

Smoke & Money

An employer's
toolkit for
smokefree
workplaces
and tobacco
cessation
assistance

Healthcare
Costs

Insurance
Rates

Employee
Sick Leave

Cleaning
Costs



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Funding for this project from the Missouri Foundation for Health.

Alternate forms of this publication for persons with disabilities may be obtained by contacting the

Missouri Department of Health and Senior Services at 573-522-2824.

Hearing and speech impaired citizens telephone 1-800-735-2966. VOICE 1-800-735-2466.

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Services provided on a nondiscriminatory basis.

Costs to Employers— Lost Money

“General Motors spends nearly twice as much on health care as we do for steel.”

E-mail from General Motors representative to Missouri Department of Health and Senior Services, May 31, 2006. An increasing number of large employers in America, including five automobile assembly plants in Missouri, have implemented smokefree workplace policies, coupled with tobacco cessation assistance to help bring down the cost of health care.

Employee tobacco use results in significant direct and indirect costs to employers. Reducing the number of employees who smoke or use smokeless tobacco can save your company a lot of money! A healthy workforce is a more productive workforce. Following are just a few of the employer costs increased by employee tobacco use:^{2,3}

Lost productivity

- **Absenteeism**

Smokers, on average, miss about 60% more days of work per year due to sickness (including smoking-related acute and chronic conditions), compared to nonsmokers.⁴

- **Smoking Breaks**

Employees who take four 10-minute breaks a day to smoke actually work one month less per year than workers who don't take smoking breaks.⁵

- **Recruitment and retraining costs resulting from loss of employees to smoking-related death and disability**

Using U.S. Bureau of Economic Analysis data, it was determined that employees who smoke cost Marion County, Indiana, businesses \$260.1 million in increased health insurance premiums, lost productivity, and absenteeism, as well as additional recruitment and training costs resulting from premature retirement and deaths due to smoking.⁶

Workers' compensation payments

- Businesses pay an average of \$2,189 in workers' compensation costs for smokers, compared with \$176 for nonsmokers.¹

- Based on their exposure to secondhand smoke, even nonsmoking employees can receive workers' compensation, unemployment compensation, disability benefits, and other settlements.⁷



Businesses pay an average of \$2,189 in workers' compensation costs for smokers, compared with \$176 for nonsmokers.¹

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Disability retirements

- Smokers can develop serious conditions, such as heart disease or emphysema, before their normal retirement age and will have to take an early retirement. This lessens the expected span of productive years.

Health insurance costs and claims

- The American Cancer Society reports that employees who smoke have an average insured payment for health care of \$1,145, while nonsmoking employees average \$762.⁸

- Smokers can begin to get seriously ill in their fifties or even younger. Nonsmokers are generally healthier until past age 70, so their costs are “shifted” from their health insurance to Medicare.

Life insurance costs and claims

- On average, smokers live 13 years less than nonsmokers.

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Accidents and fires (plus related insurance costs)

- The National Fire Protection Association found that in 1998 smoking materials caused 8,700 fires in nonresidential structures, resulting in a direct property damage of \$60.5 million.⁹
- Some fire insurance companies may reduce premiums up to 30% for smokefree businesses.¹⁰
- Smoking was cited as the #1 cause of fires in a Building Owners and Management Association (BOMA) International fire safety survey.¹¹

Maintenance costs

- The Organization for Economic Cooperation and Development estimates that construction and maintenance costs are 7% higher in buildings that allow smoking than in buildings that are smokefree.²
- A survey of businesses conducted by the BOMA found that elimination of smoking from a building reduced cleaning expenses by an average of 10%.¹¹

Morale among nonsmokers exposed to second-hand smoke

- Employee morale suffers when nonsmoking employees are forced to be exposed to secondhand smoke. Productivity diminishes when a workforce has morale problems.
- An employer sends a clear message to employees and the community with a smokefree or tobacco-free policy: *"We care about the health and safety of our employees and customers."*

Litigation

- Lawsuits have been filed by employees who became ill from breathing secondhand smoke at the workplace.¹² Even if the court or jury finds in favor of the employer, there is still the expense in time and money for legal defense.
- Allowing smoking in the workplace can violate the Americans With Disabilities Act by limiting access by people with respiratory problems who cannot patronize or work in the business due to secondhand smoke.¹³

Footnotes:

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2. Center for Health Promotion and Publications. *The Dollar (and sense) Benefits of Having a Smoke-Free Workplace*. Lansing, Michigan: Michigan Tobacco Control Program; 2000.
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9. Hall, Jr., J.R., "The U.S. Smoking-Material Fire Problem," National Fire Protection Association, Fire Analysis and Research Division, April 2001.
10. Health Now!, "Health Now! And the business community." Accessed on May 13, 2004.
11. Garland, W.S., BOMA Supports Smoking Ban in Buildings, www.boma.org, Accessed on October 31, 2002.
12. National Restaurant Association, February 12, 1993 memo.
13. North Dakota Department of Health, "Make It Your Business: A Tobacco-Free Workplace," January 2005.

Why Tobacco Use Matters To Our Company & To Our Employees

Why should workplaces be tobacco-free?

Smoking harms health: Smoking harms the health of smokers and those around them. Smokers are at far higher risk of strokes; heart attacks and other cardiovascular diseases; cancers of the lungs, mouth, larynx, bladder, pancreas, kidneys, and stomach; emphysema; bronchitis; and tuberculosis. These diseases cause serious illness and disability, and account for more than 430,000 premature deaths each year in the United States.²

Secondhand smoke harms health: Although secondhand smoke (SHS) presents an annoyance of foul odor and irritation to eyes, nose and throat, it is a very real health risk for many of the same diseases that affect smokers, and is responsible for an estimated 38,000 – 65,000 deaths each year. SHS, sometimes also called Environmental Tobacco Smoke (ETS), passive smoking or involuntary smoking, is a complex mixture of more than 4,000 chemicals, including acetone, ammonia, arsenic, benzene, carbon monoxide, chromium VI, cyanide, DDT, formaldehyde, lead and nicotine. In 1992, the Environmental Protection Agency classified SHS as a Group A Carcinogen, that is, a substance that is known to cause cancer in humans. As such, there is no safe level of exposure to SHS.¹

SHS can interact with other chemicals in the workplace to produce a synergistic effect and significantly increase the risk of many occupa-

tional diseases.

Smokeless tobacco harms health: Smokeless or “spit” tobacco is not a safe alternative to smoking. Like cigarettes and cigars, smokeless tobacco contains many harmful chemicals. It can cause cancer of the mouth, larynx and esophagus,

as well as heart disease. Smokeless tobacco has nicotine levels much higher than cigarettes, thus it is much more addictive and much more difficult to quit using.

Employers realize net benefits with a tobacco-free workplace

Tobacco use costs employers money: Employers bear direct and indirect costs as a result of employees’ tobacco use, including:

- Higher employee absenteeism;
- Decreased job productivity;
- Increased early retirement due to ill health;
- Higher annual health care costs for smokers;
- Higher life insurance costs;
- Higher maintenance and cleaning costs;
- Higher risk of fire damage, explosions, and other accidents related to smoking; and,
- Higher fire insurance premiums.

These costs add up — Smoking employees cost employers an additional average of \$1,429 per smoker per year in increased health care costs over that of nonsmoking employees.³ When increased



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fire insurance, absenteeism, lost productivity and property damage are included, this cost can jump to \$2,000-\$5,000 per year according to a 1994 report by the Congressional Office of Technology Assessment. A more recent report by the Centers for Disease Control and Prevention estimated that

each smoker costs employers \$3,400 per year in lost productivity and excess medical expenditures. The adverse effects of SHS exposure on the health and productivity of nonsmoking employees can add still more to the employers' costs.

How much does tobacco cost employers?

Determining an employer's smoking-related costs is difficult because many factors and variables can influence the calculation. Based on the CDC's estimate that each smoker costs employers \$3,400 per year, the following formula may provide a useful starting point in determining the cost of smoking to your business.

Step 1:


Multiply the total number of employees times the estimated percentage of employees who smoke. To calculate the percentage of employees who smoke, enter either the percentage of adult Missourians who smoke (26.4%) or the percentage of smokers within your occupation (from the occupation table at the bottom of this page). The resulting number provides an estimate of the total number of smokers in your workplace.

Step 2:


Multiply the total number of smokers times the CDC estimate of the cost (\$3,400) per smoker:

_____ Total number of employees
X _____ Estimated % of employees who smoke (24.6% or % from occupation table)
= _____ Total number of smokers
X _____ \$3,400 cost per smoker
= _____ Employer's estimated cost of smoking per year

U.S. Smoking Rates by Occupation



Transportation and material moving	46%
Construction laborers	42%
Construction trades	40%
Laborers, except construction	39%
Fabricators, assemblers, inspectors	37%
Health service	35%
Sales and retail workers	27%
Executives, administrators, managers	24%
Secretaries	21%
Teachers	12%



Benefits of going smokefree outweigh the costs.

Fears of increased employee turnover, loss of valued key employees, employee uprising or sabotage, etc. often do not come true.

Additionally, concerns in the hospitality industry that smokefree policies will harm business have also proved groundless. Studies of objective data, such as taxable sales receipts, business licenses issued, and unemployment claims filed have shown that smokefree policies do not harm business.

What can employers do about workplace smoking?

Employers can protect the health of their employees and reduce smoking-related costs by making workplaces smokefree and implementing programs to encourage and help smokers to quit, thereby greatly reducing their chances of suffering from smoking-related illnesses in the future.

Encouragement for cessation:

Even tobacco industry internal documents show they realize that smokefree workplaces lead to reduced levels of smoking among employees. Philip Morris compiled tracking data from over 25,000 workers, and determined that smokers in smokefree workplaces “consume 11-15% less cigarettes than average, and quit at a rate that is 84% higher than average.”⁴

Of special interest for employers, Philip Morris also found that “milder workplace restrictions like smoking only in designated areas have much less impact on quitting rates and very little impact on consumption.”⁴ Thus, by the tobacco industry’s own assessment, anything short of a 100% smokefree workplace policy will have only marginal benefits for the employer or employees.

Adopting a smokefree workplace will protect the health of your employees, reduce your organization’s health care costs, and protect the future of your business!

Smokefree policies are easy to implement. Compliance is usually high, especially if employees (both smokers and nonsmokers) helped develop the policy and are well informed about its rationale. Because at least half of Missouri smokers have tried to quit at some time, many smoking employees will support the policy and, not surprisingly, so will almost all of the nonsmokers.

Protection from Secondhand Smoke (SHS):

Setting aside a designated smoking area or increasing the ventilation may seem a sensible solution that will accommodate smokers and nonsmokers. However, designated smoking areas do not prevent SHS from drifting into nonsmoking areas; and ventilation, air filters, air purifiers and the like can not adequately remove SHS toxins from the area.

Preventing smoking in the workplace is the only effective way to protect employees from the toxins of SHS.

Benefits Realized by Employees:

Healthwise –

- 20 minutes after quitting – heart rate begins to return to normal
- 12 hours after quitting – carbon monoxide level in the blood returns to normal
- 1-9 months after quitting – coughing and shortness of breath decreases
- 1 year after quitting - risk of coronary heart disease is cut in half
- 5-15 years after quitting - risk for stroke returns to same level of nonsmokers
- 10 years after quitting - risk of lung cancer is cut in half

Financially –

- Would the smoking employee like to have a \$1,600 pay raise? The average Missouri smoker smokes 1½ packs per day. At \$3 per pack, quitting would mean \$1,642.50 per year can now be spent on other things besides tobacco.

