

Position statement: Passive tobacco smoke and e-cigarette emissions

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Key messages

- Passive tobacco smoke and e-cigarette emissions is the inhalation, ingestion, or absorption of smoke or emissions by individuals other than the person who is actively smoking.
- Secondhand tobacco smoke (breathing in smoke from the exhalation of the person using a smoking product or from the smouldering end of the product) is associated with an increased prevalence of respiratory symptoms and illness, an increased risk for multiple diseases, and a decrease in pulmonary function.
- Long-term impacts of passive exposure to e-cigarette emissions are unknown—increased risk of shortness of breath and bronchitis symptoms are short-term impacts.
- The public health response to reduce and eliminate passive exposure is legislation, enforcement and education of 'smoke-free places'—places where smoking and e-cigarette use is banned.
- State and territory governments are mostly responsible for smoke-free laws in Australia with laws varying by jurisdiction. In all jurisdictions, smoke-free places apply to the use of e-cigarettes.
- Outdoor smoking areas in liquor licensed venues expose non-smokers to secondhand smoke and encourage smoking/relapse, especially when alcohol consumption is allowed in these areas.
- Smoke drift from private balconies/patios in multi-unit housing is a common complaint; laws on addressing this issue are inadequate.
- Even when smoking occurs outside the home, children in these homes are exposed to secondhand and thirdhand smoke.

Lung Foundation Australia's recommendations

1. All states and territories should prohibit alcohol consumption in outdoor smoking areas of liquor licensed venues and strengthen buffer zones between smoking and non-smoking areas.
2. All states and territories should allow body corporates to make by-laws on smoking prohibitions in private outdoor areas of multi-unit housing.
3. All states and territories should provide free cessation products for parents and carers who smoke to reduce the risks of passive exposure for children.

Definitions of passive tobacco smoke and e-cigarette emissions

Passive tobacco smoke and e-cigarette emissions is the inhalation, ingestion, or absorption of smoke or emissions by individuals other than the active smoker.

Secondhand tobacco smoke is the inhalation of smoke from other people's cigarettes, cigars or pipes and comprises the smoke that is breathed out by the person smoking (mainstream smoke) and sidestream smoke which is the smoke that emits from the end of the device.¹ There is a greater concentration of carcinogens in sidestream than mainstream smoke because sidestream is the product of incomplete combustion.²

Secondhand e-cigarette emissions are the inhalation of aerosols exhaled from other people's e-cigarettes and contain chemical solvents and flavour chemicals (and nicotine and nicotine by-products in nicotine e-cigarettes).³

Thirdhand tobacco smoke is smoke that settles on surfaces after someone has smoked a tobacco device. The substances in this settled smoke are re-emitted as gases and can react with other compounds in the environment to create new toxic substances, including carcinogens.² These substances are difficult to remove from the environment (such as in carpets) compared to secondhand smoke that can be removed through ventilation.⁴ In addition to inhalation, these substances can be ingested (such as a child putting their hand in their mouth after touching surfaces) and also absorbed through the skin.

Thirdhand e-cigarette emissions are chemicals from e-cigarette vapour that settle on surfaces and can be inhaled, ingested and absorbed.³

Evidence on health impacts of passive smoke and e-cigarette emissions

Tobacco smoke: Secondhand tobacco smoke is associated with:

- increased prevalence of chronic respiratory symptoms, acute respiratory illness, and middle ear disease;
- increased severity of asthma episodes and symptoms;
- a decrease in pulmonary function;
- increased risk for asthma, sudden infant death syndrome, lung cancer in adults, breast cancer in younger women, nasal sinus cancer, and coronary heart disease in adults.⁵

There is limited high-quality evidence of the morbidity and mortality attributable to secondhand tobacco smoke in Australia – estimates from the 2017 Global Burden of Disease Study suggest ~1700 deaths and ~43,000 healthy life years lost, with deaths most commonly from cardiovascular diseases followed by chronic respiratory diseases and cancer.⁶

The health impacts of thirdhand tobacco smoke are an emerging area of research, with in vitro (laboratory studies of human tissues) and animal studies demonstrating effects likely to be relevant for human health, such as reduced wound healing and hyperactive behaviour.²

E-cigarette emissions: Research on the health impacts of secondhand and thirdhand e-cigarette emissions is nascent, with long-term impacts unknown due to the recency of e-cigarette use. Prospective studies of secondhand effects have found evidence of increased risk of shortness of breath and bronchitis symptoms and reporting of short-term sore throat, cough, breathlessness and headache.³

Public health response to passive smoke and e-cigarette emissions

The public health response to reduce and eliminate passive exposure is legislation, enforcement and education of 'smoke-free places'. These are public places (and private cars where children are present) where smoking and e-cigarette use is banned. In addition to protecting the population from passive exposure, smoke-free places reduce the normalisation and social aspect of smoking. This helps people who want to quit smoking to quit and helps reduce the likelihood of relapse in those who have quit.

State and territory governments are mostly responsible for smoke-free laws in Australia, with smoking in most indoor public places (such as public transport, office buildings, shopping centres, schools, cinemas, and airports) banned in all jurisdictions.⁷ New South Wales, Queensland and the Northern Territory continue to provide exemptions from indoor smoking bans for high-roller/private gaming rooms in casinos.⁸ Smoking is banned inside private cars when a minor is inside, with the age of minors differing by jurisdiction. Laws on smoking in outdoor areas vary between states and territories, as do laws on smoking in prisons. Detailed information on state and territory legislation on smoking in public spaces is provided in the [Tobacco in Australia](#) online resource produced by Cancer Council Victoria.

