive function in children and contributes to current and future public health burdens. This review examines scientific advances in the relationship between secondhand smoke and the development of attention-deficit and hyperactive behavior in children, both as a symptom and as part of a mental health problem. Tobacco smoke inhalation has many effects that are best described in terms of changes in regulatory processes, including cell communication, structural development, and epigenetic effects that are passed from generation to generation. It was decided that public health efforts should aim to increase parental awareness and compliance with existing guidelines that do not recommend safe exposure levels.

**Keywords** Secondhand smoke  $\cdot$  Tobacco smoke  $\cdot$  Ambient tobacco smoke  $\cdot$  ADHD  $\cdot$  Neurotoxins  $\cdot$  Nicotine  $\cdot$  Environmental smoke  $\cdot$  Child development  $\cdot$  Psychopathology in childhood

## 1 Introduction

Since 2000, the Surgeon General of the United States has issued eleven Medical advice reports are being used to promote worldwide awareness of crucial public health issues. Seven of them deal with tobacco exposure, and the most comprehensive item includes a stern health warning to avoid circumstances with cigarette smoke whenever possible [1]. At least 250 harmful chemical gases are present in environmental tobacco smoke, Carbon monoxide, hydrogen cyanide, butane, ammonia, benzene, and toluene are a few examples. Lead, chromium, arsenic, and cadmium are among the more prominent hazardous metal components. According to the paper, It's not known for certain what the maximum safe amount of environmental exposure.

Tobacco smoke ingested by both the active firsthand smoker and his or her entourage is referred to as secondhand smoke. It is made up of Burning generates 85% of the side stream pollutants. cigarettes About 15% of overall emissions breathed by the person who smokes. Side stream smoke is regarded more harmful than mainstream smoke because it carries a larger quantity of scattered respirable contaminants across a longer exposure time [2].

Cigarette smoking and its byproducts are among the most dangerous substances. frequent contaminants found indoors on a global scale, with regional differences in indoor exposure ranging from 13% in hotter African settings to more than 50% of the population lives in the western Pacific or eastern Europe. Temperatures These geographical differences are primarily described by cigarette prevalence smoking indoors various nations as well as the

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weather—dependent ways of existence. Clearly, the quantity of smokers in an enclosed area affects indoor air quality. Globally, around 40% of the youngsters, 35 percent of women, as well as 33% of males are frequently uncovered by indoor smoke in the vicinity [3].

The house and the automobile are key sources of exposure to environmental contaminants because they play such an essential role in children and family life. According to air quality studies, houses provide harmful amounts of respirable smoke pollutants for young children [1] Until recently, private passenger automobiles were not included in estimates of juvenile exposure [4] carried out an experiment a simulated exposure to children to use a cigarette smoking inside a personal car for 5 min. When the windows were closed, mean concentrations of respirable suspended pollutant particles much surpassed the dangerous thresholds of specified inhalation criteria. Peak levels, which are frequently only noticed momentarily during the smoking phase, nearly twice the levels considered harmful. Even with the windows open, the air quality was judged "unhealthy" for youngsters. When the windows were open, a type of gas was less difficult to dilute compared to the other hanging respirable contaminants. Carbon monoxide levels are regarded a major hazard to oxygenation because the body has difficulty distinguishing oxygen-derived carbon monoxide and by accident bringing it into the circulation. While these results have been reproduced, the amount of absorbed lead and other hazardous elements remain unexplored, both experimentally and correlationally [5, 6].

It is not unexpected that newborns and young children bear the greatest public health burden associated with secondhand smoking, owing to their respiratory, immunological, and neurological systems [3, 7] As a result, neurotoxicity over time in growing Sick newborn syndrome and fetus when it comes to newborns, infants, and other major disorders in adolescents both and adults are predicted [1, 8] Aside from the unmistakable carcinogenic dangers, the health risks and deaths brought on by sluggish breathing of tobacco use, including its byproducts are costly due to boost primary visitations, asthma medications, and hospitalizations [9] The research demonstrates that there are cost-effective linkages between cognitive deficiencies and mental health difficulties in children [9, 10] adolescents [11] and adults [12, 13].

An rising strong relationship the vapor of use of tobacco and functional executive deficits involving kids [14] augments the current and upcoming illnesses weight estimates. Inability to focus or hyperactivity Problem The most typical type of (ADHD) executive dysfunction syndrome in young children, affecting around 2% to 9% of children [15] When compared to their counterparts, children with ADHD have deficiencies in sustained attention, impulse control, and behavioral activity regulation [16] These basic symptoms, which primarily affect guys, frequently begin in childhood, occur in a variety of circumstances, and may remain throughout maturity. Irritable, noncompliant, and oppositional conduct are examples of associated symptoms.

ADHD affects several elements of human functioning. including but not limited to [15]. (one) Connections with parents and other authorities, carers, also teachers; (two) Educational performance both onstage and in the classroom. conduct; along with (three) Connections to children, youth, and friends and fellow students. It also occurs disease signs and symptoms (disordered behavior, disordered defiance of authority, as well as anxiety issues) as well been related to societal upheaval at school, near where you live, both in the house. Following that deficiencies beyond effect one's own, social, and vocational performance, but also those of significant people. The amount of childhood symptoms encountered before to the age of ten increases the likelihood of social issues. Adults are at a sustained risk addictions to substances, the wrongdoing of others, divorce and auto collisions, not completed high school, as well as joblessness rises as symptoms worsen [15, 17, 18].

The number of youngsters suffering from ADHD appears to be increasing [19]–[20] There is considerable disagreement about whether the rise in occurrence a result of is because to increased sensitivity diagnostic parameters or greater public knowledge of the illness. Nonetheless, Approximately 25% of the school-age population suffers from 3 to 5 symptoms. frequently has the same level of handicap as their peers who fulfill six diagnostic criteria for symptoms [15] As a result of ADHD impacts social and vocational functioning, as well as costs the government sector more compared to other chronic conditions disorders, the expenses the health promotion, The areas of educational and legal systems are astounding [21].

There is accumulating evidence that mother smoking during pregnancy is harmful linked with ADHD, executive function, to neurological dangers in growth and development issues, and the most common are cognitive impairments prevalent results[7, 22]-[24] After evaluating decades of animal and human research, [25] determined that little birth weight and reduced Brain development occurs in utero. two of the oldest explanatory reasons for the predicted consequences of prenatal The influence of tobacco usage on neurobehavioral development. Both are most likely the result of prolonged fetal hypoxia, which is produced by increased placental vascular resistance, decreased blood flow to the fetus, and elevated carboxyhemoglobin levels in the maternal and fetal circulatory systems [26]. In terms of the magnitude of the influence, [25] Count on each daily pack of cigarettes to reduce birth weight by 5%. Smokes consumed by mothers in comparison to nonsmokers' offspring. The researchers discovered convincing prospective long-term relationships between prenatal tobacco use and neurobehavioral outcomes at age 10 while adjusting for prenatal exposure to other drugs, contemporary family adversity factors, and mother psychological traits (This includes depression, traumatic life experiences, drug abuse, as well as social assistance), as well as the kid's secondhand smoke 10 years of exposure cotinine levels in the urine [24].

Although its fundamental construction is completed between the ages of 38 and 40 weeks of During pregnancy, The human mind is undeveloped triples in height and weight at birth throughout the first twenty-four months [27] Mass profits result from increases in regional development and coordinated circuitry. Even simple measurements like fetal head circumference reveal delayed development [28] This decrease was calculated to be When compared to fetuses of mothers who never smoked throughout pregnancy, 0.13 mm per week. Fetuses with smoking mothers had a 0.04 mm increase in biparietal diameter. less than their nonsmoking mother peers each week. If moms smoked throughout pregnancy, the atrioventricular breadth The transcerebellar diameter was 0.08 mm smaller and the lateral ventricle was 0.12 mm smaller. Even while these infants often experience a brief increase in weight and length throughout childhood, reduced head circumference tends to remain until early childhood. On the positive side, Reduced head circumference may be averted if pregnant women can stop smoking even late in their pregnancy [29].

Another evaluation thirteen A population-based study and six case-control studies revealed that pregnant women smoke much more. raised the incidence of ADHD and its co-occurring symptoms, even after controlling for significant confounders [30]. Children who were exposed during pregnancy were more than twice as likely to With a pooled odds ratio of 2.39, children of never-smoked mothers are more likely to acquire ADHD. (eleven of the thirteen populationbased studies examined). The following sources of information draws similar results, but employing somewhat different data bases and varied time frames for review: (1) The relationship persists either examined discretely (as a diagnosis) or continuously (as behavior issues on a continuum); (2) symptom intensity is proportional to the quantity of gestational smoking exposure, demonstrating a dose-response connection; (3) developmental disruption spans across the neuropsychological, cognitive, and behavioral functioning spectrums; and (4) the predisposition for risk continues. As a result, children's brain systems are especially vulnerable to cigarette smoke exposure.

Although mother smoking has the biggest influence, even indirect gestational exposure via secondhand smoke can affect newborn Neurobehavioral development and birth weight. Nonsmoking pregnant Danish women exposed to a combination of secondhand smoke Babies weighing 79 g less than unaffected moms were born both inside and outside the house [31]. Furthermore, a recent prospective birth cohort research discovered that prenatal exposure to a smoking father expected future signals of By the age of ten, children of never-smoking mothers had hyperactivity/ inattention problems [32].

Children born to moms who smoked while pregnant after birth are more likely to come into contact with cigarette smoke [33] On the one hand, new research have improved the precision of the aforementioned prenatal risk estimates by correcting for postnatal cigarette smoke exposure[13] as well as pre-existing parental psychopathology [24] On the other hand, this presents a good argument for investigating the long-term consequences of postnatal secondhand smoking, particularly throughout the early childhood years.

An objective index of daily In cross-sectional research on secondhand smoke exposure, tobacco smoke exposure was used. Serum cotinine values are included in The National Institute of Health and Nutrition Examination Survey (NHNES) 2001-2004 was a cross-sectional data collection of American adults. children aged 8 to 15. (a nicotine metabolite-containing biomarker in the serum or urine). Making use of this information, [11] Increases in household smoke exposure were found to predict rises in the diagnostic/symptom ADHD ratio of counts. For the outcomes in this study, a structured diagnostic interview conducted by trained lay interviewers was used, together with a range of controls such as sociodemographic and racial factors, Prenatal cigarette smoking by parents and birth weight. as stated by the parent accounts, these findings are comparable to a study conducted with 8-year-olds by the community-based Scottish Health Service. Cotinine was associated to continuous assessments of In a survey, hyperactive behavior was measured using a dimensional scale rather than a diagnostic scale [9, 34] In addition to serum lead levels and other common control variables, researchers discovered a substantial inverse connection between urine cotinine levels and neurocognitive performance assessments. Although cotinine measurements obviously benefit these two associational research, their cross-sectional design disadvantages them.

Longitudinal studies of child development that account for the long-term consequences of prenatal exposure are the most convincing research. Birth cohort studies of the first generation have yielded unclear results because they usually rely on parent reports of both smoking and child outcomes. One New Zealand study found that postnatal When compared to children who were not exposed, exposure to maternal smoking significantly exacerbated children's attention deficit symptoms [35] in addition to a variety of confounding variables such as prenatal maternal smoking. After combining all 36 regressions into a single structural equation model This includes all three comorbidities. outcomes, these effects were arguably eliminated (Disruptive behavior, conduct disorder, and attention deficit) one Using ordinary least squares regressions, two different American research found revealed mother smoking, both before and after birth, predicted children's impairments with cognitive control and attention[33] and hyperactive behavior [36] in a dosage-dependent manner. Thus, first-generation birth cohort studies show that children have a higher probability of externalizing rather than internalizing behavior outcomes, show some dose-dependence and underscore the need of controlling Regarding prenatal tobacco smoke exposure and other factors associated with family disadvantage (view Table 1).