10 Reasons to Help Employees Quit Tobacco⁵

1. Health care costs for smokers are as much as 40% higher than those for nonsmokers.
2. The average smoking employee spends a total of 18 days a year on smoking breaks.
3. On average, smokers cost company pharmaceutical plans twice as much as nonsmokers.
4. Cost analyses have shown tobacco cessation benefits pay for themselves and can save employers money within a few years.
5. Smokers are absent from work due to sickness 26% - 37% more than nonsmokers.
6. Smoking is the leading preventable cause of disability and death in the United States.
7. Smoking is a risk factor for many chronic diseases, including asthma, cancer, diabetes, emphysema and heart disease.
8. Smoking during pregnancy is the single most important preventable cause of poor pregnancy outcomes, resulting in low birth weight, perinatal mortality, and sudden infant death syndrome.
9. Children exposed to tobacco smoke at home are at increased risk of respiratory illnesses, middle-ear infections, and decreased lung function. Employers pay for the resulting doctor visits and the reduced productivity as parents stay home to care for sick children.
10. Helping adult smokers quit is one of 20 national priority areas for health care quality improvement chosen by the National Institute of Medicine.

Footnotes:

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5. *Make it Your Business: A Tobacco-Free Workplace*, North Dakota Department of Health, January 2005.

Costs – Benefits of an Employer-Provided Tobacco Cessation Program

Businesses continue to feel the pinch of rising health care costs – costs which have commonly seen double-digit increases every year. Across the nation, large employers have realized the economic value of employee health and wellness programs. The single-most valuable component of such programs is tobacco cessation.

A Return-of-Investment (ROI) online calculator developed by America's Health Insurance Plans can be accessed at www.businesscaseroi.org. The calculator demonstrates the financial value of evidence-based tobacco cessation interventions to both employers and health insurance plans.

This calculator assists employers in determining the



This calculation
allows
employers to
determine the
costs and
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of tobacco
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costs and savings in providing different levels of tobacco cessation assistance to employees. It contains preloaded data that represent the disease, health care use, and plan eligibility for a group of smokers in the workforce, and how cessation programs can make a difference.

Their research showed that investing \$35-\$410 per participant in a one-year program generated a positive ROI within 3 years. For a test health plan population, ROI per cessation service recipient for the plan was \$747-\$1,122 after 5 years (Table 1). For employers, ROI was positive in all years, and totaled \$103-\$197 after 5 years (Table 2). The results indicate investments of \$0.18-\$0.79 per member per month generate positive net ROI of over \$1.70-\$2.20 after five years.

Table 1.
Cumulative ROI for Simulated Health Plan*

Year	5A's	5A's+Rx	5A's+QL	5A's+both
1	\$(76)	\$(306)	\$(228)	\$(414)
2	\$422	\$147	\$261	\$35
3	\$769	\$489	\$607	\$376
4	\$1,029	\$756	\$868	\$643
5	\$1,122	\$858	\$963	\$747

*Per intervention participant compared to 2A's program (usual care).

Table 2.
Cumulative ROI for Employers*

Year	5A's	5A's+Rx	5A's+QL	5A's+both
1	\$13	\$27	\$19	\$32
2	\$43	\$79	\$53	\$87
3	\$68	\$122	\$81	\$133
4	\$88	\$156	\$103	\$169
5	\$103	\$183	\$110	\$197

*Per intervention participant compared to 2A's program (usual care).

*Note: 5A's = counseling intervention (Ask, Advise, Assess, Assist, and Arrange)
Rx = nicotine replacement therapy
QL = proactive telephone quitline counseling*

A Tobacco-Free Workplace Is A Benefit to You & Your Employees

There are many benefits to both employees and employers that accrue from having a tobacco-free workplace. Here are just a few below:¹

Benefits to the employees:

- A smokefree environment helps to create a safe and healthful workplace.
- A carefully planned and implemented effort by the employer to address the effects of tobacco use on employees' health shows that the company cares.
- Workers who are affected by smoke will no longer be exposed to it at the workplace.
- Smokers appreciate a clear company policy about smoking at work.
- Managers are relieved when a process for handling smoking in the workplace is clearly defined.

Benefits to the employer:

- Direct health care costs to the company may be reduced.
- Maintenance costs go down when smoke, matches, cigarette butts, and spit tobacco waste are eliminated from facilities.
- Without smoke in the environment, carpets, furniture, and office equipment (especially electronics) last longer.

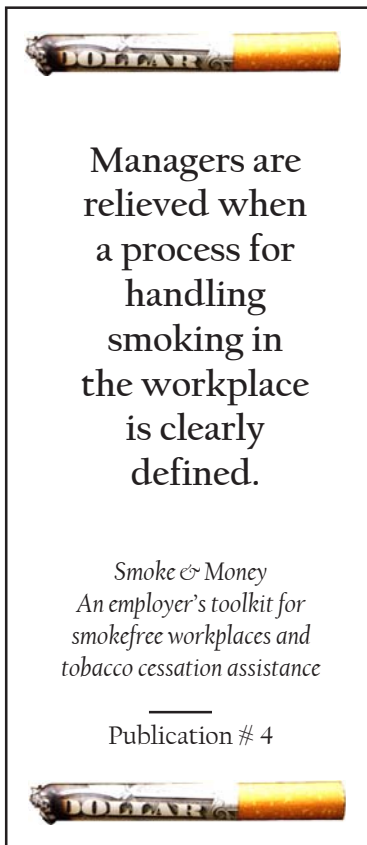
- It may be possible to negotiate lower health, life, and disability insurance coverage for your company as employee tobacco use is reduced.
- The risk of fires is lower, so fire insurance costs may be lowered.
- Productivity among all employees is improved.

Other ways that your business may benefit from having a smokefree workplace:

• Support for workplace policies

– As the public has become more aware of the risks associated with exposure to secondhand smoke, support for smokefree policies has steadily increased. According to Gallup polls, Americans not only know about the risks posed by secondhand smoke, but also favor efforts to reduce exposure to it. The percentage of Americans who favor some type of restriction on

workplace smoking increased from 81% in 1983 to 94% in 1992.



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are pregnant, have heart disease, or have breathing problems. Offering cessation support for smoking employees who want to quit sends a straightforward message that the company cares about all employees, including smokers.

- **Increased productivity** – a smokefree workplace enhances productivity by reducing the health effects of secondhand smoke on nonsmokers, and by reducing smoking-related absenteeism and smoking breaks among smokers who are motivated to quit as a result of the smokefree policy.

A smoker
who quits
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year.

- **Reduced medical costs** – A smoker who quits could save his or her employer an estimated \$1,429 in excess illness costs each year. Persons who quit smoking before age 65 are estimated to save from 45 - 67% of the lifetime excess medical costs of persons who continue to smoke.

- **Improved corporate image** – Many organizations implement tobacco-free policies in part to influence consumers' opinions of the company. With nonsmokers accounting for about 75% of adult consumers of goods and services, a company's decision to go tobacco-free can influence their appeal to consumers in the marketplace. Adopting a tobacco-free workplace policy can also improve a company's corporate image in hiring as well – companies that demonstrate concern for the health and wellbeing of their employees are more likely to be able to recruit and retain high quality employees.

Footnote:

1. North Carolina Department of Health and Human Services, Tobacco Prevention and Control Branch, www.workingsmokefree.com, 2003.

The Dangers of Combining Smoking with other Workplace Risks

Tobacco companies use additives to enhance the flavor of cigarettes or, as in the case with menthol cigarettes, to numb the nerve

endings in the throat to make it easier to more deeply inhale the smoke.¹ They also use additives to increase the level of free (easily absorbed) nicotine, leading to a stronger addiction. The resulting lung damage leaves active smokers more susceptible to other toxins, including many hazardous workplace chemicals, and greatly increases smokers' health risks for many other diseases and illnesses.

The combination of smoking with exposure to other hazardous substances at the workplace presents a serious health risk. According to the U.S. Surgeon General, cigarette smoking can:

- transform existing chemicals into more harmful ones
- increase exposure to existing toxic chemicals

- add to the biological effects caused by certain chemicals
- interact synergistically with existing chemicals



Nonsmoking
asbestos
workers have
5 times the
normal risk of
lung cancer, if
they smoke,
their in-
creased risk is
50 times
greater.²

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The Synergistic or “Multiplier” Effect

When workers are exposed to tobacco smoke in combination with exposure to other toxins or chemicals, a synergistic or multiplier health effect may occur. When this happens, the combined exposures result in substantially greater health risks than would occur with separate exposures. For example:

- Asbestos workers who don't smoke have 5 times the risk of lung cancer than the general population
- Asbestos workers who do smoke have 50 times the risk for lung cancer as the general population.²

Footnotes:

1. Bates C, Jarvis M, Connolly G. *Tobacco Additives: Cigarette Engineering and Nicotine Addiction*, July, 1999. Available at: www.ash.org.uk.
2. U.S. Department of Health and Human Services. *The Health Consequences of Smoking: Cancer and Chronic Lung Disease in the Workplace*. A Report of the Surgeon General. U.S. Department of Health and Human Services, Public Health Service, Office on Smoking and Health. DHHS Pub. No. (PHS) 85-50207, 1985.

Secondhand Smoke - - The Silent Killer

We all know that smoking is bad for the smoker's health, right? But what about the people around them? Allowing your employees to smoke in or around your business puts your other employees' health at risk, and may even leave you legally liable. Read on for more information...

Secondhand smoke facts:

- Secondhand smoke (SHS) is a combination of smoke exhaled by the smoker (exhaled mainstream smoke) and the smoke that comes from the burning end of the cigarette (sidestream smoke).¹ About 85% of SHS in a room is sidestream smoke.

- SHS is a proven health hazard. In Missouri, an estimated 1,200 people die each year from secondhand smoke.²

- Reports by all of the following organizations have each determined that secondhand smoke is harmful:

- Office of the U.S. Surgeon General
- Centers for Disease Control and Prevention
- Environmental Protection Agency
- National Academy of Sciences
- American College of Occupational and Environmental Medicine
- U.S. Public Health Service's National Toxicology Program
- National Institute of Occupational Safety and Health
- World Health Organization
- American Medical Association
- American Lung Association
- Occupational Safety and Health Administration

Secondhand smoke is deadly!

- Like asbestos and benzene, SHS has been classified by the Environmental Protection Agency³ as a Group A carcinogen (known to cause cancer in humans)

- Nonsmokers exposed to SHS are subjected to more than 4,000 chemical compounds, including formaldehyde, cyanide, ammonia, nicotine, carbon monoxide, and such cancer-causing agents as benzene, asbestos, and N-nitrosamines.³

- More people die each year from SHS than all other regulated occupational substances combined.³

- A nonsmoker who is exposed to a pack-a-day smoker inhales the equivalent of 3 cigarettes a day – or nearly 55 packs a year.⁴

- Not only is SHS responsible for 3,000 lung cancer deaths every year, but also for 35,000 - 62,000 deaths associated with ischemic heart disease.³ Exposure to SHS

increases an individual's risk of ischemic heart disease by 25%.⁵

- Risk of death from heart attack is 91% higher for nonsmoking women who are regularly exposed to SHS and 58% higher for women occasionally exposed to SHS.⁵

- Nonsmokers exposed to SHS on a regular basis develop hardening of the arteries 20% faster than people not regularly exposed to SHS.⁶

- A 2001 study in the Journal of the American Medical Association concluded that exposure to SHS substantially reduced coronary circulation in healthy nonsmokers, providing "direct evidence" that exposure to SHS causes coronary circulatory dysfunction in nonsmokers.²

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Employees
exposed to
secondhand
smoke on the
job are 34%
more likely to
develop lung
cancer.⁸

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Employees are at risk!

