

FACTSHEET 7

TOBACCO SMOKING AND WORK

A typical situation

About half the workers in your workgroup are smokers. They take regular 'smoko' breaks throughout the day – sometimes as many as seven or eight. These breaks are usually only about five to ten minutes long, but often they can extend to 20 minutes or more. Co-workers who don't smoke are increasingly annoyed about the extra 'down time' that smokers get.

Tobacco smoking: The facts

The prevalence of tobacco smoking has decreased significantly over the past three to four decades. Currently, 17.4% of the Australian population over 14 years of age smoke daily.

In general, more males (18.6%) than females (16.3%) smoke daily. However, more females (12%) than males (10%) aged 14-19 years smoke daily. Smoking is most prevalent for 20-29 year olds, with 24% smoking daily.

Smoking starts young. On average, male smokers had their first cigarette at age 15 years, while female smokers had their first cigarette at age 17 years.

Each year, tobacco smoking causes an estimated 19,000 deaths and up to 10% of hospital admissions for Australians aged 35 years and over. Lifelong smokers have a 50% chance of dying from a tobacco-related disease with half these deaths occurring prematurely.

No other single avoidable factor accounts for such a high proportion of deaths, hospital admissions or GP consultations.

Pharmacology

Tobacco contains about 4,000 chemicals including:

- nicotine
- a number of known carcinogens (e.g., nitrosamines, toluidine, nickel, benzopyrene, cadmium and polonium 210)
- 2-6% carbon monoxide
- hydrogen cyanide
- various nitrogen oxides
- tar

Adverse physical and psychological effects

Acute (short-term) effects

- central nervous system (CNS) – headache, insomnia, dreams
- gastrointestinal (GI) – nausea, vomiting, heartburn, diarrhoea
- musculoskeletal system (MSS) – myalgia, arthralgias.

Chronic (long-term) effects

Cardiovascular disease

Smoking is associated with an increased incidence of cardiovascular disease (CVD) including:

- coronary heart disease – angina, myocardial infarction, sudden death, congestive heart failure
- cerebrovascular disease – transient ischaemic attacks (TIA's), stroke
- peripheral vascular diseases – claudication, aortic aneurysm.

Respiratory

Smoking:

- is the primary cause of chronic obstructive airways disease through mucous hypersecretion, interference with ciliary function and alveolar destruction
- exacerbates existing hay fever and asthma
- contributes to acute and chronic rhinitis.

Cancer and malignancies

Smoking is a direct cause of:

- lung cancer
- oral cavity cancers (tongue, pharynx)
- esophageal and stomach cancer
- cancer of the larynx
- kidney and bladder cancer
- pancreatic cancer
- leukaemia
- cancer of the liver.

The incidence of cancer is related to the amount and duration of smoking. Smoking and heavy alcohol consumption further increases risk, especially of oral, pharyngeal and laryngeal cancer.

Degenerative disease

Smoking accelerates the ageing process of skin, delays wound healing and contributes to osteoporosis.

Injuries and trauma

One in two household fires is related to smoking and smoking contributes to motor vehicle accidents (due to distraction).

Nicotine dependence

Nicotine is an addictive drug. Tolerance to nicotine develops rapidly with two in three smokers demonstrating nicotine dependence i.e., experiencing withdrawal symptoms when they attempt to stop smoking.

How does tobacco smoking affect work performance?

Tobacco smoking in the workplace can affect the health and productivity of both smokers and non-smokers. Smokers who take regular smoking breaks may be less productive than non-smoking workers. Employer surveys have indicated that smokers take up to four smoke breaks a day, each lasting approximately 10 minutes. Older smokers are also likely to be less productive in the long term due to absenteeism and early retirement associated with tobacco-related illnesses.

The productivity and health of non smoking workers is also at risk from passive smoking. Passive smoking occurs when a person inhales environmental tobacco smoke (ETS) released into the air whenever someone smokes tobacco. Inhalation of ETS poses the same health risks to non-smokers as smoking does for smokers. For some of these health risks (eg, cancer, heart disease, emphysema) the length of exposure to ETS plays an important role. However, for other health risks to occur (eg acute bronchitis, pneumonia, eye, nose and throat irritations) relatively short exposure may be sufficient to contribute to harm.

Exposure to ETS is highest for workers in:

- hospitality venues such as hotels, bars, and nightclubs (30%)
- workshops and factories (25%)
- home-based workplaces (20%).



Related risks

Tobacco smoking is a fire hazard. As many workplaces contain products (e.g., paper, cardboard, furniture, etc) and chemicals (solvents, petrol, paint, etc) that are flammable, the control of smoking and smoking-related behaviour is essential to reduce fire risk.

Tobacco smoking at work and the law

Tobacco legislation

Some states and territories have now enacted legislation that prohibits smoking in enclosed workplaces. Under this legislation employees may be fined or prosecuted for smoking in the workplace and employers may be fined or prosecuted for allowing employees or members of the public to smoke in enclosed workplaces. The extent of this legislation and definitions of what constitutes an 'enclosed' workplace may vary between jurisdictions. Check to determine what tobacco legislation applies in your workplace.

OHS&W legislation

Under Occupational Health and Safety legislation, employers have a duty of care to provide a safe working environment and employees have a duty of care to work safely so as to not endanger their health and safety or the health and safety of others in the workplace. It is generally accepted that allowing employees to be exposed to ETS breaches these obligations.

Civil litigation

A substantial number of civil claims have been brought against employers by employees who have experienced health problems as a result of exposure to ETS in the workplace. The number of claims is growing together with the amount of financial compensation awarded. A recent (2001) example involved a non-smoking bar worker who developed laryngeal cancer as a result of long-term exposure to ETS at work. A successful civil claim against the employer resulted in a compensation payment of \$466,000.

Summary

Employers that allow smoking in the workplace are at risk of prosecution under various legislation and civil action by employees or members of the public who are exposed to ETS. To minimise this risk employers should be aware of their legal obligations concerning smoking in the workplace and introduce smoke-free workplaces.

Further information or help concerning tobacco smoking in the workplace can be obtained by contacting the various OHS&W organisations or the tobacco-related websites listed in Booklet 2 of the Information and Resource Package.