Australian Government
Department of Health and Ageing

The dangers of passive smoking

Smokers don't only put themselves at risk of serious health problems – people around them can also be exposed to much potential danger. The smoke exhaled by someone else or emitted by the tip of a burning cigarette is called environmental tobacco smoke, and breathing it in is known as passive smoking.

Environmental tobacco smoke is a major source of indoor air pollution. It exposes non-smokers to most of the same toxic gases, chemicals and fine particles that smokers inhale directly with tobacco smoke. The particles in the unfiltered smoke that drifts from burning cigarette tips can be finer and more concentrated, meaning that they can be inhaled deeper into the lungs and stay longer in the body of the passive smoker than in the person who is smoking.

Obviously, the more time people spend in close company with smokers, the more they are exposed to environmental tobacco smoke and the worse the threat to their health. Naturally, this often means those most at risk are the people smokers care most about - their loved ones and friends. In 1998, 128 people died of passive smoking and another 1,968 were hospitalised. Frequent exposure to environmental tobacco smoke in enclosed public places and in some working environments – such as hotels and bars - can be hazardous too.

How does passive smoking affect children?

Even before it is born, a developing baby can be affected by environmental tobacco smoke if the mother smokes or if she is exposed to tobacco smoke during pregnancy. Many harmful substances can reach an unborn baby through its mother's bloodstream and, after birth, through her breast milk (although breastfeeding a baby is still better than bottle-feeding, even if the mother smokes). Exposure of unborn children to tobacco smoke may also increase the risk of miscarriage, low birth weight and sudden infant death syndrome (SIDS), or 'cot death'. There is strong evidence that the babies of mothers who smoke after birth have more lung diseases in their first year of life and have double the normal risk of serious airway infections.

Children of parents who smoke are likely to:

- inhale about the same amount of nicotine as if they were actively smoking 60 to 150 cigarettes a year;
- have more serious lung infections, such as croup, bronchitis and pneumonia;
- have more middle ear infections, including 'glue ear', the most common cause of childhood deafness;
- have reduced lung function;
- suffer more asthma attacks;
- twice as likely to be obese as those of non-smoking mothers;
- be shorter than average at all ages; and
- be absent from school more often (passive smoking accounts for one in seven school days lost).

Children exposed to environmental tobacco smoke are 40% more likely to suffer from asthma symptoms than children who are not exposed. An estimated 8% of childhood asthma in Australia is attributable to passive smoking and is estimated to contribute to the symptoms of asthma in 46,500 Australian children a year.

What about adults?

Inhaling environmental tobacco smoke causes acute irritation in the upper and (to a lesser extent) the lower airways of even healthy people. It can worsen the condition of those with existing breathing problems. There is growing evidence that exposure to environmental tobacco smoke increases the risk of developing lung cancer. People who never smoke but live with a smoker have a 30% greater risk of developing lung cancer than people who never smoke and live with a non-smoker. It may be linked to the development of other cancers as well – studies suggest that those exposed to environmental tobacco smoke may be more likely to suffer heart disease, heart attacks and sudden death due to heart failure.

What is being done to regulate environmental tobacco smoke?

State and Territory governments are generally responsible for regulation of environmental tobacco smoke in Australia.

Various States and Territories have implemented some form of smoking restriction in public places usually with a small number of exemptions, (such as bar areas where food is not being served). Some States and Territories also have, or are planning to introduce, broader bans on smoking in enclosed public places such as restaurants, bars and shopping centres.

National response to passive smoking

In recognition of the health risks associated with passive smoking, the Australian Health Minister's Advisory Council (AHMAC) asked the National Public Health Partnership, to prepare a National Response on Passive Smoking to guide State and Territory legislative activity.

The resultant National Response to Passive Smoking in Enclosed Public Places, endorsed by AHMAC in December 2000, comprises three documents:

- a background paper outlining the impact of passive smoking on public health and a rationale for a national response to this issue (National Response To Passive Smoking In Enclosed Public Places And Workplaces: A Background Paper);
- a statement of the guiding principles for developing legislation (Guiding Principles For Smoke-Free Public Places And Workplaces Legislation);
- examples of core provisions that highlight key areas for consideration in legislation (Smoke-Free Public Places Legislation: Examples Of Core Provisions); and

The recommendations are expected to inform the development of State and Territory approaches to reducing tobacco smoke exposure in enclosed public places and workplaces. The guiding principles and core provisions are intended to provide a policy blueprint to aid in the development of new legislation or review existing legislation. However, they recognise the sovereignty of each State and Territory Parliament to enact its own laws in this field, and the desirability of retaining flexibility for individual jurisdictions to adapt the model provisions to local circumstances and systems as they see fit.

The documents can be found on the National Public Health Partnership's website www.nphp.gov.au.

Sources:

1 The Quantification of Drug-caused Mortality and Morbidity in Australia, 1998. Australian Institute of Health and Welfare, Feb 2001

2 Environmental Health Perspective, 1999, December; 107, Supplement 6: 885-90.

3 Environmental Health Perspective, 1999, December; 107 (12): 991-1000. Review.

4 Pershagen G, Accumulating evidence on health hazards of passive smoking. Acta Paediatr. 1999 May; 88 (5): 490-2. Review.

5 National Response to Passive Smoking in Enclosed Public Places, 2000. www.nphp.gov.au

6 Liston J. Breastfeeding and the use of recreational drugs—alcohol, caffeine, nicotine and marijuana. Breastfeed Rev. 1998 Aug;6(2):27-30.