- Nonsmokers exposed to SHS only at work have been found to have significantly higher levels of a nicotine metabolite in their blood than non-smokers who aren't exposed to SHS at work.⁷

- The National Institute of Occupational Safety and Health (NIOSH) stated that SHS poses an increased risk of lung cancer and heart disease to people exposed at work, and has recommended that exposure be reduced to the lowest feasible level and that employers should use all available preventive measures to minimize occupational exposure.¹

- A 2001 study in The Lancet found that exposure to SHS was significantly associated with nighttime chest tightness and breathlessness after physical activity, and that workplace exposure to SHS was significantly associated with all types of respiratory symptoms and current asthma.²

Secondhand smoke causes a wide variety of diseases:

- Lung cancer
- Heart disease
- Emphysema
- Chronic cough
- SIDS (Sudden Infant Death Syndrome)

- Hearing loss
- Vision problems
- Increased headaches
- Asthma
- Pneumonia
- Tonsillectomies
- Bronchitis
- Ear infection

- When a pregnant woman is exposed to SHS, her unborn baby is also exposed. Babies of mothers exposed to SHS have a nicotine metabolite in their body at birth.⁷

- Employees exposed to SHS on the job are 34% more likely to develop lung cancer.⁸

- People routinely exposed to a lot of SHS, such as restaurant and bar workers, have their risk of lung cancer tripled.⁹

Adopting a smokefree workplace will:

- 1) Encourage employees to quit smoking, thereby greatly reducing their chances of suffering from a smoking-related illness in the future;
- 2) Reduce the chances their nonsmoking co-workers will suffer from illnesses related to SHS.

Eliminating SHS from the workplace and decreasing smoking by employees can reduce health care costs and increase years of productive life. These two factors alone will positively affect your company's bottom line and help your employees live full and productive lives!

Footnotes

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3. U.S. Environmental Protection Agency. Respiratory Health Effects of Passive Smoking: Lung Cancer and Other Disorders. Washington, D.C.: U.S. Environmental Protection Agency, Office of Research and Development, Office of Health and Environmental Assessment; 12/01/1992. USEPA EPA/600/6-90/006F.
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5. American Heart Association Journal, 1997.
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7. Eliopoulos, Journal of the American Medical Association, 1994; 271:621-628.
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9. International Journal of Cancer, 2001.

Is Dilution the Solution to Pollution?

Ventilation Q's & A's

Q — If no one can smell tobacco smoke odor or have eye irritation, doesn't that mean the ventilation is sufficient?

A — No. A person's eyes and nose are not reliable chemical monitors to assure that the toxins found in secondhand smoke have been removed. Only a handful of the more than 4,000 chemicals found in secondhand smoke actually have a detectable odor or cause irritation to eyes, nose or throat. For example, most people are aware that carbon monoxide is colorless and odorless, yet can be lethal. Carbon monoxide, as well as arsenic, benzene, DDT, and radon are among the chemicals in secondhand smoke, 69 of which are known to be a cause for cancer in humans. OSHA stated in 1994 that "the carcinogenicity of (secondhand smoke) discounts the use of general ventilation as an engineering control for this contaminant."

Q — How much ventilation is needed to remove enough of the secondhand smoke toxins so it is no longer a health risk?

A — The American Society of Heating, Refrigeration and Air Conditioning Engineers (ASHRAE) studied the issue of removing secondhand smoke from buildings and in June

of 2005 issued a Position Document that concluded:¹

- No other engineering approaches, including current and advance dilution ventilation, "air curtains", or air cleaning technologies, have been demonstrated or should be relied upon to control health risks from secondhand smoke exposure in spaces where smoking occurs...

- In 1992, the EPA classified secondhand smoke as a Group A carcinogen, meaning that there is no minimum acceptable level of exposure.²

Q — Our assembly area has 30 acres under roof, has 32 foot high ceilings and has 5 air-changes per hour. Why would a smokefree policy be needed; wouldn't smoking here be about the same as smoking outdoors?

A — No. Air sampling in workplaces with high ceilings,

whether an industrial setting such as a tool-and-die shop or an entertainment setting such as a casino, have detected chemicals from secondhand smoke to be at levels 5 – 21 times higher than air outside these places.



The only means of eliminating health risks associated with indoor exposure is to ban all smoking activity?

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Q — Are there standards for minimum ventilation rates to remove secondhand smoke?

A — No. At the instigation of a tobacco industry representative who had not identified his employer at the time, ASHRAE had considered ventilation standards for workplaces where smoking is commonly encountered and determined that the pollutants could not be adequately removed and no standards would be adopted.

Ventilation designs are intended to remove carbon dioxide and are incapable of controlling tobacco-smoke particles and chemicals. In response to a request from the International Union Against Cancer, a health physicist calculated that where a ventilation rate of 20 cubic feet per minute per occupant is sufficient to remove carbon dioxide, an estimated 100,000 cubic feet per minute per occupant would be needed to achieve *de minimus* risk level. This approaches tornado-like levels of air flow.³

Q — Would air purifiers, air cleaners, filters and other equipment remove the toxins and cleanse the air?

A — Many of the manufacturers of this type of equipment have disclaimers that their products will not protect against the health hazards of secondhand smoke exposure. At best, these products will increase the comfort level by reducing the odor and irritants caused by secondhand smoke; but they cannot remove or neutralize the more than 4,000 chemicals found in secondhand smoke.

Footnotes

1. ASHRAE. June 30, 2005. "Environmental Tobacco Smoke." Position Document. Pages 5-6.
2. Respiratory Health Effects of Passive Smoking: Lung Cancer and Other Disorders, U.S. Environmental Protection Agency, 1992.
3. Repace, James, MSc., et.al., Fact Sheet on Secondhand Smoke, 1999.

Legal Issues in the Workplace

Failing to protect employees from second-hand smoke becomes more legally hazardous with every new scientific study that further documents the health risks.

In the August 22, 2006 issue of their Business Intelligence Brief of national and international news affecting local business, the Greater Kansas City Chamber of Commerce took note of the latest studies that confirm tobacco is a toxic substance at virtually any dose and substantially increases the potential for heart disease. This applies whether a person is smoking or chewing tobacco ... or breathing secondhand smoke.

The Chamber noted the health risk of secondhand smoke has a serious implication for business policy and that "the legal implications are becoming stark. A non-smoker consistently exposed to secondhand smoke is now clearly at risk and may well have grounds for legal redress if they were forced to work in an environment where they were exposed to the smoke of others... Failure to protect employees from passive smoke will become a serious human resources matter... Many businesses allow employees to smoke outside, but if they congregate near entrances, they subject every person who enters or leaves to the smoke and that may soon be deemed unacceptable..."

The Chamber also observed that many businesses have implemented smokefree policies, and that the pace of this adjustment will likely increase as people get more and more evidence that even passive exposure can be deadly.

The following information may or may not apply to Missouri labor laws, but is presented as a general overview based on cases from several states, including Missouri.



A growing body of state and federal discrimination laws indicate that employers may be held liable for permitting smoking in the workplace.

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Safe Workplace Expectation

There is a well-established rule under common law that employers have a duty to provide a safe, healthy workplace.

- In *McCarthy v. Department of Social and Health Services* (WA, 1988), the Washington Supreme Court ruled that this duty "includes a duty to provide a working environment reasonably free from tobacco smoke."

- In *Smith v. Western Electric Co.* (MO, 1982), the court also recognized that an employer's failure to eliminate the hazardous condition caused by tobacco smoke can constitute a breach of the duty to provide a reasonably safe workplace.

- In *Shimp v. New Jersey Bell* (NJ, 1976), injunctive relief was granted and the employer was required to provide the nonsmoking employee with a smokefree environment. In that the company prohibited smoking around telephone switching equipment to prevent damage to the machines, the judge said, "if such rules are established for machines, I see no reason why they should not be held in force for humans."

- In *Thaxton v. Norfolk Southern Railway Co* (GA, 1999), a company was found liable for the lung cancer death of a nonsmoking employee who was involuntarily exposed to secondhand smoke while in company-provided bunkhouses.

Courts have upheld smokefree policies in rejecting claims that there is a right to smoke (Fagan v. Axelrod, 1990; and Doughty v. Board of County Commissioners, 1989).

(Continued on back)

Employment Discrimination

A growing body of state and federal discrimination laws indicate that employers may be held liable for permitting smoking in the workplace. Most states prohibit discrimination on the basis of disabilities. Nonsmokers with sensitivity health reactions to secondhand smoke, e.g. asthma attacks, may be considered as having a disability and be entitled to effective or reasonable accommodation. As described in the Ventilation section of this handbook, it is unlikely that designated smoking areas inside the same building will adequately provide real protection from the toxins in secondhand smoke for nonsmokers. Prohibiting smoking is the only truly effective means of protecting nonsmokers.

Title I of the Americans with Disabilities Act requires employers with 15 or more employees to accommodate nonsmokers with documented sensitivities to secondhand smoke by prohibiting or restricting smoking in the workplace (County of Fresno v. Fair Employment and Housing Commission, 1991; Hinman v. Yakima School District No. 7, 1993; Bell v. Elmhurst Chicago Stone Co., 1996; Gottlieb, et.al., 1994).

Workers' Compensation

It is well established in several states that workers may receive benefits for injuries caused by workplace exposure to secondhand smoke (Schober v. Mountain Bell, 1980; Thorensen v. U.S. Air, 1989; Kufahl v. Wisconsin Bell, 1990; Uhbi v. State Compensation Insurance Fund, 1990; Magaw v. Middleton Board of Education, 1998). They may also be eligible for disability benefits (Weir v. Office of Personnel Management, 1986; Imamura v. City and County of Honolulu, 1993; Parodi v. Merit Systems Protection Board, 1983).

Unemployment Compensation

Employees who must leave their jobs due to an allergy or hyposensitivity to secondhand smoke may be entitled to unemployment insurance benefits if they can show "good cause" (Alexander v. California Unemployment Insurance Appeals Board, 1980; McCrocklin v. Employment Development Department, 1984; Lapham v. Commonwealth Unemployment Compensation Board of Review, 1897).

Smokefree Air is a Union Issue

"Death by cigarette smoke should not be a condition of employment."

- Tom Rankin, President, California Labor Federation, AFL-CIO

There should be common ground between unions and management when it comes to preventing worksite health and safety problems.

Tobacco use tends to be greater among blue-collar workers compared to white-collar workers. But, blue-collar workers try to quit tobacco use at the same rates as do white-collar workers. However, they may be less successful in quitting partly because blue-collar work environments are more likely to have fewer smokefree workplace policies compared to white-collar workplaces.

Smokefree workplace policies protect about 54% of white-collar workers compared to only about 27% of blue-collar workers. The risk for lung cancer is about 11 times greater for blue-collar smokers. A smokefree workplace policy will reduce the number of cigarettes consumed by smokers and even encourage some smokers to quit altogether.

Although the 1935 National Labor Relations Act gave workers the legal right to organize, it also decreed that unions must fairly represent all members. Some union leaders may perceive smokefree workplace policies as controversial, because it is difficult for them to fairly represent both smokers' and nonsmokers' interests and concerns.

Unions do seek to promote the well-being of their membership and union leaders constantly ask, "How will this benefit our members and their families?" Tobacco issues can be linked to working conditions. Some of their considerations should include:

- eliminate worker's exposure to secondhand smoke
- encourage health insurers to cover costs of tobacco cessation services for members as a way to assist members and to reduce health care costs
- improve quality of life at work and promote wellness and health of union members

Support from unions may be gained if union leaders and members are informed and aware of the toxicity and health risks of secondhand smoke, and its synergistic relationship with other workplace exposures. Smokefree workplace policies have greater success, are less likely to be weakened, and have greater compliance rates when unions are educated about secondhand smoke and participate from the beginning in the policymaking process. It provides them ownership of the policy.

As mentioned above, union representatives may be in the difficult position of representing both smoking and non-smoking members – 100% smokefree workplace policies will make their job easier.

Some unions may view the ability to smoke in the workplace as a bargaining chip. The "right" to smoke in the workplace may seem venerable. Thus, in giving up this right, they often need to gain a concession from management. With the implementation of a smokefree workplace policy, it is essential that employees be offered tobacco cessation assistance. Providing this assistance can be seen as a "concession" from management in exchange for the smokefree policy and will allow the union leadership a positive way to promote the policy to their members.



"When construction workers are exposed to toxic hazards on the job such as silica, formaldehyde, benzene and lead, they know to take special precautions, like wearing gloves, and wetting down surfaces. But cigarettes contain many of the same toxic substances and there are no precautions that the nonsmoker can take."

