

SMOKE LINES

An occasional information sheet for community opinion leaders

July 2000

Passive Smoking

ETS expert visits Adelaide

Late last year, **Dr James Repace**, an international expert on Environmental Tobacco Smoke, visited Adelaide at the invitation of the National Heart Foundation. Dr Repace spoke at a breakfast meeting on Thursday 26th November, and spoke with the Minister for Human Services, the Hon Dean Brown, and Mr Peter Hurley from the Australian Hotels Association.

Dr Repace stressed a number of points during his address including that

- There is an international scientific consensus that secondhand smoke kills
- Secondhand smoke under typical conditions of smoker density and ventilation poses unacceptable risks to nonsmokers
- Secondhand smoke cannot be controlled to acceptable levels of risk by ventilation or air cleaning
- There is no objective evidence to support the claim that going smoke-free imposes economic penalties on owners.

He also commented on a number of topical issues, including the efficacy of testing of exposed workers for nicotine in body fluids to demonstrate their health risk. Test results from workers from Burswood Casino in WA have recently made the news, with health groups calling for workers to be protected from exposure to tobacco smoke.

Passive smoking and breast cancer

In a recent issue of the Medical Journal of Australia, Dr Rob Burton from the Anti-Cancer Council of Victoria writes that the results of recent studies suggest that the risk of developing breast cancer may be increased by childhood exposure to ETS. Further research is needed to confirm this.

The article asserts "...if active and passive exposure to cigarette smoke in childhood and adolescence proves to cause breast cancer, then the current smoking habits of Australian teenage girls are of even greater concern."

MJA 2000; 172: 550-552

Health Effects of Passive Smoking

Passive smoking can cause a variety of illnesses in both adults and children, such as

Adults	Children
Lung cancer	Asthma
Heart disease	Bronchitis
Increased stroke risk	Cot death
Nasal cancer	Low birthweight
	Middle ear infection
	Pneumonia

Young people & passive smoking - a real concern

Young people in SA could be the most widely exposed to Environmental Tobacco Smoke. While smoke-free workplaces and dining venues have significantly reduced ETS exposure for children and older adults, many young people continue to work and play in smoke-filled environments.

Bars and nightclubs are both employment and recreation for many young people. It is not possible to avoid exposure to ETS and attend these venues. Anecdotal evidence suggests that otherwise non-smoking young people smoke socially at these venues. If smoking was not permitted, this smoking would, in all likelihood, not occur, and the transition of other occasional smokers to regular smokers reduced.

Frequenting bars and clubs is also likely to lead to a false perception of the level of smoking. Perceptions may be as high as 60% of the population, whereas the reality is around 26%, less than half of that number.



For further information contact
South Australian Smoking and Health
Project
Po Box 929, Unley SA 5061
202 Greenhill Road, Eastwood SA 5063
Phone 8291 4141 Fax 8291 4194

Passive smoking - The tobacco industry's biggest fear

Documents uncovered during a US trial reveal how the tobacco industry knew about the dangers of passive smoking, but actively pursued a global strategy to combat restrictions and create doubt over the evidence. **This last tactic mirrors exactly that employed when the health consequences of active smoking became known. Let the buyer beware.**

The International tobacco industry is terrified of passive smoking, because when people can't smoke at work and in other public places, their consumption falls by around 20%. Great news for public health, but panic stations for the companies' bottom line. A 1998 memo reporting a peak tobacco industry meeting held in London talks frankly of the industry's response to this: 'spending vast sums of money...to keep the controversy alive', by hiring tame scientists willing to have their reports 'filtered' through industry lawyers. The report states 'The consultants should, ideally, be ... scientists who ... have no previous record on the primary issues' - in other words, passive smoking researchers with no expertise in the area.

The industry has also made good use of other organisations and some media outlets to put its position without declaring its interests. For instance, Healthy Buildings International - purported to be an independent ventilation consulting group, were in fact, closely allied to the tobacco industry.

(Sources: www.gate.net/~jcannon/document/880217b1.txt and www.health.su.oz.tobacco/subject.html#PASSIVE. Thanks also to Simon Chapman, A/Professor of Public Health, University of Sydney, Chairman of Action on Smoking and Health)

WHO report calls upon Governments to protect kids

The World Health Organisations' (WHO) landmark report this year calls for greater protection of children from passive smoking. WHO estimates that almost half of the world's children (700 million) are exposed to tobacco smoke by the 1.2 billion adults that smoke. The report summarises evidence showing that passive smoking is a cause of pneumonia and bronchitis, coughing and wheezing, asthma attacks, middle ear infections and cot death. WHO highlights the UN Convention on the Rights of the Child - Articles 6 and 24 - and the health rights of children to grow up in a smoke-free environment. (<http://www.who.int/toh/TFI/consult.htm>)

Bans are good for tourism

A tourism study in the US shows that smoke-free laws had no adverse impact on tourism revenues in several major cities. Published by the Institute for Health Policy Studies at the University of California, it said the US tobacco industry vigorously opposed the introduction of the bans claiming that tourism would suffer. Researchers, however, found that tourism earnings actually rose in four of the nine localities studied while four remained stable and revenue slowed in only one locality.

(Source: JAMA 1999;281:p1911-1918)

Heart disease & stroke risk increased after ETS exposure

Several recent studies have reaffirmed an increased risk of heart disease and stroke after exposure to passive smoke. (Sources: Tobacco Control 1999;8(2):150-160 and New England Journal of Medicine 1999;340:920-926)

SA backs Smoke-free Dining

Surveys conducted by SA Anti-Tobacco Research and Evaluation revealed a high level of acceptance of the new smoke-free dining legislation (87% non-smokers; 55% smokers). In addition, businesses reported a very high level of compliance with the new legislation. Reports of breaches of the legislation can be made to the Tobacco Control Unit, Department of Human Services.

'Smokos' cost industry \$\$

More than 60% of employers believe that smokers should be required to make up time lost during smoke breaks, according to a recent Morgan & Banks survey. The survey suggested that with the majority of smokers taking 3-4 smoke breaks per day, this cost Australian industry \$1.646 million. The highest proportion of smokers were reported to be in tourism, transport, manufacturing, advertising and food industries.