



## Public Health Association of Australia:

### Policy-at-a-glance – Exposure to Second-hand Smoke Policy

**Key message:**

1. PHAA supports the following measures:
  - a) The elimination of occupational exposure to indoor tobacco smoke.
  - b) The adoption of regulations to prevent smoking in other public spaces where these have not yet been adopted.
  - c) Protecting children from exposure to second-hand smoke, whether in cars or other locations.
  - d) The adoption across Australia of legislation dealing as far as is possible with reducing/eliminating exposure to tobacco smoke in all public spaces, including all working areas and partly enclosed and outdoor public places where children are likely to be.
  - e) Jurisdictions conducting health awareness and promotion campaigns in line with the above objectives.
  - f) The Commonwealth implementing a National Code of Practice or regulatory model supporting the above objectives.
  - g) All jurisdictions acting to ensure that there is no smoking on any health service grounds and working to phase out smoking in prisons.

**Summary:** This policy seeks to outline a series of principles and tangible actions designed to achieve the above-mentioned goals.

**Audience:** Australian, State and Territory Governments, policy makers and program managers.

**Responsibility:** PHAA's Health Promotion Special Interest Group (SIG)

**Date policy adopted:** September 2010

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## EXPOSURE TO SECOND-HAND SMOKE POLICY

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

1. Inhaling other people's tobacco smoke affects both smokers and non-smokers. The process of smoking produces three different types of tobacco smoke:
  - mainstream smoking –directly inhaled by the smoker through burning tobacco;
  - exhaled mainstream smoke –breathed out by a smoker; and
  - side-stream smoke –which drifts from the burning end of a cigarette.<sup>1</sup>
  
2. Second-hand tobacco smoke is the combination of exhaled mainstream smoke and side-stream smoke. It contains many chemical carcinogens and other toxic materials, in some cases in concentrations 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 and some carcinogens per milligram of tobacco burned.<sup>3</sup> However, because side-stream smoke is mixed with air before being inhaled, people exposed generally do not receive the same concentration of toxic chemicals as active smokers who draw the tobacco smoke directly into their lungs.
  
3. Second-hand smoke is a highly toxic, highly carcinogenic airborne contaminant to which there is no safe level of exposure. The US Surgeon General has determined that:
  - second-hand smoke causes premature death and disease in children and in adults who do not smoke;
  - children exposed to second-hand smoke are at an increased risk for Sudden Infant Death Syndrome (SIDS), acute respiratory infections, ear problems and more severe asthma. Smoking by parents causes respiratory symptoms and slows lung growth in their children;
  - exposure of adults to second-hand smoke has immediate adverse effects on the cardiovascular system and causes coronary heart disease and lung cancer; and
  - the scientific evidence indicates there is no risk-free level of exposure to second-hand smoke.<sup>1</sup>

It 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> These include:

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<sup>1</sup> US Surgeon General's report (2007) at <http://www.surgeongeneral.gov/library/secondhandsmoke/factsheets/factsheet7.html>

- in adults – heart disease, lung cancer, nasal sinus cancer and irritation of the eyes and nose;
  - in children – Sudden Infant Death Syndrome (SIDS), lower birth weight and growth restrictions in unborn babies (where the mother was exposed), bronchitis, pneumonia and other lung/airway infections, asthma and worsening of asthma, middle ear disease (otitis media) and respiratory symptoms (e.g. coughing or wheezing); and <sup>1</sup>.
  - exposure also doubles children’s risk of lung cancer in later life<sup>2</sup> and causes arterial damage.<sup>3</sup>
4. Exposure to second-hand smoke has also been linked to other adverse health effects:
- in adults – miscarriages, further cancers, stroke and asthma;
  - in children – adverse effects on cognition and behaviour (affecting learning and awareness), decreased lung function, asthma in children who would not otherwise have symptoms, worsening of cystic fibrosis, meningococcal disease, and lung complications during and after surgery; and <sup>1</sup>.
  - a person’s risk of suffering from diseases related to second-hand smoke increases with higher concentrations of smoke and longer periods of exposure.<sup>3,6</sup>