*- Building Trades Unions Ignite
Less Tobacco
(BUILT) Project*

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Fielding Common Questions and Concerns

Why is this workplace going tobacco-free?

It's a matter of health. Tobacco use is the leading preventable cause of death in this country, responsible for 1 in every 5 deaths. For this reason, a new policy was established to protect employees and visitors from exposure to tobacco.



Will a tobacco-free policy result in the loss of employees who smoke?

Very few employees leave companies because of implementation of tobacco-free policies. Only 3.5% in one extensive small business sample and 2% of another sample said employees left due to a smokefree policy.¹



If you make me smoke outside or off-grounds, I will be less productive, because of all the smoke-breaks.

Smokers are not allowed to take more breaks than nonsmokers do. Please refer to our policy handbook regarding breaks. You will need to restrict your smoking to break-time allowed by the company.



We've never had a problem with smoke before. Who complained?

We didn't make the decision to adopt a tobacco-free workplace policy because of complaints from nonsmokers. This decision was made in the interest of the health of ALL of our employees and visitors.



Choosing to use tobacco is my personal right, so you cannot make me quit.

While we want to encourage our employees not to use tobacco products in the interest of their living longer, healthier, more productive lives, this policy is not about telling you that you can't use tobacco at all. The policy states that you cannot use tobacco products on the company's grounds.



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Footnote:

1. Sorensen G, Rosen A, Pinney J., Rudolph J., Doyle N. Work-site smoking policies in small business. *Journal of Occupational Medicine* 1991;33:980-984.

What do we do now?

Choosing a Policy

Before choosing, employers should ask themselves these questions:

- Given the employees' interests, health, and work environment, what policy will provide them the most protection?
- What policy will maximize the costs/benefits for the company?
- What community ordinances regarding smoking in workplaces already exist or are anticipated?
- What are customer or community expectations regarding secondhand smoke, given policies in other similar workplaces and public sentiment regarding secondhand smoke?

Types of Smokefree Policies

- 1) **Smokefree Indoors & Outdoors**—Smoking is not allowed inside any building, company vehicle, or anywhere on the company grounds. Employees who smoke will need to refrain from smoking throughout the workday or leave company grounds to smoke.

Pros

- | | | |
|--|---|--------------------------------------|
| • Complies with or surpasses laws and ordinances | • Policy that is most likely to reduce the number of cigarettes smoked by employees | • Decreases maintenance costs |
| • Eliminates secondhand smoke exposure for all employees while at work | • Policy that is most likely to result in employees quitting smoking | • Sends a clear message to employees |
| • Provides best health and safety benefits for employees | • Health care savings and productivity increase as employees quit smoking | • Easier to administer and enforce |
| | | • Low cost to implement |

Cons

- | | | |
|---|---|---|
| • Requires smokers to modify their behavior | • If not properly managed, smokers may be disproportionately absent from their workstations | • Employee smoking on neighboring property impacts corporate image and neighbor relations |
|---|---|---|



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2) Smoking Outdoors Only (restricted)— No smoking is allowed indoors, but smokers are allowed to smoke outside, away from windows and entrances, in designated areas.

Pros

- Complies with or surpasses laws and ordinances
- Reduces secondhand smoke exposure for all employees
- Provides health and safety benefits for employees
- May reduce the number of cigarettes smoked by employees
- Encourages employees to quit smoking
- Decreases maintenance costs
- Low costs to implement, unless smoking shelters are erected
- Less potential for secondhand smoke exposure for nonsmoking employees than with an unrestricted outdoor policy

Cons

- Costs may be incurred if outside smoking shelters are constructed.
- Employee smoking directly outside building impacts corporate image.
- Cigarette butts may create an unsightly problem outdoors, particularly near entrances, thereby negatively impacting corporate image and increasing maintenance costs.
- Smoking behavior may “spill out” into restricted areas.
- Requires smokers to modify their behavior.
- If not properly managed, smokers may be disproportionately absent from workstations.

3) Smoking Outdoors Only (unrestricted)— No smoking is allowed indoors, but smokers are allowed to smoke outside.

Pros

- Complies with laws and ordinances, if smoking is kept away from entrances
- Reduces secondhand smoke exposure for most employees
- Provides health and safety benefits for employees
- May reduce the number of cigarettes smoked by employees
- Encourages employees to quit smoking
- Decreases maintenance costs
- Low cost to implement

Cons

- Employee smoking directly outside building impacts corporate image.
- Unrestricted outdoor smoking often results in smokers congregating near entrance, causing nonsmokers to have to walk through a cloud of smoke to get in and out of the building.
- Nonsmokers still unnecessarily exposed to some secondhand smoke.
- Cigarette butts create an unsightly litter problem outdoors, particularly near entrances, increasing maintenance costs.
- Requires smokers to modify behavior.
- If not properly managed, smokers may be disproportionately absent from workstations.
- Smoking near building intake vent will circulate smoke toxins into the building.

Sample Tobacco-Free Policies



A tobacco-free policy should address three concerns:

- When the policy takes effect
- Disciplinary actions for policy violations
- Who is affected by the policy

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On the following pages are examples of 3 tobacco-free model policies:¹

1. Tobacco-free indoors and outdoors
2. Tobacco-free indoors with restricted outdoor smoking
3. Tobacco-free indoors with unrestricted outdoor smoking

1. Centers for Disease Control and Prevention: Office on Smoking and Health, USDHHS, Wellness Council of America, American Cancer Society. *Making your workplace smokefree: A decision maker's guide*, 1996.

Tobacco-Free Policy

(indoors and outdoors)

Due to the acknowledged hazards of tobacco use and secondhand smoke, as of _____, it shall be our company policy to provide a tobacco-free environment for all employees and visitors. This policy covers any tobacco product and the use of smokeless or “spit” tobacco, and applies to both employees and non-employee visitors of our company.

Definition

1. Tobacco use will be strictly prohibited within company buildings, company vehicles, and anywhere on company grounds. This includes the prohibition of smoking in privately-owned vehicles parked on company grounds.
2. This policy applies to all employees, contractors, and visitors.

Procedure

1. Employees will be informed about this policy through the policy manual, orientation and training, and signs posted at our facilities and in our vehicles.
2. Visitors will be informed about this policy through signs and it will be explained by their host.
3. Our company will assist employees who wish to quit using tobacco by facilitating access to recommended tobacco cessation programs and/or materials.
4. Any violations of this policy will be handled through standard disciplinary procedures.
5. If employees have questions, they can contact our Human Resources representative.

Tobacco-Free Policy

(Tobacco-free indoors with restricted outdoor smoking)

Due to the acknowledged hazards of tobacco use and secondhand smoke, as of _____, it shall be our company policy to provide a tobacco-free environment for all employees and visitors. This policy covers any tobacco product and the use of smokeless or “spit” tobacco, and applies to both employees and non-employee visitors of our company.

Definition

1. Tobacco use will be strictly prohibited within company buildings and company vehicles.
2. This policy applies to all employees, contractors, and visitors.
3. Tobacco use shall be permitted only in the designated areas outdoors.
4. Supervisors will discuss the issue of tobacco breaks with their staff. They will develop effective solutions that do not interfere with the productivity of staff.

Procedure

1. Employees will be informed about this policy through the policy manual, orientation and training, and signs posted at our facilities and in our vehicles.
2. Visitors will be informed about this policy through signs and it will be explained by their host.
3. Our company will assist employees who wish to quit using tobacco by facilitating access to recommended tobacco cessation programs and/or materials.
4. Any violations of this policy will be handled through standard disciplinary procedures.
5. If employees have questions, they can contact our Human Resources representative.

Tobacco-Free Policy

(Tobacco-free indoors with unrestricted outdoor smoking)

Due to the acknowledged hazards of tobacco use and secondhand smoke, as of _____, it shall be our company policy to provide a tobacco-free environment for all employees and visitors. This policy covers any tobacco product and the use of smokeless or “spit” tobacco, and applies to both employees and non-employee visitors of our company.

Definition

1. Tobacco use will be strictly prohibited within the company buildings and company vehicles.
2. This policy applies to all employees, contractors, and visitors.
3. Tobacco use shall be permitted only _____ feet outside any enclosed area to ensure that secondhand smoke does not enter the area through entrances, windows, ventilation systems, or any other means.
4. Supervisors will discuss the issue of tobacco breaks with their staff. They will develop effective solutions that do not interfere with the productivity of staff.

Procedure

1. Employees will be informed about this policy through the policy manual, orientation and training, and signs posted at our facilities and in our vehicles.
2. Visitors will be informed about this policy through signs and it will be explained by their host.
3. Our company will assist employees who wish to quit using tobacco by facilitating access to recommended tobacco cessation programs and/or materials.
4. Any violations of this policy will be handled through standard disciplinary procedures.
5. If employees have questions, they can contact our Human Resources representative.

Policy Implementation

Strategic Assessment

_____ Organize a task force comprised of representatives of management and staff, both smokers and nonsmokers.

_____ Review any current company policies on tobacco use.

Our current smoking policy allows tobacco use by employees and visitors:

- _____ In offices
- _____ In designated smoking rooms
- _____ Other places inside (list)
- _____ Just outside the front door
- _____ In the parking lot
- _____ In designated smoking areas outside
- _____ In vehicles
- _____ Other places outside (list)

Employees and visitors currently use tobacco:

- _____ In offices
- _____ In designated smoking rooms
- _____ Other places inside (list)
- _____ Just outside the front door
- _____ In the parking lot
- _____ In designated smoking areas outside
- _____ In vehicles
- _____ Other places outside (list)

Develop a new tobacco-free policy

_____ Review the pros and cons of each type of tobacco-free policy. Refer to the “Choosing a Policy” section of this toolkit.

_____ Draft a new tobacco-free policy specific to your company. Refer to the policy models in this toolkit.

_____ Decide on an implementation date. You may want to choose a highly publicized day, such as The Great American Smokeout (November), New Year’s Day, Valentine’s Day, or the beginning of a new quarter or year for your company.



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Strategic Planning

- _____ Develop a timeline for implementation. Refer to a sample timeline included in this packet.
- _____ Determine the cessation resources you will offer employees. Refer to the “Smoking Cessation Support” section of this toolkit.
 - _____ Plan for smoking cessation classes, coaches, or telephone counseling.
 - _____ Review current health insurance plan for coverage of nicotine replacement therapy and make any needed changes.
- _____ Determine how you will announce the policy change and how you will educate your staff on the benefits and reasons for this change (employee forums, newsletters, paycheck stuffers, posters, flyers).
- _____ Determine how you will gather input from employees to address their concerns (question/answer drop box, surveys, designated e-mail account, employee forums).
- _____ Determine your method for implementing the new policy. Will enforcement be progressive (beginning with soft reminders and becoming more strict with consequences over time) or will violators be subject to strict disciplinary action immediately following the policy implementation date?
- _____ Provide in-service training to management and other key employees on dealing with opposition, complaints, and disciplinary action.

Enact your plan

- _____ Communicate the plan for policy change to the employees. The chief executive officer or appropriate senior officer should make this announcement to demonstrate their support.
- _____ Allow four to six months from the time of announcement to implementation, depending on the size of the organization and the magnitude of the change from the old to the new policy.
- _____ Make presentations (or provide educational materials) on the benefits and reasons for this change.
- _____ Inform the employees how to voice their concerns.
- _____ Promote the tobacco cessation resources and begin offering the classes, coaches, and/or telephone counseling.
- _____ Develop tobacco-free signage, palm cards, etc., to be used after the policy is implemented. Refer to this toolkit for examples.

Inform visitors of the upcoming policy change

At least one month from implementation day:

- _____ Post signage/notices that discuss the policy and its effective date. The signs should communicate a positive “tobacco-free” message.
- _____ Use news releases to local media as a means to inform visitors and customers of the upcoming policy change.

On implementation day

- _____ Hold a kick-off event to celebrate the new policy.
- _____ Remove all ashtrays and cigarette receptacles.
- _____ Make sure all signs are in place.