Second generation birth cohort studies that include parent (mainly mother) or self-reported smoking data consistently indicate a detrimental impact. In terms of statistical control, these research are consistent and plentiful. The most severe neurotoxic environmental effect on children is caused by maternal secondhand smoking [25, 37]. Persistent mother smoking (smoking both before and during pregnancy) has been found to be independently related concerning parental ratings behavioural difficulties in British youngsters. in direct contrast to the outcomes of [35] When postnatal smoking was investigated independently, they discovered that prenatal smoking no longer significantly predicted behavioral difficulties. Not long ago, [38] A birth cohort of American children was followed up on despite controlling for a variety of significant variables like as Prenatal smoking with self-reported ADHD symptoms in mothers. Smoking among postnatal mothers and fathers was seen. ADHD symptoms and oppositional behavior were linked to parent and teacher ratings throughout the first seven years of life. Likewise, utilizing a German birth cohort, [39] When compared to offspring of nonsmoking parents, children exposed to postnatal tobacco smoke had nearly twice the expected risk of hyperactive/inattentive behavior at age 10.

Parents are more likely to underreport than overreport their children's exposure to cigarette smoke [7] It makes

Table 1	Studies on	the effects o	f smoking	and secondhand	smoke from	2017 t	through 2023

Aseervatham et al. [43]	Cigarette smoking is known to be harmful to health, and is considered the main cause of death worldwide, Among the well-distinguished diseases related to smoking are, chronic obstructive pulmonary disease, oral and peripheral cancers, and cardiovascular complications. However, the impact of cigarette smoking on neurocognitive and neuropathological effects, including anxiety, Alzheimer's disease, Parkinson's disease, ischemic stroke, Cigarette smoke consists of more than 4500 toxic chemicals that combine to form free radicals, stress-associated to neurological disorders
Lee et al. [44]	<ul> <li>Smoking by mothers during pregnancy is a documented risk factor for unplanned births. newborn mortality SUID. The goal of this research is to examine at the effects of mother prenatal smoking, decrease throughout pregnancy, and smoking during pregnancy on SUID rates</li> <li>SUID incidence more than doubled If any parental smoking occurring during, pregnancy and more than doubled between no smoking and one cigarette per day throughout pregnancy. The risk of SUID grew linearly from 1 to 20 cigarettes per day, with each extra cigarette smoked per day increasing the risks by after 20 cigarettes, the link plateaued. Mothers who quit or decreased their Those who do not smoke have a reduced risk than those who do. Assuming causation, mother smoking during pregnancy is responsible for 22% of SUIDs in the United States</li> </ul>
Alrouji et al. [45]	Smoking is a leading cause of death and morbidity. It is considered a risk factor for many immune-mediated inflamma- tory diseases, including multiple sclerosis (MS). We are studying the complex immunological effects of smoking on the immune system, including enhanced inflammatory responses while reducing certain immune defenses, leading to increased susceptibility to infection and a persistent pro-inflammatory environment. Smoking is an important environ- mental risk factor for the development and outcome of MS and acts largely through immune mechanisms
Miranda et al. [46]	Metabolic syndrome is characterized by increased abdominal fat, dyslipidemia, diabetes mellitus and hypertension. Obesity is a public health problem in which several complex factors have been implicated, including environmental pollutants. For instance, maternal smoking seems to play a role in obesogenesis in childhood. Given the association between endocrine disruptors, obesity and metabolic programming, Nicotine or tobacco exposure during breastfeed- ing induces several endocrine dysfunctions in a sex- and tissue-specific manner. An understanding of this issue can provide support to prevent long-term disorders, mainly related to the risk of obesity and its comorbidities, in future generations
Premkumarv et al. [47]	According to a review of the data, smoking is an independent risk factor for liver fibrosis and contributes to HCC carcinogenesis. Heavy smoking causes systemic inflammation, oxidative stress, insulin resistance, tissue hypoxia, and free radical damage. Cancers of the lungs, oral cavity, esophagus, pancreas, and colon are among them, as are atherosclerotic vascular disease and stroke
Archie et al. [48]	Accumulating evidence suggests that the deleterious effects of nicotine and tobacco smoke on the central nervous system (CNS) result from neurotoxic effects of nicotine on blood–brain barrier permeability, nicotinic acetylcholine receptor expression, and dopaminergic systems. The ultimate consequences of these nicotine-related neurotoxicities can lead to cerebrovascular dysfunction, altered behavioral outcomes (hyperactivity and cognitive impairment), and future substance abuse and addiction
Colyer-Patel et al. [49]	The results suggest that adolescence is more susceptible to repeated and long-term effects of nicotine and/or tobacco exposure on various aspects of cognition and the brain mechanisms underlying these processes. Limited human studies and more extensive but heterogeneous animal studies provide preliminary evidence for the unique effects of tobacco and/or nicotine on learning and memory processes during adolescence. Adolescents in particular showed more fear learning and fear-related behaviours

the previous findings more conservative, not less. Smoking mothers and fathers cluster together like birds of a feather [40] In fact, when moms are paired with smoking fathers, they are more likely to smoke more cigarettes [41] As a result, there is reason to include Another example is total household smoking exposure. way to investigate secondhand smoking's negative influence on neurobehavioral development.

There have been few research that look into the link between total family Children's behavioral development and smoking (view Table 1). A sample that is nationally representative of children and adolescents in the United States, [42] It has been discovered that children who live in families with smokers are more likely to have emotional and behavioral difficulties. Even in the absence of mother smoking, The prevalence of such diseases increased as the number of smokers in the family increased. Similarly, examined the connection between parental-reported postnatal secondhand cigarette use and [14].

Smoking in the house and officially diagnosed neurobehavioral problems (ADHD, learning impairments, and behavioral issues) is a sample that is indicative of the entire country of American youngsters aged 6 to 12. When compared to youngsters who have not been exposed, Children who had been exposed to secondhand smoke at home were found to have a 50% greater chance of have a pair or more juvenile neurobehavioral problems. Children of a certain age, particularly males and those aged 9 to 11, and those in the lowest households were more prone. These twohouse research had promise confounders like as gestational smoking exposure and overcrowding. Nonetheless, their conclusions have lately been confirmed by [32], Children who were exposed to cigarette smoke in the household had a 59% higher risk of hyperactive-inattentive conduct. This is the only home smoking research that took into account gestational tobacco smoke exposure.

Longitudinal studies based on anticipated relationships rather than causal ones are the most appropriate human research in this field. These are considered natural experiments since there is no manipulation. The goal of introducing The goal of control variables is to eliminate as much confusion as possible. This component, in addition to revealing dose-dependent linkages, puts the outcomes closer to causation. Nonetheless, several of the mentioned research are afflicted by technological slant (Very few studies employ distinct data sources for mother reports for both smoking and child characteristics.) Cross-sectional studies that employ objective Cotinine testing or diagnostic interviews are required. A case of the chicken and the egg. Women who prefer to smoke while pregnant or thereafter have a higher level of psychological risk than other women [40, 50]. Furthermore, nicotine exposure throughout pregnancy and youth is connected to any degree of psychopathology

in infancy (such as hyperactivity and attention impairments weak memory, as well as poor coordination and modest cognitive issues) [25, 51]. As a result, in the multivariate regressions, The aforementioned longitudinal studies try to account for a wide range of potential child, gestational, parental, and family factors in order to better isolate estimates of the relationship There is a link between secondhand smoking and children's results. Nonetheless, competing explanations continue to provide a significant barrier to longitudinal studies that depend on correlations to estimate risk due to their design. Moving from investigating factors to examining consequences, experimental animal experiments Please enable us to measure the neurocognitive impairment caused by specific tobacco smoke components while eliminating human social biases and confounding.

## 2 A developmental approach to neurobehavioral impairments and environmental cigarette smoke

Although most studies on tobacco smoke and There is reason to assume that postnatal environmental exposure induces Similar neurobehavioral impairments to prenatal exposure. Although most studies on brain development focus on prenatal exposure, there is evidence that postnatal environmental exposure causes similar neurobehavioral deficits. Since the 1950s, tobacco smoke has been shown to impede DNA synthesis in the brains of newborn rats 1980s. Using an experimental design based on rhesus monkeys, show a mechanistic link the relationship between prenatal andpostnatal smoking exposure and neurological abnormalities in monkeys made public to cigarette smoke at random. They looked for cell injury indicators and lipid peroxidation in cortical and midbrain areas after the exposure. There were two distinct (1) Cell loss was detected as a tendency. (decreased concentration of DNA) and associated Cell size expansion (more protein / DNA proportion); and (2) smaller, more numerous glia replace these larger neural cells (increased DNA concentration, decreased protein/DNA ratio). Neurites are shown by the ratio of membrane to total protein. development, shows that neuronal projections may have been damaged. This was linked to reactive sprouting. Regional selectivity, direction, and amplitude of responses to prenatal and postnatal exposure were similar. As a result, even at dosages not high enough to cause fetal development retardation, the quantitatively unpleasant consequences of postnatal exposure match those experienced prenatally.

The results of [52] back up the claim that worries should not stop with pregnancy and breastfeeding. Rodent models have been used to make similar claims [53]. Despite the fact that the leap from animals to humans is enormous, as well as the vast majority of Although most human research focuses Prospective associational research on the prenatal period utilizing birth cohorts mentioned in the preceding section warrant additional exploration, especially considering that the human brain continues to develop crucially during the early childhood era [54, 55].

As a result, measures of both motor and executive function aspects have been used. mimics of cognitive human control difficulties connected to ADHD in nicotine-exposed rat models [53]. The consequences of prenatal nicotine exposure on mouse locomotion and motor abilities reveal long-term hyperactivity and increased stereotypy counts [56, 57]. Animals Nicotine and carbon monoxide exposure during pregnancy at random exhibit Atypical hyperactivity and arousal are linked modification of inhibitory control as an executive function [58]. There are also postnatal instances. For example, adolescent exposure causes long-term cognitive impairments in adult rats [60].

In one integrated mammalian brain model, researchers addressed both rats and humans [53]. Consider ADHD to be a cognitive control issue caused mostly by poor or erroneous sensory processing. They claim that nicotine exposure causes ADHD. The relationship is explained by nicotineinduced neurobiological abnormalities, which result in poor sensory processing. Tobacco smoke exposure during pregnancy induces cognitive and attention deficits in visual and auditory abilities that mirror ADHD symptoms and remain into late adolescence in humans [61]. Following nicotine use, rats have comparable deficits in auditory processing [62]. Despite unchanged auditory stimuli detection skills, these deficiencies limit the cognitive control-demanding tasks' sensory corticothalamic-thalamocortical response relay [63, 64].

The hypothesis that defective connectivity After developmental nicotine exposure, there is a decreased efficiency of sensory processing sensory system and the thalamus cortex, which explains microprocesses. Environmental nicotine exposure may cause molecular and cellular changes in neurons. Such modifications might have a deleterious impact on synaptic organization and so disturb network architecture. The next sections discuss numerous potential mechanisms that might explain how developing nicotine exposure could cause improper sensory input processing, which could lead to cognitive control issues [53].

