

# Passive Smoking & Work

Passive smoking occurs when a person breathes in *environmental tobacco smoke* (ETS). ETS is a mixture of side stream smoke passing directly from the burning tobacco and the exhaled mainstream smoke from the smoker.

More than 4000 substances, including some well-known causes of respiratory illness and about 40 known or suspected carcinogenic chemicals, have been identified in ETS. Many of these compounds have been found to be higher in side stream tobacco smoke than in exhaled mainstream smoke and as a result ETS has been classified as a known cause of human cancer (Group A carcinogen) by the United States Environmental Protection Agency.

The Australian National Health and Medical Research Council (NHMRC) reported associations between passive smoking and a number of diseases in 1997 in *The Health Effects of Passive Smoking*, following a review of the scientific evidence. These diseases include asthma in children, respiratory illness, lung cancer and major coronary events (heart disease).

## Health effects of passive smoking

Environmental tobacco smoke is an irritant to the eyes and the respiratory tract. It causes watery eyes, headaches and sore throat. Irritation of the lungs from ETS can lead to excess phlegm, coughing, chest discomfort and reduced lung function.

ETS can also cause or aggravate illnesses such as:

- Cardiovascular disease
- Lung cancer
- Asthma
- Bronchitis, pneumonia, and other chest illnesses

Studies in Australia and overseas have confirmed a link between passive smoking and heart disease. It has been estimated that heart disease caused by passive smoking is the third leading preventable cause of death in the United States.

Exposure to passive smoking during pregnancy has been found to be associated with a small reduction in birth weight. Some studies have indicated that asthma is more

common among children whose mothers had been exposed to ETS during pregnancy. (NHMRC, 1997)

## Measuring ETS exposure

Exposure to ETS is difficult to measure and several methods may be used in population based research studies. Questionnaires are often used in conjunction with personal monitors and measures of biological markers in urine, blood or saliva. A number of factors determine the degree of exposure to ETS by non-smokers. These include proximity to a smoker, the tar level of the cigarettes, the number of cigarettes smoked, the size of the room and the length of exposure.

## OHS legislation

The NHMRC *Guidance Notes on Passive Smoking in The Workplace* is a reminder that under Occupational Health and Safety laws, employers are required to take all practicable measures to protect employees and others in the workplace in relation to their health, safety and welfare.

Workers may be entitled to compensation under the relevant workers' compensation laws if it is found that exposure to passive smoking at work has contributed to the development of a disease or aggravated an existing disease.

Many workplaces and public places have adopted smoke-free policies due to the growing awareness that

### ***Liesel Scholem v NSW Department of Health*** (NSW District Court, 1992)

Liesel Scholem, who worked as a psychologist at a community health centre from 1974-86, claimed that exposure to ETS at work had made her asthma irreversible. A jury found that the employer was negligent in regard to passive smoking in the workplace. She was awarded \$85,000 in compensation.

passive smoking can harm the health of non-smokers.

There are numerous benefits for both employers and employees in having a smoke-free workplace. Non-smokers experience better health and a good working environment resulting from the elimination of ETS from the workplace. Smokers are at a lesser risk of tobacco related illness, as they reduce the number of cigarettes they smoke each day.

## What to do if you are exposed to ETS at work

If you are exposed to ETS at work, either due to smoking by a fellow employee or by any visitors to the workplace, you are entitled to complain about it.

Your employer should take suitable action to make sure that you are not exposed to ETS. If you have any problems in getting something done soon, you should contact a health & safety representative at work or your union.

## Getting help to quit smoking

Smoking is a personal choice but it also affects the health of others. While provisions are made in smoke-free workplaces with designated areas for smokers, smoking cessation should be promoted as a broader health promotion issue at work. Programs to quit smoking are now offered in some workplaces as part of their Fresh Air policies.

QUIT programs offer help in giving up smoking. Acupuncture has also been used effectively to assist smokers to quit the habit.

## Useful references

***The Health Effects of Passive Smoking.*** A review of the scientific literature by the National Health and Medical Research Council (NHMRC), November 1997

***Passive smoking in the workplace. Policy and control.*** A guide to achieving a smoke-free workplace by WorkCover NSW, 1997

***Guidance Notes on Passive Smoking in The Workplace.*** National Occupational Health and Safety Council (NOHSC:3019)

## Useful contacts

### ***NSW Cancer Council***

133 Dowling Street, Woolloomooloo. Phone (02) 9334 1900

### ***NSW Quit Campaign***

PMB 6, Rozelle, NSW 2039. Phone (02) 9818 0444

### ***QUIT Line***

For information on how to give up smoking. Phone 131 848

**For further information and advice contact the Workers Health Centre**



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- Medical screenings
- Hearing tests
- Workplace assessments
- OHS training
- Rehabilitation
- Related services in psychology, acupuncture and massage therapy

*For further information and advice ring us on 02 9749 7666*

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