After you have gone tobacco-free

- _____ Monitor compliance with the policy.
- _____ Continue to promote and offer tobacco cessation resources.
- _____ Enforce the policy as planned.
- _____ Be positive with all employees.

Tobacco-Free Policy Implementation Time Line

(DATE)

- _____ Meet with staff to announce plan to implement tobacco-free policy.
- _____ Create task force (tobacco-free committee or smokefree committee) to develop implementation plan. Task force should represent all segments of the organization (optional).
- _____ Obtain educational information about smoking, smokeless tobacco and secondhand smoke.
- _____ Announce company commitment to a tobacco-free or smokefree workplace (letter from company head).
- _____ Gather information about tobacco cessation for users interested in quitting tobacco. Talk to Human Resources about benefits to cover nicotine patches, gum and other medications to assist users in kicking the habit.
- _____ Conduct training sessions for managers and supervisors (optional).
- _____ Conduct employee education and feedback session (optional).
- _____ Develop and post tobacco-free or smokefree policy at least 3 months prior to implementation date.
- _____ If planning to offer tobacco cessation assistance to employees and if interested in participating in the Missouri Department of Health and Senior Services' quitline option, notify DHSS of intent to participate at least 1 month prior to effective date.
- _____ Put a copy of the policy in each paycheck envelope and post the policy in company newsletter.
- _____ Remove cigarette vending machines.
- _____ On the effective date of the policy:
 - remove ashtrays and receptacles for smoking.
 - place no-smoking signs at entrances and as needed throughout the facility.
- _____ Schedule a date for 3-4 months after the policy implementation to meet with the tobacco-free or smokefree committee to evaluate and, if necessary, refine the policy.



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Key Principles of Successful Tobacco-Free Policy Implementation¹

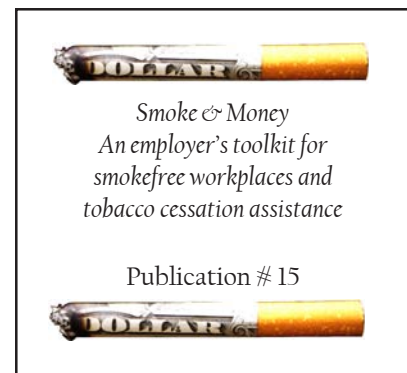
- Focus on the negative consequences of smoking, not the smoker.
- Focus on health and safety regarding secondhand smoke, not individual rights of smokers vs. nonsmokers.
- Obtain management commitment and support, and make this visible to employees.
- Provide training for middle managers and supervisors on policy communication and enforcement.
- Provide real and visible opportunities for employee participation in policy planning and implementation.
- Educate employees about the increased health hazards when secondhand smoke is combined with other material exposures in the workplace.
- Allow time before policy implementation (three to six months) to allow employees to mentally prepare for the implementation date and more readily accept the policy.
- To maximize motivation, plan to implement the policy in conjunction with national events such as the Great American Smokeout on the 3rd Thursday in November or around New Year's Day (when many people make New Year's resolutions).
- Ensure that restrictions and enforcement are equitable across job categories.
- Offer tobacco cessation programs to all employees and their families before and after the policy change. Support employees in their attempts to quit tobacco and prevent relapse.
- Enforce the tobacco-free policy just as any other policy would be enforced. Provide training in enforcement and do not differentiate between smoking breaks and any other kind of breaks.
- Anticipate policy violations and do not get discouraged. Cultural change takes time to attain full compliance. Be patient.

Other considerations.....

- If employees are allowed to leave the company grounds to smoke, they must remove their work uniform and identification badge.
- If employees take smoking breaks, they must clock out and this will be monitored by their supervisor. Inappropriate amounts of break time is subject to disciplinary action.
- Employees are prohibited to report to work smelling like smoke. This can result in the health irritation of others (i.e., asthmatic reactions, respiratory problems) and negatively affects the professional image of the company.

Footnote:

1. Centers for Disease Control and Prevention: Office on Smoking and Health, USDHHS, Wellness Council of America, American Cancer Society. *Making your workplace smokefree: A decision maker's guide*, 1996.



Being There for Your Employees

Tobacco Cessation Support

The workplace is an ideal environment in which to encourage people to quit tobacco. Employees spend so much of their time at work that tobacco-free workplace policies can provide the incentive they need to succeed in their quitting efforts.

However, quitting tobacco isn't easy for most people. Most smokers try to quit repeatedly before they succeed, and others may go through longer term "cycles" of not using and then using again.

There are different tobacco cessation programs available, because not every program will work for every individual and meet their needs. Tobacco cessation support at worksites ideally includes a *variety* of methods and materials to meet the diverse needs of employees who smoke or chew. While half of Missouri smokers say they'd like to quit smoking, not all smokers will make a serious attempt to quit at the same time, and not all smokers will respond to the same program or "prescription" for quitting.

Tobacco users vary in their readiness to quit. Some may have already quit and need support to stay away from cigarettes and spit tobacco, some may be ready to try to quit, and others may still be just thinking about it. Still others may not even be ready to contemplate quitting. Thus, it is important to consider both, providing different types of support and providing ongoing support in the years following the policy's implementation, not just when the new policy is announced.¹

Six recognized types of cessation tools

Please note that using two or more tools together, such as counseling programs with nicotine replacement therapy (NRT), will provide a better chance for success.

1) Self-help materials, such as booklets, quit kits, videotapes or interactive websites, are attractive to some tobacco users because of privacy, flexibility and convenience. Good self-help materials help people understand their tobacco use patterns, set a quit date, identify and resist smoking or chew cues, explore alternatives to smoking or chew, control weight gain, manage stress and prevent relapse.²

2) Group and individual counseling programs offer tobacco users support by providing practical problem solving and skills training. Best practices show that counseling should be done by trained professionals, through multiple contacts, and delivered over at least a several week duration (at least four weeks for the greatest quit rates).³

3) Telephone-based counseling programs offer counseling support that is private and convenient for many smokers. The Missouri Department of Health and Senior Services will provide access to a proven quitline for employers that wish to implement a tobacco-free or smokefree policy and are interested in providing tobacco cessation



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assistance for their employees. While there have been some demonstrated levels of success for telephone quitlines, the probability for a tobacco user to successfully overcome the addiction will increase substantially when combined with other cessation methods. The Department of Health and Senior Services will provide (at no cost to employers or employees) an expanded quitline service for employees working for participating employers that already have or plan to strengthen their workplace smokefree/tobacco-free policies and/or increase the tobacco cessation assistance provided to their employees.

4) Nicotine Replacement Therapy (NRT) products provide individuals with low doses of nicotine. The nicotine is absorbed more slowly than when someone smokes, lessening the urge to smoke and helping with withdrawal. NRT includes nicotine gum, patches, inhalers, nasal sprays and lozenges. Many of these products are available without a prescription or, to receive benefits through a health plan, a prescription may be required.

5) Medications that require a prescription such as Zyban, Wellbutrin and Chantix contain a type of sustained release medication that helps some people with withdrawal symptoms and lessens the urge to smoke.

The Food and Drug Administration has approved seven first-line medications to help smokers quit:

-Five are nicotine replacement therapies that relieve withdrawal symptoms. They include nicotine gum, patch, nasal spray, inhaler, and lozenge.⁴

-The sixth and seventh medications, bupropion SR and varenicline tartrate, are non-nicotine medications that are thought to reduce the urge to smoke by affecting the same chemical messengers in the brain that are affected by nicotine.⁴

6) Special incentives can motivate workers to try to quit. Even small rewards or recognition for quitting, such as being noted in a union's or employer's newsletter, can help smokers succeed.

Footnote:

1. Centers for Disease Control and Prevention: Office of Smoking and Health, USDHHS, Wellness Council of America, American Cancer Society. *Making your workplace smokefree: A decision maker's guide*, 1996.
2. www.workshifts.org. "An Employer Guide to Tobacco: Helping Employees Quit."
3. MaineHealth. "Becoming Tobacco-Free: A Guide for Healthcare Organizations", 2002.
4. Fiore MC, Bailey WC, Cohen SJ, et al. *Treating Tobacco Use and Dependence: Clinical Practice Guideline*. Rockville, MD: U.S. Department of Health and Human Services, Public Health Service, 2000.

Prescription and Over-the-Counter (OTC) Tobacco Cessation Medications *

Type	Form	Common Brand Names(s)	Availability
Nicotine Replacement Therapy	Gum	Nicorette®	OTC
	Patch	Nicoderm® Habitrol® Prostep® Nicotrol®	OTC and prescription
	Inhaler	Nicotrol®	prescription
	Nasal Spray	Nicotrol®	prescription
	Lozenge	Commit®**	OTC
Bupropion	Pill	Zyban® Wellbutrin®	prescription
Varenicline Tartrate	Tablet	Chantix®***	prescription

*Approved by the Food and Drug Administration (FDA) and addressed in the 2000 PHS Guidelines.

** Received FDA approval on October 31, 2002, therefore not addressed in the 2000 PHS Guidelines.

*** Received FDA approval on May 12, 2006, therefore not addressed in the 2000 PHS Guidelines.

Health Insurance Coverage for Your Employees

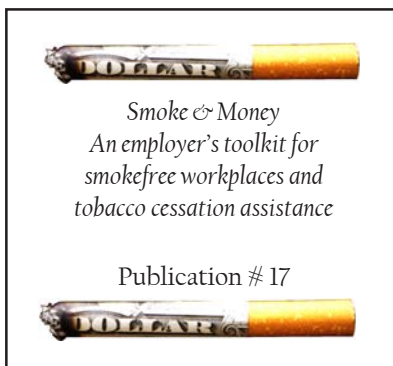
Benefits for proven tobacco-use cessation treatments have shown to increase treatment use and the number of successful quitters; therefore, both the Public Health Service sponsored Clinical Practice Guideline, *Treating Tobacco Use and Dependence*, and the Community Preventive Services Task Force recommend that all insurers provide tobacco cessation benefits that do pay for counseling and medications together or separately.¹ Successful employee cessation programs combine multiple approaches to quitting and include:

- Cover at least four counseling sessions of at least 30 minutes each,¹ including proactive telephone counseling and individual counseling. Group classes offer the additional support of others, but may not be offered at convenient times for all employees to attend.

- Cover both prescription and over-the-counter nicotine replacement therapy and medications.¹
- Provide counseling and medication coverage for at least two smoking cessation attempts per year.^{2,3}
- Eliminate or minimize co-pays or deductibles for counseling and medications, as even small co-payments reduce the use of proven treatments.^{4,5}

Footnotes:

1. Fiore MC, Bailey WC, Cohen SJ, et al. *Treating Tobacco Use and Dependence: Clinical Practice Guideline*. Rockville, MD: U.S. Department of Health and Human Services, Public Health Service; 2000.
2. Harris JR, Schauffler, HH, Milstein A, Powers, P, Hopkins DP. Expanding health insurance coverage for smoking cessation treatments: experience of the Pacific Business Group on Health. *American Journal of Health Promotion* 2001; 15(5):350-6.
3. George Washington University Center for Health Services Research and Policy. Sample Purchasing Specifications Related to Tobacco-Use Prevention and Cessation: a Technical Assistance Document. October 2002. Available at: <http://www.gwhealthpolicy.org/newsps/tobacco/tobacco-prevent.html>. Accessed 06/24/03.
4. Hopkins DP, Briss PA, Ricard CJ, et al. Task Force on Community Prevention Services. *American Journal of Preventive Medicine* 2001; 20(2 Suppl): 16-66.
5. Schauffler HH, McMenamin S, Olsen K, Boyce-Smith G Rideout JA, Kamil J. Variations in treatment benefits influence smoking cessation: results of a randomized controlled trial. *Tobacco Control* 2001; 10:175-80.



Missouri Tobacco Cessation Resources

The Missouri Tobacco Quitline, offered by the Missouri Department of Health and Senior Services, provides a 1-call counseling session in English or Spanish for any tobacco user in any stage of readiness to quit, as well as for former tobacco users seeking support to prevent relapse.