Even short-term exposure to second-hand tobacco smoke can adversely affect the health of non-smokers. <sup>1,5</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>4,3</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 have banned smoking in indoor workplaces and public places, and some states and territories have extended bans to encompass al fresco dining areas and popular outdoor leisure and cultural settings. All jurisdictions have banned smoking in cars carrying children. Smoking is still permitted, by some states and territories, in some indoor settings, such as prisons, mental health

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<sup>2</sup> Olivo-Marston SE et al (2009) at <http://cebp.aacrjournals.org/content/18/12/3375.abstract>

<sup>3</sup> Kallio K et al (2010) at

<http://circoutcomes.ahajournals.org/cgi/content/abstract/CIRCOUTCOMES.109.857771v1?maxtoshow=&hits=10&RESULTFORMAT=&fulltext=smoke+exposure+Kallio&searchid=1&FIRSTINDEX=0&resourcetype=HWCIT>

facilities, and the ‘high roller’ rooms of casinos; and in the outdoor areas of some popular recreational settings, such as pubs and clubs and sporting grounds.

8. Australia is a party to the World Health Organisation (WHO) Framework Convention on Tobacco Control which reads (Article 8):  
***“Protection from exposure to tobacco smoke***
  1. *Parties recognise that scientific evidence has unequivocally established that exposure to tobacco smoke causes death, disease and disability.*
  2. *Each Party shall adopt and implement in areas of existing national jurisdiction as determined by national law and actively promote at other jurisdictional levels the adoption and implementation of effective legislative, executive, administrative and/or other measures, providing for protection from exposure to tobacco smoke in indoor workplaces, public transport, indoor public places and, as appropriate, other public places.*”<sup>5</sup>
9. The National Preventative Health Taskforce recommends elimination of second-hand smoke from all workplaces and crowded public places.<sup>6</sup>

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

1. An increase in advocacy for the elimination of occupational exposure to indoor 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 some states and territories, noting its significance as an important health and safety at work issue.<sup>3,6</sup>
2. Advocacy for the adoption of regulations to prevent smoking in other public spaces where these have not yet been adopted.
3. Advocacy to protect children from exposure to second-hand smoke, whether in cars or other locations.
4. 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 all working areas and partly enclosed and outdoor public places where children are likely to be (e.g. dining/food service areas, 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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<sup>5</sup> [http://www.who.int/tobacco/research/secondhand\\_smoke/en/index.html](http://www.who.int/tobacco/research/secondhand_smoke/en/index.html)

<sup>6</sup> NPHT report (2009) at [http://www.preventativehealth.org.au/internet/preventativehealth/publishing.nsf/Content/nphs-roadmap/\\$File/nphs-roadmap-4.pdf](http://www.preventativehealth.org.au/internet/preventativehealth/publishing.nsf/Content/nphs-roadmap/$File/nphs-roadmap-4.pdf)

5. All jurisdictions conduct health awareness and promotion campaigns that address the need:
  - for all people to avoid tobacco smoke, particularly in enclosed and partly-enclosed spaces, to eliminate the risk of health problems caused by secondhand smoking;
  - for children to be protected from tobacco smoke exposure, 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, crowded (or enclosed and partly enclosed) public places and restricted outdoor places to be completely smoke free.
6. 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 tobacco smoke in public spaces, workplaces and open space especially where children may be present. Such a code should ensure that employers are held responsible for exposure of workers to tobacco smoke.
7. All jurisdictions should act to ensure that there is no smoking on any health service grounds.
8. All jurisdictions should work to phase out smoking in prisons, whether by prisoners or staff.

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

- i. 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.
- ii. work with other leading health agencies in support of action to protect non-smokers, and especially children and workers, from the harmful consequences of passive smoking and to ensure better public awareness of its dangers.
- iii. support action to make all prisons smoke free.
- iv. develop a fact sheet on tobacco smoking for its web site and provide links to other agencies working on tobacco control and facilities that provide support to those seeking to quit smoking.

### **References:**

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### **ADOPTED 1997, REVISED AND RE-ENDORSED IN 2004, 2007 AND 2010**

***First adopted at the 1997 Annual General Meeting (AGM) of the Public Health Association of Australia (PHAA). Revised at the IUHPE Policy Forum in April 2004 and re-endorsed at the PHAA AGM in October 2004. Further revised and re-endorsed as part of the policy revision processes in 2007 and 2010.***