## 2.1 Cellular communication

From the third trimester on, The human developing brain contains nicotinic acetylcholine receptors (nAChRs) on neuronal cells. These govern critical elements of brain growth during pregnancy, childhood, and adolescence. nAChRs routinely and intermittently upregulate or modify the subunit composition of brain structures that go through essential stages of differentiation and synaptogenesis throughout early critical developmental periods [23]. As a result, they are highly sensitive to environmental conditions [65]. nAChRs are the major targets for nicotine-induced prenatal and postnatal activation [66].

The fact that nAChRs are derived from fetuses means that they have an impact on how quickly the corticothalamicthalamocortical region develops, which impacts childhood psychopathology. Nicotine exposure during pregnancy and early childhood can disrupt sensory processing is chronically dysregulated due to connections between the cortex of the thalamus and the sensory system [53]. This can happen for a variety of reasons. First, nAChR activation alters Synaptic plasticity ought to activate the effects of both. During crucial stages of brain development, nicotine exposure and endogenous cholinergic transmission alter cellular, physiological, and behavioral expression [66]. Second, findings from both developmentally exposed and genetically engineered mice show that nicotine appears to impact the formation and development of fundamental thalamocortical neurons, which control how rodents and humans process sensory data. via nAChRs [23]. Nicotine, most likely via  $\alpha$ 7 and  $\alpha$ 4 $\beta$ 2 nAChRs, may cause alterations in molecular and cellular processes, hence modulating disease in synaptic plasticity [67] Rodent model observations reveal sustained after being exposed to nicotine during embryonic development, there are increases in nicotine binding, and it seems that  $\alpha 4\beta 2^*$ the more nAChRs susceptible a7 nAChRs increase regulation [67, 68]. Males are more vulnerable to developmental abnormalities in both animal and human models [65]. Longterm nAChR activation is linked to long-term cognitive and attention impairments [23]. Furthermore, prolonged nAChR activation is linked to the onset and persistence of smoking and other addictive behaviors [69] with earlier beginning in children with ADHD [70].

Surprisingly, only 1 or 2 puffs of mainstream cigarette smoke provide sufficient levels of plasma nicotine to completely fill the half  $\alpha 4\beta 2$  full-cigarette smoke while using nAChRs leads nAChR Human subtypes are nearly completely saturated by this sensitive receptor[71] Even mild exposure, such like spending an hour in the car's passenger seat next to a smoker, resulted in significant occupancy of  $\alpha 4\beta 2$  nAChRs [72], that also start smoking cigarettes, dependency, both smoking and not smoking, as well as desire [71] Babies and children can breathe demands It's about 2-4 times more per kilogram of body weight. superior to adults due to the immaturity of numerous important systems. As a result, unpleasant increases in plasma nicotine content and nAChR occupancy from identical levels of secondhand smoke exposure are expected to be larger in children than in adults [4].

A growing body of research suggests that the dysregulation of the nicortinic cholinergic system is responsible for modulating the sensory processing input processes, which accounts for the control issues that are typical of ADHD [73] nAChRs also have a role in the regulation of neurotransmitters including dopamine and serotonin. Continuously elevated Noradrenaline and dopamine responses can be impacted by nicotine levels, which may contribute to the ADHD [74] that accompanied by developmental psychopathology [74] A number of compelling rodent studies demonstrate that embryonic nicotine exposure causes changes in the DA and NE systems, which are all connected to Impulsive, agitated, and careless behavior [54] Once again, the data shows that risk levels differ by gender, with men being more susceptible to alterations in forebrain catecholamines [66]. Nicotine appears to increase Rat Neuronal turnover in the forebrain's dopaminergic (DA) and noradrenergic (NE) systems (however, not the brainstem.), decrease in ongoing turnover that begins around day 15 of life, followed by as well as the third trimester of human pregnancy. as a result of catecholaminergic prefrontal cortex transmission cortex is hypothesized to be disturbed in ADHD, changes in DA and NE in the neocortex are important [75].

Some sensory processing aspects of ADHD symptoms may be significantly impacted by the non-normative development of the serotonergic system [76]. The expression of the 5HT1A and 5HT2 receptors, as well as the serotonin transporter, has changed, as well as disturbances in adenylyl cyclase activity and the serotonin signaling molecules downstream, are related with nicotine use [77]. Although these pathways show that exposure to nicotine directly disrupts monoaminergic systems, disruptions of the endogenous cholinergic system, whether direct or indirect, remain a possibility. could account for developmental and neurochemical psychopathology observed after nicotine exposure[74] That is, nicotine may incorrectly mimic or duplicate endogenous signals produced by acetylcholine ACh, which an important part when synaptic formation is normal, by functioning as a nAChR agonist [78]. ACh signaling could be affected by exposure causing aberrant desensitization of the nAChR overexpression, resulting changes in cholinergic signaling's amplitude [54]. Finally, ACh activation of nAChRs may disrupt the maturational cadence of the GABA system [79]. This could have a significant impact on the nervous system's subsequent development, because Properly timed systemic GABA signaling affects both the growth and migration of neuronal precursors as well as the expansion and development of dendritic structure. hippocampal region and the somatosensory cortex. They both serve as sensory areas. The memory, learning, and processing components of ADHD are included in its developmental psychopathology [80, 81].

#### 2.2 Structural brain development

Studies on environmental tobacco smoke exposure reveal severe structural brain abnormalities related with ADHD

and other disruptive behaviors [82, 83]. ADHD in childhood is connected with disrupted frontostriatal and frontocerebellar circuitries as an executive function deficit [84, 85]. The prefrontal (dorsolateral and lateral orbital) areas are thought to be crucial in Executive function involves the ventromedial and orbitofrontal regions. thought to be crucial for controlling emotions. Attention and inhibitory control are mediated by frontostriatal regions (side of the prefrontal cortex, the dorsal anterior the putamen, caudate, and cingulate cortex) [86].

ADHD is defined a postponement in the age at which the period of increased development during childhood begins, The period of cortical thinning that occurs during adolescence partially replaces the state of cortical thickness [87] Peak cortical thickness in the cerebrum is acquired at around 7 years in regularly developing children, but at roughly 10 years in children with ADHD, with the delay most noticeable in the lateral prefrontal cortex [88]. The orbitofrontal cortex is used to analyze cues linked with rewards and to inhibit impulsive behavior [89] It appears that prenatal tobacco smoke exposure interferes with the development of this area. It has been linked to People exposed during pregnancy experience thinning of the human orbitofrontal cortex by adolescence [90]. This might help to explain the connection between impulsive conduct and substance abuse [17, 90]. It was discovered that prenatal Exposure to cigarette smoke hinders the development of the orbitofrontal cortex, increasing the chance using drugs in teenagers. Despite the thinned orbitofrontal cortex related teens exposed to tobacco smoke have a wider variety of drug experiences. during pregnancy, It may not yet be known how long-term exposure to secondhand smoke will affect this aspect of cortical development. abnormalities in the frontoparietal and temporal cortices, [91] along with a widespread distribution of gray matter accompanying signs of impulsivity/hyperactivity [92] Its impulsiveness is connected with lower brain sizes For example, [93, 94] In patients with a single diagnosis of ADHD, gray matter volume decreased by 5.2%. By adolescence, pregnant women who smoke tobacco are probably going to experience long-term declines in their region's cerebral gray matter [95] and white-matter integrity by adolescence [96].

The limbic system and its associated subcortical structures are also important when examining data pertaining to emotional control. For instance, impulsive, uncontrolled behavior is seen in adults with orbitofrontal lesions [97] There is a relationship between dysfunction of the limbic system and irregularities in orbitofrontal cortex development. This may shed light on the connections between juvenile ADHD and conditions with co-occurring symptoms or antisocial diagnoses. (Problems with behaviorand antisocial behavior). It is not surprising that exposure to secondhand smoke is associated with structural abnormalities in areas linked to both adult and adolescent antisocial behavior [98].

## 2.3 Epigenetic

There are unique gene editions that, while blended with the contextual enjoy of early smoke publicity, bring about more threat. Children with copies of a dopamine transporter gene polymorphism are at drastically extra threat for ADHD in instances in which moms smoke [99] Genetically touchy research have documented interactions among prenatal smoking and unique genotype editions (withinside the DAT1, DRD4, and CHRNA4) and ADHD-associated outcomes [100–102]. For example, determined that having a selected allele on both the DRD4 or DAT1 gene and a gestational records of tobacco smoke 3 instances more threat of getting and ADHD blended analysis in an American, population-primarily based totally pattern of 15,000 twins. This threat triples (to 9 instances) while youngsters have a selected allele on each the ones genes.

Animal models suggest that the noxious impact of maternal nicotine publicity isn't always contained withinside the first technology of offspring. Rather, it seems to have an effect on the offspring from one technology to the subsequent. Second technology offspring whose moms have been gestationally uncovered to nicotine display signs of metabolic syndrome Clearly, the intergenerational effect of nicotine and different noxious factors of tobacco smoke warrants research in destiny studies addressing each animals and humans.

The developmental neuro deficits related to ADHD and next person life-style dangers related to the ailment can also additionally harbor dangers for fitness and well being for the people as adults and their families [51] That is, epigenetic results set the degree for intergenerational transmission of an impulsive parenting surroundings for the subsequent technology of offspring, typically characterised with the aid of using dad and mom who smoke and harbor much less fitness-orientated attitudes [40] Less ok self-law of impulses and more emotional reactivity, which signify ADHD, can also additionally negatively impact the own circle of relatives surroundings and bring about cumulative threat for physiological dysregulation amongst its man or woman members, hence predicting own circle of relatives dysfunction [103] and negative fitness [104].

Smoking in the house and officially diagnosed neurobehavioral problems (ADHD, learning impairments, and behavioral issues) is a sample that is indicative of the entire country of American youngsters aged 6 to 12. When compared to youngsters who have not been exposed, Children who had been exposed to secondhand smoke at home were found to have a 50% greater chance of have a pair or more juvenile neurobehavioral problems. Children of a certain age, particularly males and those aged 9 to 11, and those in the lowest households were more prone. These twohouse research had promise confounders like as gestational smoking exposure and overcrowding. Nonetheless, their conclusions have lately been confirmed by [32], Children who were exposed to cigarette smoke in the household had a 59% higher risk of hyperactive-inattentive conduct. This is the only home smoking research that took into account gestational tobacco smoke exposure.

Longitudinal studies based on anticipated relationships rather than causal ones are the most appropriate human research in this field. These are considered natural experiments since there is no manipulation. The goal of introducing The goal of control variables is to eliminate as much confusion as possible. This component, in addition to revealing dose-dependent linkages, puts the outcomes closer to causation. Nonetheless, several of the mentioned research are afflicted by technological slant (Very few studies employ distinct data sources for mother reports for both smoking and child characteristics.) Cross-sectional studies that employ objective Cotinine testing or diagnostic interviews are required. A case of the chicken and the egg. Women who prefer to smoke while pregnant or thereafter have a higher level of psychological risk than other women [40, 50]. Furthermore, nicotine exposure throughout pregnancy and youth is connected to any degree of psychopathology in infancy (such as hyperactivity and attention impairments weak memory, as well as poor coordination and modest cognitive issues) [25, 51]. As a result, in the multivariate regressions, The aforementioned longitudinal studies try to account for a wide range of potential child, gestational, parental, and family factors in order to better isolate estimates of the relationship There is a link between secondhand smoking and children's results. Nonetheless, competing explanations continue to provide a significant barrier to longitudinal studies that depend on correlations to estimate risk due to their design. Moving from investigating factors to examining consequences, experimental animal experiments Please enable us to measure the neurocognitive impairment caused by specific tobacco smoke components while eliminating human social biases and confounding.