In addition, an expanded 4-call proactive individual telephone counseling service is provided for tobacco users who are pregnant, are Medicaid clients, or have no health insurance.

Currently, the DHSS is also able to provide (at no cost to the employer or employee) the 4-call service to workers whose employers have already, or plan to soon, implement a tobacco-free or smokefree policy and/or are interested in providing tobacco cessation assistance for their employees.

Missouri Tobacco Quitline
800-QUIT-NOW (800-784-8669)



*Smoke & Money
An employer's toolkit for
smokefree workplaces and
tobacco cessation assistance*

Publication # 18



The American Cancer Society provides numerous online resources to assist smokers and chewers with the motivation, knowledge, and support to stop using tobacco. Local offices serving Missouri are:

American Cancer Society
www.cancer.org
1-800-ACS-2345

Cape Girardeau Office
106 Farrar Drive, Suite 104
Cape Girardeau, MO 63701
Phone: (573) 334-9197
Fax: (573) 334-5115

Chillicothe Office
2881 Grand Drive, Suite B
Chillicothe, MO 64601
Phone: (660) 707-0547
Fax: (660) 646-5238

Columbia Office
1900 N. Providence Rd.,
Suite 105
Columbia, MO 65202
Phone: (573) 443-1496
Fax: (573) 442-9955

Hannibal Office
2910 St. Mary's, Suite 1
Hannibal, MO 63401
Phone: (573) 221-4660
Fax: (573) 221-3326

Jefferson City Office
2413 Hyde Park Rd.
Jefferson City, MO 65109
Phone: (573) 635-4821
Fax: (573) 635-7821

Joplin Office
2700 McClelland Blvd., Bldg. A
Suite 110
Joplin, MO 64804
Phone: (417) 624-6808
Fax: (417) 782-2348

Osage Beach
2140 Bagnell Dam Boulevard
Suite 303C
Lake Ozark, MO 65049
Phone: (417) 881-4668
Fax: (573) 317-1523

Saint Louis Office
4207 Lindell Blvd.
Saint Louis, MO 63108
Phone: (314) 286-8100
Fax: (314) 286-8160

Sikeston Office
201 N. New Madrid
Sikeston, MO 63801
Phone: (573) 471-1823

Springfield Office
3322 S. Campbell Ave.
Suite P
Springfield, MO 65807
Phone: (417) 881-4668
Fax: (417) 881-7955

The American Lung Association provides education, motivation, and support services, including an online support group and Freedom From Smoking Online, a free online resource that allows visitors to access tools and tips for quitting. Local offices serving Missouri are:

American Lung Association
www.lungusa.org
1-800-LUNGUSA

American Lung Association of Missouri
1118 Hampton Ave.
St. Louis, MO 63139
Phone: (314) 645-5505
Fax: (314) 645-7128

Kansas City Office
2400 Troost, Suite 4300
Kansas City, MO 64108
Phone: (816) 842-5242
Fax: (816) 842-5470

Southeast Missouri Office
P.O. Box 482
Cape Girardeau, MO 63702
Phone: (573) 651-3313
Fax: (573) 651-1883

Southwest Missouri Office
2053-D South Waverly
Springfield, MO 65804
Phone: (417) 883-7177
Fax: (417) 883-7026

The American Heart Association offers a variety of resources and information for providers and also offers worksheets and resources to assist smokers in cessation efforts. Local offices serving Missouri are:

American Heart Association
www.americanheart.org
1-800-AHA-USA-1

Columbia
2600 I-70 Dr. N.W.
Columbia, MO 65202
Phone: (573) 446-3000

Kansas City
6800 W. 93rd St.
Overland Park, KS 66212
Phone: (913) 648-6727

Springfield
2446 E Madrid
Springfield, MO 65804
Phone: (417) 881-1121

St. Louis
460 N. Lindbergh Blvd.
St. Louis, MO 63141
Phone: (314) 692-5635
Fax: (314) 692-5694

Local Resources

Kansas City Area

Freedom from Smoking
Clay County Health Dept.
1940 West 152 Highway
Liberty, MO 64068
Phone: (816) 781-1142

Quitting The Habit
North Kansas City Hospital
2800 Clay Edwards Dr.
North Kansas, MO 64116
Phone: (816) 691-1690

Fresh Start
Truman Medical Center
2301 Holmes
Kansas City, MO 64108
Phone: (816) 556-3340

Tobacco Control and Primary
Prevention
American Lung Association of
Western MO
2007 Broadway
Kansas City, MO 64108
Phone: (816) 842-5242, Ext. 107

Smoke Stoppers
St. Joseph Hospital
1000 Carondelet
Kansas City, MO 64114
Phone: (816) 943-2167

Nicotine Addiction Recovery
Celebration of Life Counseling &
Consulting
1208 NE Tucker Ct.
Blue Springs, MO 64014
Phone: (816) 228-8794

Smoking Cessation Services
North Kansas City Hospital
2800 Clay Edwards Drive
North Kansas City, MO 64116
Phone: (816) 691-1690

Health Education
Jackson County Health Department
313 S. Liberty
Independence, MO 64050
Phone: (816) 881-4424

Health Education
City of Independence Health
Department
223 N. Memorial
Independence, MO 64050
Phone: (816) 325-7182

Fresh Start Materials Available
American Cancer Society
6700 Antioch Rd., Suite 100
Merriam, KS 6620
Phone: (913) 747-6035

Freedom from Smoking EASE
*American Lung Assn of MO
2400 Troost Ave., Suite 4300
Kansas City, MO 64108
www.lungusa.org

American Lung Assoc. of KS
4300 Drury Lane
Topeka, KS 66604
www.lungusa.org

Freedom from Smoking
Jackson County Health Dept.
313 S. Liberty
Independence, MO 64050
Phone: (816) 404-6415

Smoking Cessation Program
Clay County Health Department
1940 W. 152 Highway
Liberty, MO 64068
Phone: (816) 792-1319

Freedom from Smoking
*Independence Health Dept.
223 N. Memorial Dr.
Independence, MO 64050
Phone: (816) 325-7767

Freedom from Smoking Sprint
Campus
*Balls Foods Pharmacy
6450 Sprint Parkway
Overland Park, KS 66251
Phone: (913) 315-8646

Cognitive Therapy
(Every Tuesday 1:00 – 2:30 pm)
KU Medical Center
Family Medicine, Lrg. Conf.Rm.
3901 Rainbow Blvd.
Kansas City, KS 66160
Phone: (913) 588-1908

Freedom from Smoking
*North Kansas City Hospital
2800 Clay Edwards Dr
North Kansas City, MO 64116
Phone: (816) 691-1690

Freedom from Smoking
*Olathe Medical Center
I-35 & 151st Street
Olathe, KS 66061
Phone: (913) 791-4311

Freedom from Smoking
Providence Medical Center
8929 Parallel Parkway
Kansas City, KS 66112
Phone: (913) 596-4950

Freedom from Smoking
*Menorah Medical Center
Cardiac Rehab. Center
5721 W. 119th Street
Overland Park, KS 66209
Phone: (913) 498-6110

Smoking Cessation Now
*Shawnee Mission Med. Center
Life Dynamics Center
9100 W. 75th Street
Shawnee Mission, KS 66204
Phone: (913) 676-7777, Press 2

Tobacco Free and Healthy
*St. Joseph Health Center
1000 Carondelet
Kansas City, MO 64114
Phone: (816) 943-2167

NO SMOKE
Intro to Smoking Cessation
*St. Luke's Hospital
Center for Health Enhancement
4200 Wornall
Kansas City, MO 64111
Phone: (816) 932-3260

Freedom from Smoking
Truman Medical Center
2301 Holmes
Kansas City, MO 64108
Phone: (816) 404-5495

Smoking Cessation Group
VA Medical Center
4801 E. Linwood Blvd.
Kansas City, MO 64128
Phone: (816) 861-4700, Ext. 52641

Various Programs
*Big Kahuna Consulting
17005 E. 4th Street
Independence, MO 64057
Phone: (816) 257-7284

Smoke Stoppers
*National Center for Health
Promotion
5457 N.E. Wedgewood Ln
Lee's Summit, MO 64064
Phone: (816) 520-7968

Springfield Area

Smoking Cessation for Adults and
Youth
American Lung Association of
Western Missouri
2053 D South Waverly
Springfield, MO 65804
Phone: (417) 883-7177

Road to Freedom
St. John's Health System
1235 E Cherokee
Springfield, MO 65804
Phone: (417) 885-3617

St. Louis Area

Unity Health – Breaking Free From
Smoking
St. Luke's Hospital
232 South Woods Mill Rd.
Chesterfield, MO 63017
Phone: (314) 205-6944

Unity Health – Breaking Free From
Smoking
St. John's Mercy Medical Center
615 S New Ballas Rd.
St. Louis, MO 63141
Phone: (314) 569-6337

Unity Health – Breaking Free From
Smoking
St. Anthony's Medical Center
10010 Kennerly Rd.
St. Louis, MO 63128
Phone: (314) 525-4507

Unity Health – Breaking Free From
Smoking
Alexian Brothers Hospital
3933 S Broadway
St. Louis, MO 63118
Phone: (314) 865-7930

Tobacco-Use Prevention and Control
Program
American Lung Association of
Missouri
1118 Hampton Ave.
St. Louis, MO 63139
Phone: (314) 645-5505, Ext. 11010

Smoking Cessation Services
Jefferson County Health Dept.
Branch Office
1818 Lonedell Rd.
Arnold, MO 63010
Phone: (636) 282-1010

Other Local Resources

Wellaware
Boone Hospital Center
1600 E Broadway
Columbia, MO 65201
Phone: (573) 819-5050

Smoking Cessation Services
Bothwell Regional Health Center
601 E 14th St.
Sedalia, MO 65301
Phone: (660) 827-9556

Smoking Cessation Services
Butler County Health Dept.
1619 North Main
Poplar Bluff, MO 63901
Phone: (573) 785-8478

Smoking Cessation Services
Miller County Health Center
2125 Highway 52
Tuscumbia, MO 65082
Phone: (573) 369-2359

Smoking Cessation Services
Scott County Public Health Center
102 Grove Estates Court
P.O. Box 129
Sikeston, MO 63801
Phone: (573) 471-4044

* Worksite classes available.

Smoke & Money

An employer's toolkit
for smokefree
workplaces and
tobacco cessation
assistance

Special Workplaces Section:

Hospitals,
Clinics
&
Other
Health Care
Facilities



Hospitals, Clinics and Other Health Care Facilities

PROBLEM:

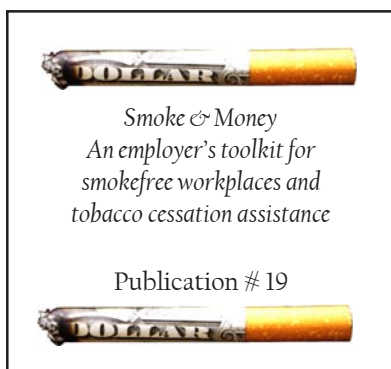
There's a mixed message to clients and the public when you promote your facility as a place of healing and maintaining good health – and yet they see staff in white coats or scrubs standing outside puffing away on cigarettes!

SOLUTION:

A recent regulation by the Missouri Department of Health and Senior Services requires the development and enforcement of written policies and procedures which prohibit the use of tobacco products throughout the hospital and its facilities. Strengthen your tobacco use policy to reflect that your facility truly believes in your mission of providing healing and health – by removing the use on your entire property of the #1 cause of preventable illness and premature death.

FACTS:

- Patients who smoke regularly before surgery have twice the risk of wound infection as nonsmokers.¹
- Smoking retards wound healing.¹
- A smoker's broken bones take almost twice as long to heal as a nonsmoker's.¹
- Recovery room stays are 20% longer for smokers than nonsmokers.²
- Physician involvement is critical. Physician advice can increase tobacco cessation rates by as much as 30%.³



Footnotes:

1. University of Michigan Health Systems
2. Handlin DS, Baker T, Wookrich J: Effect of Smoking on duration in recovery room. *Anesthesiology* 1990;73(8):1052.
3. Michigan Department of Community Health. *Implementing a Smoke-Free Campus*, January 2005.