Lung Foundation Australia's role in smoke-free places

Our advocacy efforts in smoke-free places focus on their expansion and implementation. We support proposals for expansions in government consultations, celebrate and promote positive changes to policy on our social media and discuss smoke-free places with government representatives. We are a strong advocate for eliminating stigma associated with tobacco and e-cigarette use and affirm that individuals must be supported in their cessation journey. Policy that creates supportive environments has an important role in encouraging cessation attempts.

As a Commonwealth of Australia Health Peak Advisory Body, regarding smoke-free places, we work to support:

- [National Preventive Health Strategy 2021-2030](#) desired policy achievement by 2030 of: elimination of exceptions to smoke-free workplaces, public places and other settings.⁹
- [National Tobacco Strategy 2023-2030](#) actions under Priority Area 10 - Eliminate exceptions to smoke-free workplaces, public places and other settings: advocating to strengthen smoke-free legislation where appropriate (10.1); advocating to strengthen policy to increase the number of smoke-free homes, including in social housing and multi-unit housing (10.4); and improving education about the dangers of secondhand smoke and consider public messaging for thirdhand smoke exposure (10.7).¹⁰

Our Recommendations

1. Consumption of alcohol in outdoor smoking areas attached to liquor licensed venues must be prohibited and buffer zones strengthened, with the long-term aim of a full smoking ban in liquor licensed venues.

Queensland Health data from 2018 found that almost one million Queenslanders spent time in a designated outdoor smoking area of a liquor licensed venue, with more than half non-smokers.¹¹ Research has demonstrated strong behavioural links between smoking and consuming alcohol,¹² and encountering smoke at liquor licensed venues is associated with smoking relapse.¹³ Outdoor smoking areas of liquor licensed venues protect non-smoking patrons from secondhand smoke but should also serve to encourage people who smoke to quit and support those who have quit. Prohibition of alcohol consumption in outdoor smoking areas reinforces these aims.

Tasmania is the only Australian jurisdiction to regulate that alcoholic beverages must not be consumed in an approved smoke area of a liquor licensed venue. The Tasmanian regulations (*Public Health (General) Regulations 2005*) stipulate that no food or beverages are to be consumed in an approved smoking area and that there are to be no tables provided in this area.¹⁴ We encourage all Australian jurisdictions to adopt this clear regulation.

Further protection from secondhand smoke in liquor licensed venues should also be sought through strengthened buffer zones. The 2018 Queensland Health data found that two in three venue patrons reported smelling smoke in non-smoking areas.¹¹ An Australian study that examined the influence of indoor smoking bans on indoor and outdoor air quality at pubs and bars using aerosol monitors found that air quality of smoke-free indoor areas may be compromised by smoking in adjacent outdoor areas.¹⁵ While patrons have the opportunity to leave or choose not to give patronage to venues where they encounter passive smoke, staff in such venues often do not have the same freedom, as they may be compelled to tolerate exposure in order to maintain their employment. The protection of hospitality staff (150,500 employees in pubs, taverns, bars and clubs [hospitality] in Australia in May 2025¹⁶) from passive exposure in non-smoking areas (and from clearing glasses/cleaning in outdoor smoking areas) is a right under workplace health and safety legislation.

In the longer-term, a full smoking ban in liquor licenced venues is required. The 2023 New South Wales Smoking & Health Survey of 400 people who smoke and 800 who do not smoke found that 75% of people who do not smoke supported the statement 'I support making all pubs, clubs, and bars smoke-free by law', with this figure at 42% among people who smoke (70% when both groups combined).¹⁷ This shows support for this desired policy achievement of the National Preventive Health Strategy by 2030 of elimination of exceptions to smoke-free workplaces and public places.

2. Body corporates must be allowed to make by-laws on prohibition of smoking in outdoor areas of multi-unit housing.

Smoke-drift from a private residence to another private residence in multi-unit housing is a common complaint to body corporates. While smoking in such housing is banned in shared areas in most Australian states and territories, the law around smoke-drift from private balconies and patios is vague. In most jurisdictions, by-laws prohibit residents or visitors from causing a nuisance or hazard to other residents, and this can be used by body corporates to address smoke drift.¹⁸ New South Wales, Queensland and Victoria have included smoke drift in their strata legislation—explicit provisions for body corporates to make by-laws that regulate or ban smoking are required in all states and territories.

3. Nicotine replacement therapy and cessation medication should be free to parents and carers who smoke to improve quit rates—this would reduce the risks of passive tobacco smoke for children.

The National Drug Strategy Household Survey collects self-report data on exposure to tobacco smoke in the home. In 2022-23, 2.1% of Australian households where children (<14 years) resided had someone smoking inside the home, and one in five (19.8%) had someone smoking outside of the home.¹⁹ Even with indoor smoking bans, levels of smoke contamination in homes and exposure among children in homes where someone smokes outside remain higher than in smoke-free households.² This is due to smoke drift from outdoor areas through open windows and doors and residual tobacco smoke coming from the lungs of people who smoke after they have finished a cigarette. Regarding thirdhand smoke, young children are at greater risk because they tend to be active near the floor (e.g. close to contaminated dust, carpets), frequently put objects in their mouths, and are often in physical contact with their caregivers, who, if they smoke (inside or outside the home), have clothes, hair and skin coated with smoke.

To reduce the risks to children from passive smoke exposure, increased efforts to improve quit rates in parents and caregivers is paramount. In Queensland, parents or carers/guardians of children aged three years and under can access 12 weeks free nicotine replacement therapy (NRT) through participation in Quitline counselling.²⁰ An age-expansion of this provision and its roll-out across all Australian jurisdictions is required.

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