## 3 A developmental approach to neurobehavioral impairments and environmental cigarette smoke

Although most studies on tobacco smoke and There is reason to assume that postnatal environmental exposure induces Similar neurobehavioral impairments to prenatal exposure. Although most studies on brain development focus on prenatal exposure, there is evidence that postnatal environmental exposure causes similar neurobehavioral deficits. Since the

1950s, tobacco smoke has been shown to impede DNA synthesis in the brains of newborn rats 1980s. Using an experimental design based on rhesus monkeys, show a mechanistic link the relationship between prenatal andpostnatal smoking exposure and neurological abnormalities in monkeys made public to cigarette smoke at random. They looked for cell injury indicators and lipid peroxidation in cortical and midbrain areas after the exposure. There were two distinct (1) Cell loss was detected as a tendency. (decreased concentration of DNA) and associated Cell size expansion (more protein / DNA proportion); and (2) smaller, more numerous glia replace these larger neural cells (increased DNA concentration, decreased protein/DNA ratio). Neurites are shown by the ratio of membrane to total protein. development, shows that neuronal projections may have been damaged. This was linked to reactive sprouting. Regional selectivity, direction, and amplitude of responses to prenatal and postnatal exposure were similar. As a result, even at dosages not high enough to cause fetal development retardation, the quantitatively unpleasant consequences of postnatal exposure match those experienced prenatally.

The results of [52] back up the claim that worries should not stop with pregnancy and breastfeeding. Rodent models have been used to make similar claims [53]. Despite the fact that the leap from animals to humans is enormous, as well as the vast majority of Although most human research focuses Prospective associational research on the prenatal period utilizing birth cohorts mentioned in the preceding section warrant additional exploration, especially considering that the human brain continues to develop crucially during the early childhood era [54, 55].

As a result, measures of both motor and executive function aspects have been used. mimics of cognitive human control difficulties connected to ADHD in nicotine-exposed rat models [53]. The consequences of prenatal nicotine exposure on mouse locomotion and motor abilities reveal long-term hyperactivity and increased stereotypy counts [56, 57]. Animals Nicotine and carbon monoxide exposure during pregnancy at random exhibit Atypical hyperactivity and arousal are linked modification of inhibitory control as an executive function [58].There are also postnatal instances. For example, adolescent exposure causes long-term cognitive impairments in adult rats [60].

In one integrated mammalian brain model, researchers addressed both rats and humans [53]. Consider ADHD to be a cognitive control issue caused mostly by poor or erroneous sensory processing. They claim that nicotine exposure causes ADHD. The relationship is explained by nicotineinduced neurobiological abnormalities, which result in poor sensory processing. Tobacco smoke exposure during pregnancy induces cognitive and attention deficits in visual and auditory abilities that mirror ADHD symptoms and remain into late adolescence in humans [61]. Following nicotine use, rats have comparable deficits in auditory processing [62]. Despite unchanged auditory stimuli detection skills, these deficiencies limit the cognitive control-demanding tasks' sensory corticothalamic-thalamocortical response relay [63, 64].

The hypothesis that defective connectivity After developmental nicotine exposure, there is a decreased efficiency of sensory processing sensory system and the thalamus cortex, which explains microprocesses. Environmental nicotine exposure may cause molecular and cellular changes in neurons. Such modifications might have a deleterious impact on synaptic organization and so disturb network architecture. The next sections discuss numerous potential mechanisms that might explain how developing nicotine exposure could cause improper sensory input processing, which could lead to cognitive control issues [53].

#### 3.1 Cellular communication

From the third trimester on, The human developing brain contains nicotinic acetylcholine receptors (nAChRs) on neuronal cells. These govern critical elements of brain growth during pregnancy, childhood, and adolescence. nAChRs routinely and intermittently upregulate or modify the subunit composition of brain structures that go through essential stages of differentiation and synaptogenesis throughout early critical developmental periods [23]. As a result, they are highly sensitive to environmental conditions [65]. nAChRs are the major targets for nicotine-induced prenatal and postnatal activation [66].

The fact that nAChRs are derived from fetuses means that they have an impact on how quickly the corticothalamicthalamocortical region develops, which impacts childhood psychopathology. Nicotine exposure during pregnancy and early childhood can disrupt sensory processing is chronically dysregulated due to connections between the cortex of the thalamus and the sensory system [53]. This can happen for a variety of reasons. First, nAChR activation alters Synaptic plasticity ought to activate the effects of both. During crucial stages of brain development, nicotine exposure and endogenous cholinergic transmission alter cellular, physiological, and behavioral expression [66]. Second, findings from both developmentally exposed and genetically engineered mice show that nicotine appears to impact the formation and development of fundamental thalamocortical neurons, which control how rodents and humans process sensory data. via nAChRs [23]. Nicotine, most likely via  $\alpha$ 7 and  $\alpha$ 4 $\beta$ 2 nAChRs, may cause alterations in molecular and cellular processes, hence modulating disease in synaptic plasticity [67] Rodent model observations reveal sustained after being exposed to nicotine during embryonic development, there are increases in nicotine binding, and it seems that  $\alpha 4\beta 2$  \* the more nAChRs susceptible  $\alpha 7$  nAChRs increase regulation [67, 68]. Males are more vulnerable to developmental abnormalities in both animal and human models [65]. Long-term nAChR activation is linked to long-term cognitive and attention impairments [23]. Furthermore, prolonged nAChR activation is linked to the onset and persistence of smoking and other addictive behaviors [69] with earlier beginning in children with ADHD [70].

Surprisingly, only 1 or 2 puffs of mainstream cigarette smoke provide sufficient levels of plasma nicotine to completely fill the half  $\alpha 4\beta 2$  full-cigarette smoke while using nAChRs leads nAChR Human subtypes are nearly completely saturated by this sensitive receptor<sup>[71]</sup> Even mild exposure, such like spending an hour in the car's passenger seat next to a smoker, resulted in significant occupancy of  $\alpha 4\beta 2$  nAChRs [72], that also start smoking cigarettes, dependency, both smoking and not smoking, as well as desire [71] Babies and children can breathe demands It's about 2-4 times more per kilogram of body weight. superior to adults due to the immaturity of numerous important systems. As a result, unpleasant increases in plasma nicotine content and nAChR occupancy from identical levels of secondhand smoke exposure are expected to be larger in children than in adults [4].

A growing body of research suggests that the dysregulation of the nicotinic cholinergic system is responsible for modulating the sensory processing input processes, which accounts for the control issues that are typical of ADHD [73] nAChRs also have a role in the regulation of neurotransmitters including dopamine and serotonin. Continuously elevated Noradrenaline and dopamine responses can be impacted by nicotine levels, which may contribute to the ADHD [74] that accompanied by developmental psychopathology [74] A number of compelling rodent studies demonstrate that embryonic nicotine exposure causes changes in the DA and NE systems, which are all connected to Impulsive, agitated, and careless behavior [54] Once again, the data shows that risk levels differ by gender, with men being more susceptible to alterations in forebrain catecholamines [66]. Nicotine appears to increase Rat Neuronal turnover in the forebrain's dopaminergic (DA) and noradrenergic (NE) systems (however, not the brainstem.), decrease in ongoing turnover that begins around day 15 of life, followed by as well as the third trimester of human pregnancy. as a result of catecholaminergic prefrontal cortex transmission cortex is hypothesized to be disturbed in ADHD, changes in DA and NE in the neocortex are important [75].

Some sensory processing aspects of ADHD symptoms may be significantly impacted by the non-normative development of the serotonergic system [76]. The expression of the 5HT1A and 5HT2 receptors, as well as the serotonin transporter, has changed, as well as disturbances in adenylyl cyclase activity and the serotonin signaling molecules downstream, are related with nicotine use [77]. Although these pathways show that exposure to nicotine directly disrupts monoaminergic systems, disruptions of the endogenous cholinergic system, whether direct or indirect, remain a possibility. could account for developmental and neurochemical psychopathology observed after nicotine exposure[74] That is, nicotine may incorrectly mimic or duplicate endogenous signals produced by acetylcholine ACh, which an important part when synaptic formation is normal, by functioning as a nAChR agonist [78]. ACh signaling could be affected by exposure causing aberrant desensitization of the nAChR overexpression, resulting changes in cholinergic signaling's amplitude [54]. Finally, ACh activation of nAChRs may disrupt the maturational cadence of the GABA system [79]. This could have a significant impact on the nervous system's subsequent development, because Properly timed systemic GABA signaling affects both the growth and migration of neuronal precursors as well as the expansion and development of dendritic structure. hippocampal region and the somatosensory cortex. They both serve as sensory areas. The memory, learning, and processing components of ADHD are included in its developmental psychopathology [80, 81].

#### 3.2 Structural brain development

Studies on environmental tobacco smoke exposure reveal severe structural brain abnormalities related with ADHD and other disruptive behaviors [82, 83]. ADHD in childhood is connected with disrupted frontostriatal and frontocerebellar circuitries as an executive function deficit [84, 85]. The prefrontal (dorsolateral and lateral orbital) areas are thought to be crucial in Executive function involves the ventromedial and orbitofrontal regions. thought to be crucial for controlling emotions. Attention and inhibitory control are mediated by frontostriatal regions (side of the prefrontal cortex, the dorsal anterior the putamen, caudate, and cingulate cortex) [86].

ADHD is defined a postponement in the age at which the period of increased development during childhood begins, The period of cortical thinning that occurs during adolescence partially replaces the state of cortical thickness [87] Peak cortical thickness in the cerebrum is acquired at around 7 years in regularly developing children, but at roughly 10 years in children with ADHD, with the delay most noticeable in the lateral prefrontal cortex [88]. The orbitofrontal cortex is used to analyze cues linked with rewards and to inhibit impulsive behavior [89] It appears that prenatal tobacco smoke exposure interferes with the development of this area. It has been linked to People exposed during pregnancy experience thinning of the human orbitofrontal cortex by adolescence [90]. This might help to explain the connection between impulsive conduct and substance abuse [17, 90]. It was discovered that prenatal Exposure to cigarette smoke hinders the development of the orbitofrontal cortex,

increasing the chance using drugs in teenagers. Despite the thinned orbitofrontal cortex related teens exposed to tobacco smoke have a wider variety of drug experiences. during pregnancy, It may not yet be known how long-term exposure to secondhand smoke will affect this aspect of cortical development. abnormalities in the frontoparietal and temporal cortices, [91] along with a widespread distribution of gray matter accompanying signs of impulsivity/ hyperactivity [92] Its impulsiveness is connected with lower brain sizes For example, [93, 94] In patients with a single diagnosis of ADHD, gray matter volume decreased by 5.2%. By adolescence, pregnant women who smoke tobacco are probably going to experience long-term declines in their region's cerebral gray matter [95] and white-matter integrity by adolescence [96].

The limbic system and its associated subcortical structures are also important when examining data pertaining to emotional control. For instance, impulsive, uncontrolled behavior is seen in adults with orbitofrontal lesions [97] There is a relationship between dysfunction of the limbic system and irregularities in orbitofrontal cortex development. This may shed light on the connections between juvenile ADHD and conditions with co-occurring symptoms or antisocial diagnoses. (Problems with behaviorand antisocial behavior). It is not surprising that exposure to secondhand smoke is associated with structural abnormalities in areas linked to both adult and adolescent antisocial behavior [98].