(Continued on back)

Typical Concerns of Implementing a Smoke-Free Environment In Health Care Facilities

These are some of the typical concerns to be addressed prior to SFE implementation.

Dying Patient-The basic concern is comfort for the dying patient. Arrange a committee to be called for extenuating circumstances in such cases, although these types of cases have been rare with facilities who have already implemented SFEs. The committee should have a physician, nurse, and other staff (e.g., risk management) involved to decide if there is to be a special suspension of the policy for the patient.

Psychiatric Units-Research and experience with existing smoke-free facilities have shown that the fear of psychiatric patients “acting up”, because of no smoking policies are unfounded (or are not substantive). Psychiatric units can, and should, implement smoke-free policies along with the rest of the facility.

Patient Rights-To date no facility has been challenged regarding the right to smoke. Lawsuits brought by employees of non-hospital worksites have not been found in favor of smokers. There is no such thing as a right to smoke on another’s property.

Long Term Care-Several hospitals in Michigan have implemented a SFE policy with long-term care units. Planning and implementing steps is necessary to assist the population when the policy is changed. Facilities who have implemented SFE with long-term care units have done well over time.

Family Member Stress-There are several things your facility can do to mitigate family stress. This can range from supplying NRT to visitors to issuing pagers for them to wear when leaving the facility to smoke. The majority of

smokers, no matter their level of dependence, recognize that smoking at a hospital is counterintuitive and will comply with your policy. Remember that your facility would not consider opening a mini-bar outside the front door and that allowing tobacco use on hospital property presents the same conflict of interest (preventing disease).

Physicians-Strange as it may sound, physicians can be a hindrance to the implementation of a SFE. Such a policy might be viewed as adding additional stress to their work. A suggested solution is to identify a physician “champion”, regardless of the specialty. His or her passion and support will serve to influence other physicians. The more education they receive the smoother the process will be.

Hospital Employees-At least six months prior to implementing SFE, offer your employees free classes, NRT, support, or even incentives to quit tobacco use. This may include examination of your health insurance coverage to insure that your employees have a benefit that covers NRT, classes, etc., even for a short period of time. Be supportive to employees attempting to quit. Get them involved in the process. Have Q & A sessions and allow them to express their opinions and concerns to feel heard. Educate extensively and provide protocols to make their jobs easier. Get them involved in telling visitors about the policy. Present this policy as something they are proud to be a part of rather than a restrictive policy. The enforcement policy, smoking boundary, and consequences should be concise, clear and easily accessible. Most importantly, the policy must be enforced for all employees fairly and consistently.

(Continued on next page)

Risk Management/Security-Enforcement should be supportive and educational. Policy should handle violations by employees in the same manner as alcohol use or other substance abuse. Additionally, safety concerns (i.e., smoking in stairwells, propping doors open to go outside to smoke) must be addressed with enforcement. As you move people away from your buildings examine safety and security issues.

Unions-Experience with facilities who have implemented SFEs have shown that unions tend to remain neutral on the policy. Several Michigan hospitals with multiple unions have implemented SFE policy with no union opposition. It is recommended that union representatives be included on your task force.

JCAHO-Mayo clinic has been smokefree for 15 years. Several Michigan hospitals have been smokefree for 6 years, and none have had any negative results from JCAHO inspections. The University of Michigan was actually commended on their policy, and other Michigan hospitals have received their highest score while having the policy in place.

City Property/Private Property-Several hospitals are on city owned land or own private property. With both situations, planning ahead will be needed to minimize challenges. Invite a representative from the city to participate in your planning and implementation process. Education with staff is a must. Put ash urns on corners or off campus to draw smokers to these spots and to lessen litter issues.

Smoke & Money

An employer's toolkit
for smokefree
workplaces and
tobacco cessation
assistance

Special Workplaces Section:

—Casinos
*Don't Let the Chips
Fall Where They
May—*

Protect
Casino Employees
& Patrons



Casinos

- Don't Let the Chips Fall Where They May -
Protect Casino Employees & Patrons

Perceptions:

- *Ventilation can accommodate smokers and nonsmokers*
- *Revenue will suffer if a smokefree policy is implemented*

Facts:

Ventilation –

The American Gaming Association (AGA) maintains in their Position Statement¹ they are:

- committed to managing the indoor environment in a manner that provides the highest level of safety and comfort for their employees and customers.

- support reasonable, science-based solutions to indoor air quality (IAQ) concerns.

- believe that state-of-the-art air ventilation and treatment systems, which are in place in most casinos built today, are part of that solution, supplemented by large amounts of outside air and clearly defined smoking areas.

The American Society of Heating, Refrigeration and Air Conditioning Engineers (ASHRAE), the nationally acknowledged standard-setting organization in ventilation technology, extensively studied the issue of removing secondhand smoke from buildings, and in June of 2005 issued a Position Document² that concluded:

- No other engineering approaches, including current and advance dilution ventilation, “air curtains”, or air cleaning technologies have been demonstrated or

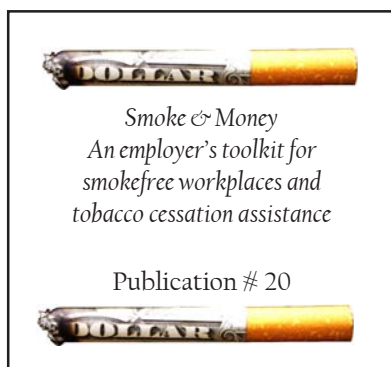
should be relied upon to control health risks from secondhand smoke exposure in spaces where smoking occurs...

- At present, the only means of eliminating health risks associated with indoor exposure is to ban all smoking activity.

Further, in 1992 the EPA classified secondhand smoke as a Group A carcinogen, meaning that there is **no minimum acceptable level of exposure**.³

Thus, to satisfy the AGA's Position Statement for “managing the indoor environment in a manner that provides the highest level of safety” and to “support reasonable, science-based solutions to indoor air quality” means that the facilities must be smokefree. Their belief that “state-of-the-art air ventilation and treatment systems are part of that solution” is not consistent with the science-based conclusions of ASHRAE.

While it may at first seem reasonable to think that the elevated ceilings found in many casinos would help lessen the level of secondhand smoke exposure, actual air quality measurements indicate other-



wise. Air sampling in hospitality venues prior to Delaware's implementation of a statewide smokefree workplace law showed that the air quality in a casino with 14' ceilings was not cleaner than that for bars, nightclubs and pool halls for the two pollutants that were measured, respirable particles and PPAH (a human carcinogen). After the law was enacted, measurements showed that more than 95% of respirable particles and more than 97% of PPAH were reduced in the casino.⁴

We need to also be mindful that even if a magic air cleaning or ventilation device did exist, there would still be human exposure to the toxins in secondhand smoke well before the smoke reached the air cleaner or ventilation equipment.

Health Risks –

An auto body repair shop can make the argument that fumes from spraying paint are an unavoidable side effect of their work. A construction company can justify having workers work at great heights when building skyscrapers. In these and countless other cases, employers take precautions to eliminate the harmful health effects of their work environments on workers. Employees are provided with respiratory filters, hard hats, and other safety equipment.

However, an argument cannot be justified that exposing casino workers or customers to secondhand smoke is a necessary part of doing business. Secondhand smoke is an entirely preventable cause of disease.

- Casino workers in a “well-ventilated” casino had cotinine (metabolized nicotine) levels 300-600% higher than in other smoking workplaces during a work shift.⁶
- Casino workers are at greater risk for lung and heart disease because of secondhand smoke exposure.⁷
- The average level of cotinine among nonsmoking customers increased by 456%, and the average levels of the carcinogen NNAL increased by 112% after 4-hours of exposure to secondhand smoke in a smoke-filled casino with a “sophisticated” ventilation system.¹

- Air in bars and casinos can have up to 50 times more cancer-causing particles than air at a city freeway during rush-hour.⁸

- A University of Nevada-Reno study followed 125 casino employees and concluded there is a direct correlation between exposure to secondhand smoke in the workplace and damage to the employees' DNA, leading to a higher risk of heart disease and cancer.⁹

Revenue –

The California Board of Equalization found that California's bars, casinos and gambling clubs continue to profit since going smokefree in January 1998. Sales tax receipts showed that revenues in establishments licensed to serve alcohol - including casinos and gambling clubs that serve alcohol - increased by more than 5% for each quarter of 1998 over revenues for each quarter in 1997.¹⁰ In these same establishments, sales increased from \$8.64 billion in 1997 to \$11.3 billion in 2002.¹¹

A poll of 5,000 readers at www.cardplayer.com found 73% agreed that smoking should be banned in card rooms.¹²

After Scotland implemented their country's smokefree workplace law, Stanley Leisure reported a “very modest impact” for their casinos.¹³

New Zealand's biggest casino operator, Sky City Entertainment, which dominates the \$2 billion gaming industry with an interest in five of the country's six casinos, had forecasted that profits would be 13% lower due to the effect of the smokefree law. After the law was implemented, they announced they beat their own expectations and saw its net profit rise 4 % in the last year.¹⁴

Although not required by law, many Indian casinos in Ontario and Quebec, Canada, have recently adopted smokefree policies. Several Indian casinos in the United States, such as the Taos Pueblo in New Mexico, have also adopted smokefree policies.

(Continued on next page)

Footnotes

1. http://www.americangaming.org/hillupdate/reports_detail.cfv?id=6.
2. ASHRAE Position Document, "Environmental Tobacco Smoke" June 30, 2005.
3. Respiratory Health Effects of Passive Smoking: Lung Cancer and Other Disorders, U.S. Environmental Protection Agency, 1992.
4. Repace, James MSc, "Respirable Particles and Carcinogens in the Air of Delaware Hospitality Venues Before and After a Smoking Ban." Journal of Occupational and Environmental Medicine. 46(9): 887 – 905, September 2004.
5. Anderson, K. et.al., "Metabolites of Tobacco-Specific Lung Carcinogen in Nonsmoking Casino Patrons," Cancer Epidemiology, Biomarkers & Prevention, 12:1544-1546, December 2003.
6. Trout D, et.al., "Exposure of casino employees to environmental tobacco smoke," JOEM. 1998 March;40(3): 270-6. Accessed on May 20, 2004.
7. Curran, J., "For casino workers, smoke study underscores hazard," Newsday/AP, October 17, 2004.
8. Repace, James MSc, "Respirable Particles and Carcinogens in the Air of Delaware Hospitality Venues Before and After a Smoking Ban." Journal of Occupational and Environmental Medicine. 46(9): 887 – 905, September 2004.
9. <http://abcnews.go.com/Technology/wireStory?id=1965423>
10. [n.a.], "Smoke-Free Bar Fact Sheet," BREATH, [n.d.].
11. California State Board of Equalization: California Department of Health Services, Tobacco Control Section, November 2002; State of California, Employment Development Department, Labor Force Statistics, November 2003.
12. Dalla, Nolan, "Poll Results: To Smoke or Not to Smoke – That is the Question" http://www.cardplayer.com/?sec=afeature&art_id=13706 December 17, 2003.
13. <http://edinburgnews.scotsman.com/business.cfm?id=666892006>.
14. Bond, Georgina, Casino operation fires without smoke, New Zealand Herald, August 23, 2005.

Smoke & Money

An employer's toolkit
for smokefree
workplaces and
tobacco cessation
assistance

Special Workplaces Section:

Correctional
Facilities



Correctional Facilities

Perceptions:

- *Prisoners will start uprisings when told they will not be able to use tobacco*
- *Inmates and personnel won't sue over exposure to secondhand smoke*
- *Correctional facilities don't have authority to enact tobacco-free policies*
- *A tobacco-free policy may be cruel and unusual punishment*

Facts:

Prisoner Uprisings

There is a fear that tobacco-free policies will result in an increase in prisoner uprisings and cause possible harm to prisoners and correctional facility personnel. However, the Department of Correctional Facilities in New York found that by permitting smoking, violence can occur between inmates when one inmate smokes and the other does not.¹ Implementing the policy slowly, offering tobacco cessation assistance, and enforcing consequences can significantly decrease the potential for prisoner uprisings.

