



## **PASSIVE SMOKING**

### ***The Public Health Association of Australia notes:***

1. Passive smoking is inhaling in other people's tobacco smoke. It affects both smokers and non-smokers. The process of smoking produces three different types of tobacco smoke:
  - mainstream smoking – this smoke is directly inhaled by the smoker through a burning cigarette;
  - exhaled mainstream smoke – this is smoke breathed out by a smoker; and
  - side-stream smoke – this is smoke which drifts from the burning end of a cigarette.<sup>1</sup>
  
2. Passive smoking relates to the inhalation of environmental tobacco smoke, which is the combination of exhaled mainstream smoke and side-stream smoke. Side-stream smoke contains many chemical carcinogens and other toxic materials. In some cases their concentration is 30 times higher than in mainstream smoke inhaled by the smoker.<sup>2</sup> Compared to mainstream smoke, side-stream smoke contains greater amounts of ammonia, benzene, carbon monoxide, nicotine's and some carcinogens per milligram of tobacco burned.<sup>3</sup> However, because side-stream smoke is mixed with air before being inhaled, passive smokers do not receive the same concentration of toxic chemicals as active smokers who draw the tobacco smoke directly into their lungs.
  
3. Passive smoking is an important and avoidable cause of a number of diseases and conditions in both adults and children, including several types of cancer.<sup>4,5</sup> Even short-term exposure to environmental tobacco smoke can adversely affect the health of non-smokers.<sup>1,5</sup> These include:
  - in adults – heart disease, lung cancer, nasal sinus cancer and irritation of the eyes and nose; and
  - in children – sudden infant death syndrome (SIDS), lower birth weight and growth restrictions in unborn babies (where the mother was exposed to environmental smoke), bronchitis, pneumonia and other lung/airway infections, asthma and worsening of asthma in children who already have the disease, middle ear disease (otitis media) and respiratory symptoms (e.g. coughing or wheezing).<sup>1</sup>
  
4. Exposure to environmental smoke has also been linked to other adverse health effects and include:
  - in adults – miscarriages, cervical cancer, breast cancer, stroke and asthma;
  - in children – adverse effects on cognition and behaviour (affecting learning and awareness), decreased lung function (i.e. they cannot breathe with as

much force or capacity as they would otherwise), asthma in children who would not otherwise have symptoms, worsening of cystic fibrosis, meningococcal disease, and lung complications during and after surgery.<sup>1</sup> a person's risk of suffering from diseases related to passive smoking increases with higher concentrations of tobacco smoke and longer periods of exposure.<sup>3,6</sup>

5. Second-hand smoke has been designated as a known human carcinogen by the US Environmental protection Agency, the US National Toxicology program, and the International Agency for Research on Cancer, and as an occupational carcinogen by the US National Institute for Occupational Safety and Health.<sup>1,3</sup>
6. The Australian Government has placed bans on smoking in all Commonwealth buildings, aircraft, buses and coaches registered under the Federal Interstate Registration Scheme and all airport buildings operated by the Federal Airports Corporation and on all domestic flights and international flights operating in domestic airspace.
7. All States and Territories are actively pursuing bans on smoking in enclosed public places, in hotels, clubs and casinos. However, comprehensive bans are not in place in all jurisdictions. Little action has been taken to ban smoking in cars where children are present. .

***The Public Health Association of Australia recommends:***

8. An increase in direct advocacy for the elimination of occupational exposure to indoor environmental tobacco smoke in all remaining work settings where smoking is still permitted, such as prisons, mental health services, casino 'high roller' rooms, pubs and clubs in all states and territories, noting its significance as an important "health and safety at work" issue.<sup>3,6</sup>
  9. Direct advocacy for the adoption of regulations to prevent smoking in other public spaces where these have not yet been adopted and to ban smoking in cars where passengers particularly children are present.
  10. Where such measures are not already in place, all states and territories, in conjunction with local government authorities, should adopt broadly placed legislation dealing as far as is possible with reducing/eliminating exposure to tobacco smoke in all public spaces, including outdoor public places where children are likely to be (e.g. school playgrounds, ovals and parks). The legislation should impose an obligation on the person responsible for day-to-day-management of the public place in order to ensure compliance. An offence should also apply to the person found to be smoking in breach of the legislation.
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11. All states and territories conduct health awareness and promotion campaigns that address the need:
  - for all people to avoid tobacco smoke, particularly in enclosed spaces, to eliminate the risk of health problems caused by passive smoking;
  - for children to be protected from environmental tobacco smoke, including in the car and home – the hazard in the home requires greater public education so that smokers recognize the risk to which they expose members of their family; and
  - for all workplaces, enclosed indoor public places and restricted outdoor places to be completely smoke free.
  
12. The Commonwealth should extend the coverage of the ‘Guiding Principles for Smoke-free Public Places and Workplaces Legislation and the coverage of example provisions developed by the National Public Health Partnership to cover a National Code of Practice or regulatory model for use in States and Territories that unequivocally prohibits all exposures to environmental tobacco smoke in public spaces and open space especially those where children may be present. Such a code should insure that employers are held responsible for exposure of workers to environmental smoke. The Code should also address the need to:
  - eliminate tobacco smoking in enclosed areas in prisons, particularly in cells, unless smokers’ cells are separately ventilated. No prisoner should be required to share a cell with a prisoner who smokes;
  - the elimination of staff tobacco smoking in institutions including prisons, except in designated, well ventilated areas;
  - develop accreditation standards for family day care schemes that incorporate a requirement that tobacco smoking is prohibited by carers, family members and others in environments where children may be exposed to tobacco smoke during care; and
  - develop legal prohibitions of smoking in private motor vehicles during periods when minors are passengers.

***The Public Health Association of Australia resolves that:***

13. The Health Promotion Special Interest Group will write to the Commonwealth and State and Territory Health Ministers advising them of this policy and seeking model legislation to address the issues detailed above.
  
14. The PHAA will write to the Commonwealth Government seeking the development of a specific health awareness and health promotion campaign to address the effects of environmental smoke, particularly the effects on children.
  
15. The PHAA will write to all State and Territory Governments seeking legislation and programs to make all prisons smoke free.

16. The Public Health Association of Australia will develop a fact sheet on Tobacco Smoking for its web site and provide links to QUITLINE and other facilities that provide support to those seeking to quit smoking.

***References:***

1. The Cancer Council of Australia. 2004. *Position Statement on Passive Smoking*. NSW: The Cancer Council of Australia
2. Armstrong BK. Commentary: passive smoking and lung cancer. *Community Health Studies* 1987; 11 (1 Supplementary): 6s-8s
3. US Department of Health and Human Services. 2006. *The health consequences of involuntary smoking. A report of the Surgeon General*. Rockville, Maryland: US Department of Health and Human Services.
4. Brennan P, Buffler PA, Reynolds P, et al. 2003. Second hand smoke exposure in adulthood and risk of lung cancer... : a pooled analysis of two large studies. *Int J Cancer* . 109 (1):125
5. The Cancer Council of Australia. 2007. *National Cancer Prevention Policy, 2007-09*. NSW: The Cancer Council of Australia
6. National Health and Medical Research Council. 1997. *The Health Effects of Passive Smoking*. Canberra: Australian Government Publishing Service.

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