#### 3.3 Epigenetic

There are unique gene editions that, while blended with the contextual enjoy of early smoke publicity, bring about more threat. Children with copies of a dopamine transporter gene polymorphism are at drastically extra threat for ADHD in instances in which moms smoke [99] Genetically touchy research have documented interactions among prenatal smoking and unique genotype editions (withinside the DAT1, DRD4, and CHRNA4) and ADHD-associated outcomes [100]–[102] For example, determined that having a selected allele on both the DRD4 or DAT1 gene and a gestational records of tobacco smoke 3 instances more threat of getting and ADHD blended analysis in an American, population-primarily based totally pattern of 15,000 twins. This threat triples (to 9 instances) while youngsters have a selected allele on each the ones genes.

Animal models suggest that the noxious impact of maternal nicotine publicity isn't always contained withinside the first technology of offspring. Rather, it seems to have an effect on the offspring from one technology to the subsequent. Second technology offspring whose moms have been gestationally uncovered to nicotine display signs of metabolic syndrome Clearly, the intergenerational effect of nicotine and different noxious factors of tobacco smoke warrants research in destiny studies addressing each animals and humans.

The developmental neuro deficits related to ADHD and next person life-style dangers related to the ailment can also additionally harbor dangers for fitness and well being for the people as adults and their families [51] That is, epigenetic results set the degree for intergenerational transmission of an impulsive parenting surroundings for the subsequent technology of offspring, typically characterised with the aid of using dad and mom who smoke and harbor much less fitness-orientated attitudes [40] Less ok self-law of impulses and more emotional reactivity, which signify ADHD, can also additionally negatively impact the own circle of relatives surroundings and bring about cumulative threat for physiological dysregulation amongst its man or woman members, hence predicting own circle of relatives dysfunction [103] and negative fitness [104].

#### 4 Comment

Secondhand smoke exposure, thru prenatal or postnatal means, poses sizeable dangers toddler improvement, and for this reason represents a hazard to populace fitness. Though gestation is a vital length in toddler improvement, the early life mind additionally reports vital durations in improvement among beginning and age 5 [56] Starting faculty with a mild or essential neuropsychological handicap isn't always advantageous, for this reason secondhand smoke has its results for each the man or woman and society.

Ensuring that every one youngsters are equipped to study at faculty access stays an global preoccupation, given the certainly axiomatic hyperlink among man or woman instructional fulfillment and next social, economic, and fitness outcomes[105, 106] Approximately one in 5 youngsters display a few shape of developmental psychopathology throughout the transition to formal schooling[107] Such numbers now no longer handiest imply the capacity for dropout however additionally a existence path of problems in social and occupational functioning [105].

Problems with interest in nationally consultant samples of generally growing North American faculty age youngsters expect long-time period discounts in human capital and gift relatively greater essential dangers than the ones related to bodily fitness troubles [108] In fact, even low stages of interest troubles in younger college students pose sizeable dangers. Secondary smoke represents the maximum preventable hazard to developmental psychopathology and bodily infection to be had to parents [1, 8] but it appears so common to look own circle of relatives participants smoking of their houses and motors with out tons thought. Addictions regularly have an effect on people's judgement, and consequently, their behavior. Parents would possibly trust that due to the fact they're mainstream smokers, the sidestream smoke is handiest a small nuisance to their youngsters. Because they do now no longer see the respirable pollution they inject into the environment, many a moral sense are with out reproach as suggests in (Fig. 1) the impact of Exposure to environmental tobacco smoke.

The maternal choice to preserve smoking or the incapability now no longer to give up smoking all through being pregnant seems to be a specifically robust marker for terrible behavioural effects in children [109] Mothers who smoke all through gestation inhale their personal main-move and sidestream smoke, setting the fetus in double jeopardy for

#### VOLATILE SUBSTANCES FROM TOBACCO SMOKE



Fig. 1 The effect of Exposure to secondhand smoke

neurotoxicity. This probably explains why smoke publicity all through gestation has a relatively large long-time period impact length than postnatal smoke publicity. Nevertheless, there's no secure degree of.

It is frequently associated with lead pollution. Both animals and humans have been related to developmental neurotoxicity.

Secondhand smoking, as well as both negative impact sizes, are significant dangers to infant development [1]. It should be noted that the most convincing findings discussed in this study are parent reports. Due to the stigmatization of smoking during pregnancy, both actual and perceived, mothers are prone to underestimate their smoking behaviors throughout pregnancy. This logic may hold true while developing and employing postnatal parent report information [118].

Nicotine Cigarettes smoke incorporates many different noxious compounds that can additionally move the placental barrier or have an impact on postnatal improvement both immediately or circuitously thru interactions with nicotine or every different [1] Thus, it won't continually be the direct impact nicotine. The regularly discovered institutions with a nicotine biomarker like cotinine should constitute institutions with a 3rd risky variable, which includes lead or carbon monoxide, each of that have been immediately and circuitously advised as neurotoxic over the long-term, respectively[119]-[121] Environmental tobacco smoke accommodates a mess of poisonous chemical gases and metals aside from carbon monoxide and lead, that have obtained relatively much less attention (a number of which can be stated in Table 2). Not all are immediately neurotoxic. For example, chromium has now no longer been determined to be mainly toxic to the fearful device however this doesn't ward off its involvement withinside the epigenetics of neurobehavioral improvement [121] Nevertheless, if environmental publicity is a precondition for its accumulation, then character traits and genetic elements grow to be crucial. That is, we want to higher recognize the connection among the uptake and distribution of hint and poisonous detail mechanisms and genetic polymorphisms [122] Similarly, cigarette

Chemical Gases	
Hydrogen cyanide [110]	It has been related to developmental neurotoxicity
Butane [111]	It has been related to developmental neurotoxicity
Ammonia [112]	It has been related to development-related toxicology
Toluene [113]	There is a clear connection between it and toxicology during development
Benzene [114]	Risk of low birth weight has been established
Chrome metal [115]	There is no neurotoxic risk in spite of the risk to other systems
Arsenic [116]	Related to developmental neurotoxicity
Cadmium [117]	It is frequently associated with lead pollution. Both animals and humans have been related to developmental neurotoxicity

Table 2Except carbonmonoxide and lead that haveobtained relatively Pay lessattention, environmentaltobacco smoke consists ofdangerous chemical gases andmetals

smoke and bills for 1/2 of all human publicity to benzene [1] Although taken into consideration a prime fitness hazard, benzene itself does now no longer expect neurotoxicity. It does constitute an crucial danger component for low delivery weight In turn, low delivery weight predicts decrease overall and nearby mind volumes at some stage in early life and youth and those strongly forecast IQ [123] Moreover, the sizable however small correlation among nAChR upregulation and behavioral changes indicates that different mechanisms may seriously make a contribution in explaining the neurobiological outcomes of developmental nicotine publicity [53] The processes behind the link relationship between smoking and ADHD In addition to the slower brain development associated with low birth weight, these detrimental effects of tobacco smoke on human development are likely related to other widely recognized neurotoxic effects [56, 124, 125]. These elements, which act through pathways other than nAChRs, warrant additional study. In their criticism on toxicological weight-of-evidence judgments, [121] say that a lack of comparability in study techniques, data processing, and reporting limits the capacity to evaluate putative environmental neurotoxicants. There are no standards for performing, evaluating, and publishing studies on the development of the neurobehavioral component of environmental epidemiology. They recommend a list of principles that the scientific community as a whole might use as a tool for systematically evaluating research quality and estimating its usefulness for weight-of-evidence judgments. This should help us better understand the developing neurobiological consequences of tobacco use.

Public health initiatives should focus on raising parental knowledge and compliance with existing recommendations, There is no such thing as a safe level of exposure, it claims. Surprisingly, smoking bans in public places have not boosted home smoking while improving public health [126] The Health Survey for England collected data from 10,825 nonsmoking children aged 4 to 15 years old., [127] The study looked at the impact of England's smoking ban in enclosed public spaces, which went into effect Concerning children's exposure to secondhand cigarette smoke in July 2007. In 2008, significantly more children with smoking parents lived in smoke-free surroundings. households (48.1%) than in 2006, and 41.1% of youngsters had undetectable cotinine, up from 34.0% in 2006 Adults experienced comparable effects. However, such legislative attempts are not intended for personal locations such Two examples are houses and autos. Although secondhand smoke in the house is the most common source, secondhand smoking in autos is 23 times more dangerous than secondhand smoke in the home, making it far more fatal for youngsters, who have greater relative ventilation demands than adults societal costs might be greatly minimized if smoke-free domestic regulations are vigorously promoted in both automobiles and houses. Policies and preventative initiatives are more appealing than legislation when it comes to personal affairs and spaces. Legislation prohibiting smoking in public places has had little effect on smoking at home [126].

Tobacco smoke's neurotoxic impact on development should be communicated to parents. There is evidence to suggest that treatments can reduce developmental exposure to secondhand smoking [128]. The researchers looked at the outcomes of 19 therapy published between 1987 and 2002. The therapies were compared based on the study methodology, intervention type, in addition to sample characteristics. (asthmatic or otherwise), aims, as well as results, as well as impact sizes. The bulk of Interventions required little contact, were frequently office-based, and were carried out by physicians. Several were carried out in people's homes, typically by nurses, and were therefore more intense. The average magnitude of the impact was 34. They offer a strategy model for such interventions based on the features of each intervention, It includes teaching parents how to smoke outside to prevent secondhand smoke, Smoking in the automobile is prohibited, as is smoking in the presence of minors. This data might readily be targeted for a public health campaign. The ideal plan would involve a step-bystep approach, using coaching through phone and home visits, as well as cotinine feedback, to build motivation, develop goals, elevate outcome expectations, and through reinforcing personal actions. According to a contemporary research on pediatric health study, if smoke-free home rules are vigorously advocated and broadly embraced, children postnatal tobacco smoke exposure levels in households can be lowered by 20-50%.

Due to the addictive nature of smoking, severe or legal anti-smoking laws and sanctions may be preferred to public health education campaigns. Despite its unpopularity, numerous legislative bodies ban the possession of prohibited poisons, combustibles, and guns in the house. They also mandate the wearing of seat belts in automobiles and have made it unlawful to drive while using a cellphone or consuming alcohol. Legislatively mandated Secondary smoking cessation in the house and automobiles is projected to have a greater impact effect population health than any of the other important projects.

# 5 Conclusion

Tobacco smoke is neurotoxic at all stages of development, both dynamically and structurally, producing a cascade of neurotoxic risk factors can interfere with sensory processing [54]. Unwanted Nicotine consumption activates the nAChR throughout infancy alters Synaptic plasticity most likely supports endogenous cholinergic transmissions and cellular transformation, physiology, and behavior throughout crucial developmental stages. The association between tobacco smoke exposure and early neurobehavioral development is also influenced by structural abnormalities and epigenetics. The requirement for a greater knowledge of the underlying microprocesses remains. Prohibit legislation, punishments, in addition to vigorous public health initiatives safeguard children from cigarette smoke exposure in the home [66]. As a researcher, my message to smokers is to prioritize their health and well-being. Smoking has been proven to have significant negative impacts on both the smoker's health and the health of those around them due to secondhand smoke. It is crucial to recognize that there are strict laws in place regarding smoking for a reason - to protect everyone's health and ensure a healthier environment.