Implement the Policy Slowly

The Department of Correctional Facilities in New York provides an example of phasing in tobacco-free policies.² For example:

Phase I – Inform inmates of the intent to implement a tobacco-free policy and a timetable for the different phases of implementation. During phase I, inmates can be allowed to smoke in common areas.

Phase II – Indoor smoking will be limited to individual housing units, but common areas will be smokefree. Inmates can still smoke outdoors.

Phase III – Inmates allowed only to smoke in assigned sleeping areas. No smoking will be allowed outside of an inmates cell, cubicle, or room. Outdoor smoking will be allowed to continue.

Phase IV – All smoking indoors will be prohibited. Smoking may or may not be allowed outdoors.

Offer Cessation Assistance to Inmates and Personnel

When implementing a tobacco-free policy for correctional facilities, it is important to have guidelines in place for tobacco cessation programs. The Federal Bureau of Prisons outlines a smoking cessation program for inmates and prison personnel. Below are smoking cessation guidelines for inmates. More information is available at the website for the Federal Bureau of Prisons at www.bop.gov/policy/progstat/1640_004.pdf.

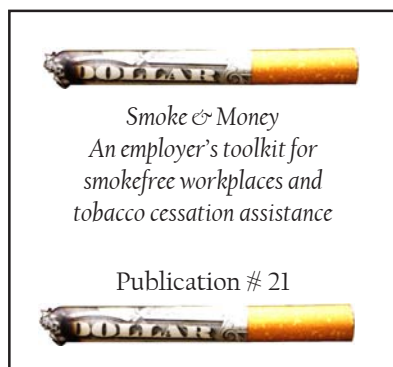
Components and Creation

Sheriffs are to establish a Tobacco Cessation Program consistent with local resources.

(1) The institution's admission and orientation process will inform inmates of the availability of a Tobacco Cessation Program, including the application and participation procedures.

(2) A Tobacco Cessation Program must, at a minimum, address: nutrition, physical activity (exercise), stress management, and nicotine replacement therapy (NRT). Institutions may conduct these activities through a combination of:

video, classroom presentations, recreation activities, the sale of nicotine replacement patches in the commissary, or group or individual counseling.



(Continued on next page)

Nicotine Replacement Therapy

Nicotine replacement therapy [NRT] is available in gum, patches or nasal spray. Because of the potential for mischief [for example, inserting chewed gum into door locks], gum and nasal spray are not recommended.

NRT patches may assist with the gradual tapering of nicotine consumption. Inmates requesting patches must have an initial medical assessment in order to purchase a 6-10 week supply.

(1) Each institution commissary will stock NRT patches. Inmates may purchase patches with the appropriate staff approvals.

(2) Inmates who wish to purchase NRT patches must obtain an initial written approval from a health care provider certifying the inmate's health status has been reviewed and the inmate is approved to use the patches.

(3) The health care provider will:

(a) Discuss the proper use of the NRT patch, describe possible side effects, and warn the inmate about problems associated with overuse (such as the use of two or more patches at the same time, or the use of a patch and continued use of cigarettes).

(b) Record the inmate's health status in his/her medical record (such as, but not limited to: weight, blood pressure, post-prandial blood sugar, pulmonary function, exercise tolerance, and how many cigarettes are smoked per day, and any other clinically pertinent information).

(c) Provide a signed recommendation of a specific NRT dosage program to the inmate.

(d) The inmate will take the signed NRT approval to the commissary, which will allow him/her to purchase two weeks of patches at a time until the final supply of patches have been purchased.

(4) The commissary staff member will initial the NRT approval each time the inmate purchases NRT.³

Enforcing consequences for breaking tobacco-free policy

It is important that prison personnel explicitly

state consequences for not adhering to policies.

Visiting privileges suspended⁴

- Disciplinary action for personnel giving inmates cigarettes.⁵

- Solitary confinement⁶

There is a general fear that the black market for cigarettes or spit tobacco will increase due to the implementation of a tobacco-free policy. It is important that jail staff continually educate inmates and personnel on the consequences of smuggling contraband.

Litigation

When a correctional facility does not have a no smoking policy, it creates the possibility for litigation by both inmates and jail personnel. For example:

- In 2003, four corrections officers at the Washington Corrections Center in Shelton sued the Department of Corrections over their exposure to secondhand smoke.⁷

- 29 current and former inmates of the Rio Consumnes Correctional Center in California have filed claims against Sacramento County asking for a total of \$1.9 million to compensate for health damages allegedly caused by breathing secondhand smoke at the jail.⁸

- A federal judge has ordered the South Carolina Department of Corrections to pay an asthmatic inmate \$3,200 after finding the department violated the inmate's rights by repeatedly exposing him to secondhand smoke.⁹

Authority to Enact

- The Federal Bureau of Prison joined the non-smoking movement by instituting a near-total ban on lighted tobacco in 105 prisons holding 180,000 inmates.¹⁰

- At least 38 of 50 state correctional departments report that they are either smokefree or have partial smoking bans, according to a 2002 survey conducted by the American Correctional Association.

- Several Missouri county jails have already enacted tobacco-free or smokefree policies for indoors and in some cases, also include outdoors.

(Continued on next page)

- Whether at federal, state, county or city level, the authority exists to implement tobacco-free policies.

Cruel and Unusual Punishment

When a tobacco-free policy is implemented, there may be arguments that the policy is a form of cruel and unusual punishment. However, lawsuits and court decisions have shown that involuntary exposure to secondhand smoke, and not the tobacco-free policy, may be the actual cause of cruel and unusual punishment. For example:

- A former inmate at the Santa Fe County jail filed a lawsuit claiming he was subjected to “cruel and unusual punishment” when he was forced to breathe the secondhand smoke of other prisoners’ cigarettes.¹¹

- The U.S. Supreme Court has ruled that the failure to provide particular inmates with a smokefree environment may constitute a violation of the Eighth Amendment proscription against cruel and unusual punishment. The court cited New York’s Clean Indoor Air Act as stating that their state’s correctional employees are entitled to a smokefree workplace. In several instances, the courts have found liability based upon the breach of a duty owed to a nonsmoker; however, no court has ever ruled that an inmate or an employee has a constitutional right to smoke in prisons where movement is controlled.

Footnotes:

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Smoke & Money

An employer's toolkit
for smokefree
workplaces and
tobacco cessation
assistance

Special Workplaces Section:

Vehicles:

The Ultimate Road Hazard



~ Vehicles ~

The Ultimate Road Hazard

Health Risks

There are many health risks associated with employees smoking in vehicles, including car accidents while smoking,

- Smoking in the car gives your non-smoking passenger a dose of smoke ten times greater than a guest watching you smoke in your home.¹
- If a person is in a car with someone smoking, and the windows are closed for one hour, research suggests it is comparable to smoking three cigarettes.²
- The high concentration of smoke in a small, enclosed space greatly increases the exposure to other passengers.³
- A study conducted by San Diego State University Research Foundation suggests that non-smokers riding in a smoker's car, or the unsuspecting non-smoking buyer may be exposed to residual secondhand smoke for weeks or months after the last cigarette was smoked in the car.⁴
- Even if there aren't non-smokers in the car during the time smoking occurs, the seats, carpeting and other absorbent materials in the car will soak up the toxins found in the smoke; then when smoking ceases, will release those toxins back into the air. A non-smoker that would be in the car after it had been smoked in would then be exposed to these toxins. Air fresheners and cleaners may mask the odor, but they will not remove the toxins.

Trade-In Value

The presence of secondhand smoke in a vehicle also affects its resale value. Research from controlled laboratory studies suggests that some materials used in cars, including upholstery, carpeting, and head liners, are likely secondhand smoke reservoirs. The following are ways in which smoking can dramatically decrease the trade-in value of a car:⁵

- *Smaller Market* - The market for cars that have been smoked in is much smaller than that for

cars that have never been smoked in. The fact is that many people will not even consider purchasing a car that was previously owned by a smoker. Since the number of people interested in the car is much smaller, there is less competition, which results in a lower price offered.

- *Smell* - Cigarette smoke leaves a smell that is difficult, if not impossible, to completely remove. The smell of the car is a major factor of the interior condition. Cars that smell of smoke are much less desirable, resulting in people offering less.

- *Burns* - If a person smokes in a car, there is a good chance that the interior has some minor burn marks from fallen ash or accidentally dropped cigarette. These are often unsightly and reduce the value of a car.

- *Stains* - Smoking will usually seep into the seat covers, floor carpet and car paneling. This can stain, dim and discolor the interior of the car, all of which will make the car appear older and reduce its value.

Auto Insurance

In addition to a reduced trade-in value, smoking can also have an impact on auto insurance. Typically, non-smokers can expect a 5% discount on their premiums.⁵ A number of studies have shown that drivers who smoke have a higher risk of getting into accidents than non-smokers. Reasons cited include:

- The act of smoking while driving can cause distractions that keep the driver from maintaining focus on the road. These distractions ultimately result in more accidents.
- People who are smokers have behavioral habits that are generally higher in risk than non-smokers. These higher risk habits result in more accidents.
- The smoke from cigarette smoking while in a car causes a number of environmental issues (smoke in the air reducing visibility, staining on glass reducing visibility) that result in more accidents.

Footnotes:

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Smoke & Money

An employer's toolkit
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Special Workplaces Section:

Firehouses
&
Police Stations



Smoking in Firehouses & Police Stations

Smoking in firehouses and police stations presents many problems such as increased health risks, a decrease in employee activity, and an increase in health costs. In addition, there are special considerations for firehouses and police stations that need to be remembered.

Special Considerations

- Police departments are more likely to hire an individual if he or she does not smoke.
- In today's environment of increased terrorist activity, fire and police crews may take up smoking after he or she has quit as a reaction to a major terror event (e.g., World Trade Center and Pentagon attacks.)

Employment Considerations

As police departments hire new employees, smoking may be considered in whether or not a person is hired. Below are some examples:

- In San Mateo County, California, investigators and sheriff's deputies will not be hired if they smoke. The ban is intended to protect the county from having to pay out millions in workers' compensation to employees who might develop lung cancer or heart disease linked to smoking. The idea came from a court case in which the Sheriff's office settled a \$90,000 lawsuit with a former deputy who developed lung cancer and claimed it was the result of secondhand smoke inhaled while on the job.¹
- Tarrant County (TX) Texas sheriff's employees will be banned from smoking or chewing tobacco while working, even if they are not in uniform. The spokesman for the Tarrant County Sheriff's Department states "We've already made buildings, the jail and county vehicles smoke-free....it's a voluntary policy. You just can't work for us if you smoke or chew tobacco."²
- In response to rising insurance rates, the Charlotte County (FL) Sheriff's office is institut-

ing a new policy requiring all new potential hires to be tobacco-free for a least one year before they are eligible for employment.³

Terrorist Activity & Smoking

When the attacks on the World Trade Center took place on September 11, 2001, the entire police and fire workforce were called to assist in rescue operations. Many lost their lives. As a result of the attacks, the police and fire workforce suffered a tremendous loss, both physically and mentally. Because of this loss, many firefighters and police workers took up smoking again after they had already quit.⁴

- A 2002 survey found that 23% of firefighters who had kicked cigarettes in 2001, had started smoking again in 2002.
- The Tobacco Free with FDNY was a program created in response to the increase in smoking. The program was put in place for firefighters, EMS workers, and their spouses.
- 300 members of the department agreed and signed up for the voluntary program after seeing posters in firehouses and EMS stations.
- The cessation program includes nicotine replacement therapy donated by the maker, Pharmacia. Other medications such as Zyban were also provided.
- Participants go through a medical evaluation and follow-up. Additionally, participants receive personalized emails that motivate, provide tips, and give information.
- The program is hoped to assist 2,000 participants.

Footnotes:

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