I encourage smokers to consider the following:

- 1. Understand the risks: Educate yourself about the dangers of smoking, including the numerous health problems it can cause, such as respiratory issues, heart disease, and cancer.
- 2. Seek support: If you are struggling to quit smoking, reach out to healthcare professionals, support groups, or helplines dedicated to helping smokers quit. They can provide guidance, resources, and encouragement throughout the quitting process.
- 3. Choose alternatives: Explore alternative methods of nicotine delivery, such as nicotine patches or gum, that can help reduce dependence on cigarettes.
- 4. Create a smoke-free environment: Be mindful of others around you and adhere to smoking regulations. Avoid smoking in public areas where it is prohibited and be considerate of designated smoking zones.
- 5. Take care of your loved ones: Remember that secondhand smoke can harm those around you, especially children and individuals with respiratory ailments. Protect their health by refraining from smoking in their presence and ensuring a smoke-free environment for them.

Quitting smoking may be challenging, but the benefits are immense. Improved health, increased energy levels, and a reduced risk of various diseases are among the many positive outcomes of quitting smoking. Seek the help you need and take steps towards a healthier future for yourself and those around you.

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## **Declarations**

Conflict of interest The author declare that they have no conflict of interest.

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#### References

- 1. Centers for Disease Control and Prevention (US) and U.S. Department of Health and Human Services, 'The Health Consequences of Involuntary Exposure to Tobacco Smoke', Publications and Reports of the Surgeon General, p. 727, 2006, Accessed: Feb. 10, 2023. [Online]. Available: https://www.ncbi. nlm.nih.gov/books/NBK44324/
- 2. Matt GE et al (2023) Policy-relevant differences between secondhand and thirdhand smoke: strengthening protections from involuntary exposure to tobacco smoke pollutants. Tob Control. https://doi.org/10.1136/tc-2023-057971
- 3. Öberg M, Jaakkola MS, Woodward A, Peruga A, Prüss-Ustün A (2011) Worldwide burden of disease from exposure to secondhand smoke: a retrospective analysis of data from 192 countries. Lancet 377(9760):139-146. https://doi.org/10.1016/S0140-6736(10)61388-8
- 4. Larsson L, Pehrson C, Dechen T, M. C-Godreau, (2012) Microbiological components in mainstream and sidestream cigarette smoke. Tob Induc Dis. https://doi.org/10.1186/1617-9625-10-13
- 5. Semple S, Apsley A, Galea KS, MacCalman L, Friel B, Snelgrove V (2012) Secondhand smoke in cars: assessing children's potential exposure during typical journey conditions. Tob Control 21(6):578-583. https://doi.org/10.1136/TOBACCOCON TROL-2011-050197
- 6. Sendzik T, Fong GT, Travers MJ, Hyland A (2009) An experimental investigation of tobacco smoke pollution in cars. Nicotine Tob Res 11(6):627. https://doi.org/10.1093/NTR/NTP019
- 7. Myers V, Rosen LJ, Zucker DM, Shiloh S (2020) Parental perceptions of children's exposure to tobacco smoke and parental smoking behaviour. Int J Environ Res Public Health. https://doi. org/10.3390/ijerph17103397
- 8 Centers for Disease Control and Prevention (US), N. C. for C. D. P. and H. P. (US), and O. on S. and H. (US), 'How Tobacco Smoke Causes Disease: The Biology and Behavioral Basis for Smoking-Attributable Disease: A Report of the Surgeon General. Atlanta (GA): Centers for Disease Control and Prevention (US)', How Tobacco Smoke Causes Disease: The Biology and Behavioral Basis for Smoking-Attributable Disease: A Report of the Surgeon General, p. 792, 2010, Accessed: Feb. 10, 2023. [Online]. Available: https://www.ncbi.nlm.nih.gov/books/NBK53017/

- Hamer M, Ford T, Stamatakis E, Dockray S, Batty GD (Apr.2011) Objectively measured secondhand smoke exposure and mental health in children: evidence from the Scottish Health Survey. Arch Pediatr Adolesc Med 165(4):326–331. https://doi.org/10.1001/ARCHPEDIATRICS.2010.243
- Höök B, Cederblad M, Berg R (Jun.2006) Prenatal and postnatal maternal smoking as risk factors for preschool children's mental health. Acta Paediatr 95(6):671–677. https://doi.org/10. 1080/08035250500538965
- Bandiera FC, Kalaydjian Richardson A, Lee DJ, He JP, Merikangas KR (2011) Secondhand smoke exposure and mental health among children and adolescents. Arch Pediatr Adolesc Med. https://doi.org/10.1001/ARCHPEDIATRICS.2011.30
- Hamer M, Stamatakis E, Batty GD (2010) Objectively assessed secondhand smoke exposure and mental health in adults: crosssectional and prospective evidence from the Scottish Health Survey. Arch Gen Psychiatry 67(8):850–855. https://doi.org/ 10.1001/ARCHGENPSYCHIATRY.2010.76
- Ekblad M, Gissler M, Lehtonen L, Korkeila J (2010) Prenatal smoking exposure and the risk of psychiatric morbidity into young adulthood. Arch Gen Psychiatry 67(8):841–849. https:// doi.org/10.1001/ARCHGENPSYCHIATRY.2010.92
- Kabir Z, Connolly GN, Alpert HR (2011) Secondhand smoke exposure and neurobehavioral disorders among children in the United States. Pediatrics 128(2):263–270. https://doi.org/10. 1542/PEDS.2011-0023
- Antshel KM, Hier BO, Barkley RA (2014) Executive functioning theory and ADHD. In: Goldstein S, Naglieri JA (eds) Handbook of Executive Functioning. Springer, New York
- Bell CC (1994) DSM-IV: diagnostic and statistical manual of mental disorders. JAMA 272(10):828–829. https://doi.org/10. 1001/JAMA.1994.03520100096046
- Lee SS, Humphreys KL, Flory K, Liu R, Glass K (2011) Prospective association of childhood attention-deficit/hyperactivity disorder (ADHD) and substance use and abuse/dependence: a meta-analytic review. Clin Psychol Rev 31(3):328–341. https://doi.org/10.1016/J.CPR.2011.01.006
- Able SL, Johnston JA, Adler LA, Swindle RW (2007) Functional and psychosocial impairment in adults with undiagnosed ADHD. Psychol Med 37(1):97–107. https://doi.org/10.1017/ S0033291706008713
- Froehlich TE, Lanphear BP, Epstein JN, Barbaresi WJ, Katusic SK, Kahn RS (2007) Prevalence, recognition, and treatment of attention-deficit/hyperactivity disorder in a national sample of US children. Arch Pediatr Adolesc Med 161(9):857–864. https://doi.org/10.1001/archpedi.161.9.857
- Brault MC, Lacourse É (2012) Prevalence of prescribed attention-deficit hyperactivity disorder medications and diagnosis among Canadian preschoolers and school-age children: 1994– 2007. Can J Psychiatry 57(2):93–101. https://doi.org/10.1177/ 070674371205700206
- Pelham WE, Foster EM, Robb JA (2007) The economic impact of attention-deficit/hyperactivity disorder in children and adolescents. Ambul Pediatr 7(1 Suppl):121–131. https://doi.org/ 10.1016/J.AMBP.2006.08.002
- Hofhuis W, de Jongste JC, Merkus PJFM (2003) Adverse health effects of prenatal and postnatal tobacco smoke exposure on children. Arch Dis Child 88(12):1086. https://doi.org/ 10.1136/ADC.88.12.1086
- Dwyer JB, McQuown SC, Leslie FM (2009) The Dynamic effects of nicotine on the developing brain. Pharmacol Ther 122(2):125. https://doi.org/10.1016/J.PHARMTHERA.2009. 02.003
- Cornelius MD, de Genna NM, Leech SL, Willford JA, Goldschmidt L, Day NL (2011) Effects of prenatal cigarette smoke exposure on neurobehavioral outcomes in ten-year-old children

of teenage mothers. Neurotoxicol Teratol 33(1):137. https://doi. org/10.1016/J.NTT.2010.08.006

- Herrmann M, King K, Weitzman M (2008) Prenatal tobacco smoke and postnatal secondhand smoke exposure and child neurodevelopment. Curr Opin Pediatr 20(2):184–190. https://doi. org/10.1097/MOP.0B013E3282F56165
- Cornelius MD, Day NL (2009) Developmental consequences of prenatal tobacco exposure. Curr Opin Neurol 22(2):121. https:// doi.org/10.1097/WCO.0B013E328326F6DC
- Marsh R, Gerber AJ, Peterson BS (2008) Neuroimaging studies of normal brain development and their relevance for understanding childhood neuropsychiatric disorders. J Am Acad Child Adolesc Psychiatry 47(11):1233
- Roza SJ et al (2007) Effects of maternal smoking in pregnancy on prenatal brain development. The Generation R Study. Eur J Neurosci 25(3):611–617. https://doi.org/10.1111/J.1460-9568. 2007.05393.X
- Soneji S, Beltrán-Sánchez H (2019) Association of maternal cigarette smoking and smoking cessation with preterm birth. JAMA Netw Open. https://doi.org/10.1001/jamanetworkopen. 2019.2514
- Knopik VS et al (2006) Maternal alcohol use disorder and offspring ADHD: Disentangling genetic and environmental effects using a children-of-twins design. Psychol Med 36(10):1461– 1471. https://doi.org/10.1017/S0033291706007884
- Hegaard H, Kjærgaard H, Møller L, Wachmann H, Ottesen B (2006) The effect of environmental tobacco smoke during pregnancy on birth weight. Acta Obstet Gynecol Scand 85(6):675– 681. https://doi.org/10.1080/00016340600607032
- Tiesler CMT et al (2011) Passive smoking and behavioural problems in children: results from the LISAplus prospective birth cohort study. Environ Res 111(8):1173–1179. https://doi.org/10. 1016/J.ENVRES.2011.06.011
- 33. Liu B et al (2020) Maternal cigarette smoking before and during pregnancy and the risk of preterm birth: A dose-response analysis of 25 million mother-infant pairs. PLoS Med. https:// doi.org/10.1371/JOURNAL.PMED.1003158
- Cho SC et al (2010) Effect of environmental exposure to lead and tobacco smoke on inattentive and hyperactive symptoms and neurocognitive performance in children. J Child Psychol Psychiatry 51(9):1050–1057. https://doi.org/10.1111/J.1469-7610.2010. 02250.X
- Carter S, Paterson J, Gao W, Iusitini L (2008) Maternal smoking during pregnancy and behaviour problems in a birth cohort of 2-year-old Pacific children in New Zealand. Early Hum Dev 84(1):59–66. https://doi.org/10.1016/j.earlhumdev.2007.03.009
- 36. Julvez J, Ribas-Fitó N, Torrent M, Forns M, Garcia-Esteban R, Sunyer J (2007) Maternal smoking habits and cognitive development of children at age 4 years in a population-based birth cohort. Int J Epidemiol 36(4):825–832. https://doi.org/10.1093/ ije/dym107
- Maughan B, Taylor C, Taylor A, Butler N, Bynner J (2001) Pregnancy smoking and childhood conduct problems: a causal association? J Child Psychol Psychiatry 42(8):1021–1028. https://doi. org/10.1111/1469-7610.00800
- Kollins SH et al (2009) Effects of postnatal parental smoking on parent and teacher ratings of ADHD and oppositional symptoms. J Nerv Ment Dis 197(6):442. https://doi.org/10.1097/NMD. 0B013E3181A61D9E
- Rückinger S et al (2010) Prenatal and postnatal tobacco exposure and behavioral problems in 10-year-old children: results from the GINI-plus prospective birth cohort study. Environ Health Perspect 118(1):150–154. https://doi.org/10.1289/EHP.0901209
- 40. Maughan B, Taylor A, Caspi A, Moffitt TE (2004) Prenatal smoking and early childhood conduct problems: testing genetic and environmental explanations of the association. Arch Gen

Psychiatry 61(8):836–843. https://doi.org/10.1001/ARCHP SYC.61.8.836

- 41. Nomura Y, Marks DJ, Halperin JM (2010) Prenatal exposure to maternal and paternal smoking on attention deficit hyperactivity disorders symptoms and diagnosis in offspring. J Nerv Ment Dis 198(9):672–678. https://doi.org/10.1097/NMD.0B013 E3181EF3489
- 42. di Salvo EP, Liu YH, Brenner S, Weitzman M (2010) Adult household smoking is associated with increased child emotional and behavioral problems. J Dev Behav Pediatr 31(2):107-115. https://doi.org/10.1097/DBP.0B013E3181 CDAAD6
- Aseervatham GSB, Choi S, Krishnan J, Ruckmani K (2017) Cigarette smoke and related risk factors in neurological disorders: An update. Biomed Pharmacother. https://doi.org/10.1016/J. BIOPHA.2016.11.118
- Lee SY, Sirieix CM, Nattie E, Li A (2018) Pre- and early postnatal nicotine exposure exacerbates autoresuscitation failure in serotonin-deficient rat neonates. J Physiol 596(23):5977–5991. https://doi.org/10.1113/JP275885
- Alrouji M, Manouchehrinia A, Gran B, Constantinescu CS (2019) Effects of cigarette smoke on immunity, neuroinflammation and multiple sclerosis. J Neuroimmunol 329:24–34. https:// doi.org/10.1016/J.JNEUROIM.2018.10.004
- 46. Miranda RA, Gaspar de Moura E, Lisboa PC (2020) Tobacco smoking during breastfeeding increases the risk of developing metabolic syndrome in adulthood: Lessons from experimental models. Food Chem Toxicol. https://doi.org/10.1016/J.FCT. 2020.111623
- Premkumar M, Anand AC (2021) Tobacco, cigarettes, and the liver: the smoking gun. J Clin Exp Hepatol 11(6):700–712. https://doi.org/10.1016/J.JCEH.2021.07.016
- Archie SR, Sharma S, Burks E, Abbruscato T (2022) Biological determinants impact the neurovascular toxicity of nicotine and tobacco smoke: A pharmacokinetic and pharmacodynamics perspective. Neurotoxicology 89:140–160. https://doi.org/10.1016/J. NEURO.2022.02.002
- Colyer-Patel K, Kuhns L, Weidema A, Lesscher H, Cousijn J (2023) Age-dependent effects of tobacco smoke and nicotine on cognition and the brain: A systematic review of the human and animal literature comparing adolescents and adults. Neurosci Biobehav Rev. https://doi.org/10.1016/J.NEUBIOREV.2023. 105038
- 50. D'Onofrio BM et al (May2010) Familial confounding of the association between maternal smoking during pregnancy and offspring criminality: a population-based study in Sweden. Arch Gen Psychiatry 67(5):529. https://doi.org/10.1001/ARCHG ENPSYCHIATRY.2010.33
- Miles JNV, Weden MM (Sep.2012) Is the intergenerational transmission of smoking from mother to child mediated by children's behavior problems? Nicotine Tob Res 14(9):1012. https://doi. org/10.1093/NTR/NTR328
- Slotkin TA, Pinkerton KE, Seidler FJ (Jan.2006) Perinatal Environmental Tobacco Smoke Exposure in Rhesus Monkeys: Critical Periods and Regional Selectivity for Effects on Brain Cell Development and Lipid Peroxidation. Environ Health Perspect 114(1):34–39. https://doi.org/10.1289/EHP.8286
- Heath CJ, Picciotto MR (2009) Nicotine-induced plasticity during development: modulation of the cholinergic system and longterm consequences for circuits involved in attention and sensory processing. Neuropharmacology. https://doi.org/10.1016/J. NEUROPHARM.2008.07.020
- Knickmeyer RC et al (2008) A structural MRI study of human brain development from birth to 2 years. J Neurosci 28(47):12176–12182. https://doi.org/10.1523/JNEUROSCI. 3479-08.2008

- J. P. Shonkoff (1979) 'Protecting Brains, Not Simply Stimulating Minds', Science (1979), vol. 333, no. 6045, pp. 982–983, Aug. 2011, doi: https://doi.org/10.1126/SCIENCE.1206014.
- Paz R, Barsness B, Martenson T, Tanner D, Allan AM (2007) Behavioral teratogenicity induced by nonforced maternal nicotine consumption. Neuropsychopharmacology 32(3):693–699. https://doi.org/10.1038/SJ.NPP.1301066
- Pauly JR, Sparks JA, Hauser KF, Pauly TH (Aug.2004) In utero nicotine exposure causes persistent, gender-dependant changes in locomotor activity and sensitivity to nicotine in C57Bl/6 mice. Int J Dev Neurosci 22(5–6):329–337. https://doi.org/10.1016/J. IJDEVNEU.2004.05.009
- Ajarem JS, Ahmad M (1998) Prenatal nicotine exposure modifies behavior of mice through early development. Pharmacol Biochem Behav 59(2):313–318. https://doi.org/10.1016/S0091-3057(97)00408-5
- Thomas JD, Garrison ME, Slawecki CJ, Ehlers CL, Riley EP (2000) Nicotine exposure during the neonatal brain growth spurt produces hyperactivity in preweanling rats. Neurotoxicol Teratol 22(5):695–701. https://doi.org/10.1016/S0892-0362(00)00096-9
- Counotte DS et al (2009) Long-lasting cognitive deficits resulting from adolescent nicotine exposure in rats. Neuropsychopharmacology 34(2):299–306. https://doi.org/10.1038/NPP.2008.96
- Fried PA, Watkinson B, Gray R (2003) Differential effects on cognitive functioning in 13- to 16-year-olds prenatally exposed to cigarettes and marihuana. Neurotoxicol Teratol 25(4):427–436. https://doi.org/10.1016/S0892-0362(03)00029-1
- Gaworski CL, Carmines EL, Faqi AS, Rajendran N (2004) In utero and lactation exposure of rats to 1R4F reference cigarette mainstream smoke: effect on prenatal and postnatal development. Toxicol Sci 79(1):157–169. https://doi.org/10.1093/TOXSCI/ KFH083
- Brumberg JC, Hamzei-Sichani F, Yuste R (2003) Morphological and physiological characterization of layer VI corticofugal neurons of mouse primary visual cortex. J Neurophysiol 89(5):2854– 2867. https://doi.org/10.1152/JN.01051.2002
- Guillery RW, Sherman SM (2002) Thalamic relay functions and their role in corticocortical communication: generalizations from the visual system. Neuron 33(2):163–175. https://doi.org/ 10.1016/S0896-6273(01)00582-7
- 65. Heath CJ, King SL, Gotti C, Marks MJ, Picciotto MR (2010) Cortico-thalamic connectivity is vulnerable to nicotine exposure during early postnatal development through  $\alpha 4/\beta 2/\alpha 5$ nicotinic acetylcholine receptors. Neuropsychopharmacology 35(12):2324–2338. https://doi.org/10.1038/NPP.2010.130
- 66. Liu F et al (2020) Maternal nicotine exposure during gestation and lactation period affects behavior and hippocampal neurogenesis in mouse offspring. Front Pharmacol. https://doi.org/10. 3389/FPHAR.2019.01569/BIBTEX
- Narayanan U, Birru S, Vaglenova J, Breese CR (2002) Nicotinic receptor expression following nicotine exposure via maternal milk. NeuroReport 13(7):961–963. https://doi.org/10.1097/ 00001756-200205240-00012
- Huang LZ, Winzer-Serhan UH (2006) Chronic neonatal nicotine upregulates heteromeric nicotinic acetylcholine receptor binding without change in subunit mRNA expression. Brain Res 1113(1):94–109. https://doi.org/10.1016/J.BRAINRES.2006. 06.084
- Kollins SH, McClernon FJ, Fuemmeler BF (2005) Association between smoking and attention-deficit/hyperactivity disorder symptoms in a population-based sample of young adults. Arch Gen Psychiatry 62(10):1142–1147. https://doi.org/10.1001/ ARCHPSYC.62.10.1142
- Brody AL et al (2006) Cigarette smoking saturates brain alpha 4 beta 2 nicotinic acetylcholine receptors. Arch Gen Psychiatry 63(8):907–915. https://doi.org/10.1001/ARCHPSYC.63.8.907

- Potter AS, Newhouse PA, Bucci DJ (2006) Central nicotinic cholinergic systems: a role in the cognitive dysfunction in attentiondeficit/hyperactivity disorder? Behav Brain Res 175(2):201–211. https://doi.org/10.1016/J.BBR.2006.09.015
- Brody AL et al (2011) Effect of secondhand smoke on occupancy of nicotinic acetylcholine receptors in brain. Arch Gen Psychiatry 68(9):953–960. https://doi.org/10.1001/ARCHGENPSYCHIAT RY.2011.51
- Rose EJ et al (2012) Chronic exposure to nicotine is associated with reduced reward-related activity in the striatum but not the midbrain. Biol Psychiatry 71(3):206. https://doi.org/10.1016/J. BIOPSYCH.2011.09.013
- Brennan AR, Arnsten AFT (2008) Neuronal mechanisms underlying attention deficit hyperactivity disorder: the influence of arousal on prefrontal cortical function. Ann N Y Acad Sci 1129:236. https://doi.org/10.1196/ANNALS.1417.007
- Oades RD (Oct.2007) Role of the serotonin system in ADHD: treatment implications. Expert Rev Neurother 7(10):1357–1374. https://doi.org/10.1586/14737175.7.10.1357
- 76. Slotkin TA, MacKillop EA, Rudder CL, Ryde IT, Tate CA, Seidler FJ (2007) Permanent, sex-selective effects of prenatal or adolescent nicotine exposure, separately or sequentially, in rat brain regions: indices of cholinergic and serotonergic synaptic function, cell signaling, and neural cell number and size at 6 months of age. Neuropsychopharmacology 32(5):1082–1097. https://doi.org/10.1038/SJ.NPP.1301231
- Liu Z, Zhang J, Berg DK (2007) Role of endogenous nicotinic signaling in guiding neuronal development. Biochem Pharmacol 74(8):1112. https://doi.org/10.1016/J.BCP.2007.05.022
- Liu Z, Neff RA, Berg DK (2006) Sequential interplay of nicotinic and GABAergic signaling guides neuronal development. Science 314(5805):1610–1613. https://doi.org/10.1126/SCIENCE.11342 46
- Represa A, Ben-Ari Y (2005) Trophic actions of GABA on neuronal development. Trends Neurosci 28(6):278–283. https://doi.org/10.1016/J.TINS.2005.03.010
- Britton AF, Vann RE, Robinson SE (2007) Perinatal. J Pharmacol Exp Ther 320(2):871–876. https://doi.org/10.1124/JPET.106. 112730
- Roy TS, Sabherwal U (998) Effects of gestational nicotine exposure on hippocampal morphology. Neurotoxicol Teratol 20(4):465–473. https://doi.org/10.1016/S0892-0362(97)00137-2
- Nigg JT, Casey BJ (2005) An integrative theory of attentiondeficit/ hyperactivity disorder based on the cognitive and affective neurosciences. Dev Psychopathol 17(3):785–806. https://doi. org/10.1017/S0954579405050376
- Miao H, Liu C, Bishop K, Gong ZH, Nordberg A, Zhang X (1998) Nicotine exposure during a critical period of development leads to persistent changes in nicotinic acetylcholine receptors of adult rat brain. J Neurochem 70(2):752–762. https://doi.org/10. 1046/J.1471-4159.1998.70020752.X
- Bush G, Valera EM, Seidman LJ (2005) Functional neuroimaging of attention-deficit/hyperactivity disorder: a review and suggested future directions. Biol Psychiatry 57(11):1273–1284. https://doi.org/10.1016/J.BIOPSYCH.2005.01.034
- Seidman LJ, Valera EM, Makris N (Jun2005) Structural brain imaging of attention-deficit/hyperactivity disorder. Biol Psychiatry 57(11):1263–1272. https://doi.org/10.1016/J.BIOPSYCH. 2004.11.019
- Shaw P et al (2007) Attention-deficit/hyperactivity disorder is characterized by a delay in cortical maturation. Proc Natl Acad Sci USA 104(49):19649–19654. https://doi.org/10.1073/PNAS. 0707741104
- 87. Shaw P, Malek M, Watson B, Sharp W, Evans A, Greenstein D (2012) Development of cortical surface area and gyrification in attention-deficit/hyperactivity disorder. Biol Psychiatry

72(3):191–197. https://doi.org/10.1016/J.BIOPSYCH.2012.01. 031

- Beer JS, John OP, Scabini D, Knight RT (2006) Orbitofrontal cortex and social behavior: Integrating self-monitoring and emotion-cognition interactions. J Cogn Neurosci 18(6):871– 879. https://doi.org/10.1162/JOCN.2006.18.6.871
- Toro R et al (2008) Prenatal exposure to maternal cigarette smoking and the adolescent cerebral cortex. Neuropsychopharmacology 33(5):1019–1027. https://doi.org/10.1038/SJ.NPP. 1301484
- T. Paus and Z. Pausova (2015) 'Prenatal Exposure to Maternal Cigarette Smoking, Addiction, and the Offspring Brain', in Neuroimaging and Psychosocial Addiction Treatment, https://doi. org/10.1057/9781137362650\_14.
- Huebner T et al (2008) Morphometric brain abnormalities in boys with conduct disorder. J Am Acad Child Adolesc Psychiatry 47(5):540–547. https://doi.org/10.1097/CHI.0B013E3181 676545
- 92. Hesslinger B, Thiel T, Tebartz van Elst L, Hennig J, Ebert D (May2001) Attention-deficit disorder in adults with or without hyperactivity: Where is the difference? A study in humans using short echo 1H-magnetic resonance spectroscopy. Neurosci Lett 304(1–2):117–119. https://doi.org/10.1016/S0304-3940(01) 01730-X
- Rivkin MJ et al (Apr.2008) Volumetric MRI study of brain in children with intrauterine exposure to cocaine, alcohol, tobacco, and marijuana. Pediatrics 121(4):741–750. https://doi.org/10. 1542/PEDS.2007-1399
- Carmona S et al (Dec.2005) Global and regional gray matter reductions in ADHD: a voxel-based morphometric study. Neurosci Lett 389(2):88–93. https://doi.org/10.1016/J.NEULET.2005. 07.020
- 95. Jacobsen LK et al (. 2007) Prenatal and Adolescent Exposure to Tobacco Smoke Modulates the Development of White Matter Microstructure. J Neurosci 27(49):13491. https://doi.org/10. 1523/JNEUROSCI.2402-07.2007
- Hoptman MJ (3AD) Neuroimaging studies of violence and antisocial behavior. J Psychiatr Pract 9(4):265–278. https://doi.org/ 10.1097/00131746-200307000-00002
- Swan GE, Lessov-Schlaggar CN (2007) The effects of tobacco smoke and nicotine on cognition and the brain. Neuropsychol Rev 17(3):259–273. https://doi.org/10.1007/S11065-007-9035-9
- Kahn RS, Khoury J, Nichols WC, Lanphear BP (2003) Role of dopamine transporter genotype and maternal prenatal smoking in childhood hyperactive-impulsive, inattentive, and oppositional behaviors. J Pediatr 143(1):104–110. https://doi.org/10.1016/ S0022-3476(03)00208-7
- Becker K, El-Faddagh M, Schmidt MH, Esser G, Laucht M (2008) Interaction of dopamine transporter genotype with prenatal smoke exposure on ADHD symptoms. J Pediatr. https://doi. org/10.1016/J.JPEDS.2007.07.004
- Todd RD, Neuman RJ (2007) Gene–Environment interactions in the development of combined type ADHD: Evidence for a synapse-based model. Am J Med Genet B Neuropsychiatr Genet 144B(8):971–975. https://doi.org/10.1002/AJMG.B.30640
- 101. Neuman RJ, Lobos E, Reich W, Henderson CA, Sun LW, Todd RD (2007) Prenatal smoking exposure and dopaminergic genotypes interact to cause a severe ADHD subtype. Biol Psychiatry 61(12):1320–1328. https://doi.org/10.1016/J.BIOPSYCH.2006. 08.049
- Holloway AC, Cuu DQ, Morrison KM, Gerstein HC, Tarnopolsky MA (2007) Transgenerational effects of fetal and neonatal exposure to nicotine. Endocrine 31(3):254–259. https://doi.org/ 10.1007/S12020-007-0043-6
- Seeman T, Epel E, Gruenewald T, Karlamangla A, Mcewen BS (2010) Socio-economic differentials in peripheral biology:

cumulative allostatic load. Ann N Y Acad Sci 1186:223–239. https://doi.org/10.1111/J.1749-6632.2009.05341.X

- 105. Carter AS, Wagmiller RJ, Gray SAO, McCarthy KJ, Horwitz SM, Briggs-Gowan MJ (2010) Prevalence of DSM-IV disorder in a representative, healthy birth cohort at school entry: sociodemographic risks and social adaptation. J Am Acad Child Adolesc Psychiatry 49(7):686–698. https://doi.org/10.1016/J.JAAC.2010. 03.018
- 106. Currie J, Stabile M (2006) Child mental health and human capital accumulation: the case of ADHD. J Health Econ 25(6):1094– 1118. https://doi.org/10.1016/J.JHEALECO.2006.03.001
- 107. Polli FS, Kohlmeier KA (2022) Prenatal nicotine alters development of the laterodorsal tegmentum: Possible role for attentiondeficit/hyperactivity disorder and drug dependence. World J Psychiatry 12(2):212. https://doi.org/10.5498/WJP.V12.12.212
- 'About the Toxicant and Disease Database Collaborative for Health & Environment'. https://www.healthandenvironment.org/ our-work/toxicant-and-disease-database/about-the-toxicant-anddisease-database (accessed Feb. 10, 2023).
- 109. Tshala-Katumbay DD et al (2016) Cyanide and the human brain: perspectives from a model of food (cassava) poisoning. Ann N Y Acad Sci 1378(1):50. https://doi.org/10.1111/NYAS.13159
- 110. C. on A. E. G. Levels, C. on Toxicology, B. on E. S. and Toxicology, D. on E. and L. Studies, and N. R. Council, 'Butane: Acute Exposure Guideline Levels', Apr. 2012, Accessed: Feb. 10, 2023. [Online]. Available: https://www.ncbi.nlm.nih.gov/books/ NBK201460/
- 111. Adlimoghaddam A, Sabbir MG, Albensi BC (2016) Ammonia as a potential neurotoxic factor in Alzheimer's disease. Front Mol Neurosci. https://doi.org/10.3389/FNMOL.2016.00057
- 112. Filley CM, Halliday W, Kleinschmidt-DeMasters BK (2004) The effects of toluene on the central nervous system. J Neuropathol Exp Neurol 63(1):1–12. https://doi.org/10.1093/JNEN/63.1.1
- D'Andrea MA, Reddy GK (2018) Health risks associated with benzene exposure in children: a systematic review. Glob Pediatr Health. https://doi.org/10.1177/2333794X18789275
- Wise JP, Young JL, Cai J, Cai L (2022) Current understanding of hexavalent chromium neurotoxicity and new perspectives. Environ Int. https://doi.org/10.1016/J.ENVINT.2021.106877
- 115. Tolins M, Ruchirawat M, Landrigan P (Jul.2014) The developmental neurotoxicity of arsenic: cognitive and behavioral consequences of early life exposure. Ann Glob Health 80(4):303–314. https://doi.org/10.1016/J.AOGH.2014.09.005
- A. J. Malin and R. O. Wright (2018) 'The Developmental Neurotoxicity of Cadmium', Handbook of Developmental Neurotoxicology, doi: https://doi.org/10.1016/B978-0-12-809405-1. 00036-5.
- 117. Knopik VS, MaCcani MA, Francazio S, McGeary JE (2012) The epigenetics of maternal cigarette smoking during pregnancy

and effects on child development. Dev Psychopathol 24(4):1377. https://doi.org/10.1017/S0954579412000776

- Grandjean P, Landrigan P (2006) Developmental neurotoxicity of industrial chemicals. Lancet 368(9553):2167–2178. https:// doi.org/10.1016/S0140-6736(06)69665-7
- Ross AO, Pelham WE (1981) Child psychopathology. Annu Rev Psychol. https://doi.org/10.1146/ANNUREV.PS.32.020181. 001331
- 120. Nigg JT et al (2008) Low blood lead levels associated with clinically diagnosed attention-deficit/hyperactivity disorder and mediated by weak cognitive control. Biol Psychiatry 63(3):325–331. https://doi.org/10.1016/J.BIOPSYCH.2007.07.013
- 121. Youngstrom E et al (2011) A proposal to facilitate weight-ofevidence assessments: harmonization of neurodevelopmental environmental epidemiology studies (HONEES). Neurotoxicol Teratol 33(3):354–359. https://doi.org/10.1016/J.NTT.2011.01. 004
- 122. Whitfield JB et al (2010) Genetic effects on toxic and essential elements in humans: arsenic, cadmium, copper, lead, mercury, selenium, and zinc in erythrocytes. Environ Health Perspect 118(6):776–782. https://doi.org/10.1289/EHP.0901541
- 123. Lange N, Froimowitz MP, Bigler ED, Lainhart JE (2010) Associations between IQ, total and regional brain volumes, and demography in a large normative sample of healthy children and adolescents. Dev Neuropsychol 35(3):296–317. https://doi.org/10.1080/87565641003696833
- 124. Vaglenova J, Birru S, Pandiella NM, Breese CR (2004) An assessment of the long-term developmental and behavioral teratogenicity of prenatal nicotine exposure. Behav Brain Res 150(1–2):159–170. https://doi.org/10.1016/j.bbr.2003.07.005
- 125. Wakschlag LS, Pickett KE, Cook E, Benowitz NL, Leventhal BL (2002) Maternal smoking during pregnancy and severe antisocial behavior in offspring: a review. Am J Public Health 92(6):966. https://doi.org/10.2105/AJPH.92.6.966
- 126. Haw SJ, Gruer L (Sep.2007) Changes in exposure of adult nonsmokers to secondhand smoke after implementation of smokefree legislation in Scotland: national cross sectional survey. BMJ 335(7619):549–552. https://doi.org/10.1136/BMJ.39315.670208. 47
- 127. Jarvis MJ, Sims M, Gilmore A, Mindell J (Apr.2012) Impact of smoke-free legislation on children's exposure to secondhand smoke: cotinine data from the Health Survey for England. Tob Control 21(1):18–23. https://doi.org/10.1136/TC.2010.041608
- 128. Lin H et al (2021) The association of workplace smoke-free policies on individual smoking and quitting-related behaviours. BMC Public Health. https://doi.org/10.1186/s12889-021-12395-z

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