



# Smoke-free workplaces

at a glance

## Why should workplaces be smoke-free?

**Smoking harms the health of smokers and those around them.** Smokers are at far higher risk of strokes, heart attacks and heart disease, cancers of the lungs, mouth, larynx, bladder, pancreas, kidneys and stomach, emphysema, bronchitis, and tuberculosis. These diseases cause serious illness, disability and premature death.

**“Second-hand smoke” (SHS) is harmful.** (SHS is smoke from a burning cigarette or other tobacco product usually combined with smoke exhaled by the smoker). Tobacco smoke contains at least 250 chemicals known to be harmful; 69 of them cause cancer. Pollution levels in indoor places that allow smoking are higher than on busy roadways, in closed motor garages and during firestorms. The evidence is irrefutable -- SHS exposure contributes to serious and often fatal diseases. Risk and harm increase with higher levels of exposure. SHS exposure caused over 600,000 deaths in 2004 -- 1% of all global deaths, and 0.7% of the global disease burden.

**SHS exposure is common in workplaces:** Two studies in 39 developed and developing countries in 2002/03 and 2006 found SHS in most locations surveyed – e.g. in 94% of hospitals, schools, government buildings and other locations surveyed in seven Latin American countries. Employees in bars and restaurants are at particular risk because their SHS exposure is substantially higher than in most other work places. SHS exposure can interact with chemicals and radiation in workplaces to produce an additive or multiplicative effect and significantly increase the risk of many occupational diseases.

**Smoking and SHS exposure imposes economic costs on employers, employees, and countries.** Specific estimates vary, but all are significant. SHS exposure in the United States alone costs an estimated US\$ 5 billion annually in medical costs and another US\$ 5 billion in indirect costs of lost wages and productivity due to disability and premature death. In Hong Kong Special Administrative Region, the annual value of medical costs, long-term care and productivity lost due to SHS exposure is estimated at US\$ 156 million.

**Smokefree workplaces save employers money and improve employee’s health.** Businesses bear direct and indirect costs as a result of employees’ smoking, including:

- Lost productivity from disease and premature death caused by smoking and SHS exposure
- Higher annual costs of healthcare, health insurance and life insurance premiums
- More employee absenteeism
- Increased early retirement due to ill health
- Higher maintenance and cleaning costs
- Higher fire insurance premiums

These costs add up to significant amounts. A 1995 Canadian study estimated that smokers cost their employers \$2,565 each year (1995 US dollars). Significant legal costs may result from claims filed by employees seeking compensation for damages caused by exposure to tobacco smoke in the workplace, or by customers seeking protection from tobacco smoke.

## Separate smoking areas are a poor compromise – they neither protect health nor save money.

Smoking anywhere in a building significantly increases SHS, even in parts of the building where people do not smoke. Designated smoking rooms (DSR), whether with separate ventilation and air filtration or not, reduce SHS exposure only by about half. And exposure in DSRs can be very high, and they incur costs to set up and maintain. The American Society of Heating, Refrigerating, and Air Conditioning Engineers (ASHRAE) no longer provides recommended standards for ventilation when tobacco smoking is present. Its 2005 position document concluded that “the only means of effectively eliminating health risk associated with indoor exposure is to ban smoking”.

**Smoke-free workplaces have the added benefit of reducing smoking.** A review of studies in Australia, Canada, Germany and the United States concluded that smoke-free workplaces result in 29% fewer cigarettes smoked.

**Smoke-free workplaces do not hurt business.** Fears in the hospitality industry that smoking bans would hurt business are unfounded. Studies of hotels, bars and restaurants in several U.S. states and other countries consistently conclude that smokefree policies do not reduce business or profits. In fact, empirical studies of actual changes after smoking bans are enforced find small positive effects on sales, employment, and business viability.

## What can employers do about workplace smoking?

Two approaches have been used to protect people from tobacco smoke: comprehensive smoke free **legislation** (for all indoor public places, workplaces, transportation and other places); and **voluntary policies** or agreements. Growing awareness of SHS exposure’s health effects and fear of worker litigation has led many workplaces to become smoke-free. But voluntary action fails to provide comprehensive and universal protection, leaving some workers unprotected. Even strong voluntary policies have major limitations that make legislation far preferable. Employers can protect their employees’ health and reduce smoking-related costs by supporting the adoption, implementation and enforcement of country-wide comprehensive smoke-free laws that include all indoor workplaces.

**Smoke-free policies are easy to implement.**

Compliance is high, since both management and employees usually support smoke-free policies. In 2006, Uruguay was the first country in the Americas to become 100% smoke-free by enacting a ban on smoking in all public spaces and workplaces, including bars, restaurants and casinos. Eight of every 10 Uruguayans supported the law, including nearly two thirds of the country's smokers. After New Zealand passed smoke-free laws in 2004, 69% of its citizens said they supported the right of people to work in a smoke-free environment.

**Worksite cessation programs are a good complement to smoke-free policies.**

Individual and group counseling and pharmacological treatment to overcome nicotine addiction provided at work (or elsewhere) are effective in helping smokers who want to quit. The latest (2008) Cochrane review meta-analysis of 19 studies of worksite smoking cessation programs found an average quit rate after 12 months of 20.8%, much higher than the 12.2% average quit rate in the control groups. Cessation programs are relatively low-cost and yields financial returns over the long run that far outweigh their costs.

**Goals: Protect workers from harmful effects of second-hand tobacco smoke & encourage smokers to quit, to gain health benefits for employees and economic benefits for employers.**

Main Activities	Beneficiaries/ Target groups	Indicators
<b>Make workplace smoke-free to protect employees from second-hand smoke exposure</b>		
<ul style="list-style-type: none"> <li>• Learn about law on smoke-free workplaces (if exists)</li> <li>• Establish a written smoke-free policy with active participation of employees and managers</li> <li>• Communicate the policy and its rationale clearly, and sanctions for non-compliance</li> <li>• Implement the smoke-free policy according to agreed timetable. The policy should apply also to customers, visitors and clients.</li> <li>• Enforce, monitor and adjust the policy if necessary</li> </ul>	All employees (including managers), customers, visitors and clients	<ul style="list-style-type: none"> <li>✓ Written policy exists that clearly states rationale, time frame, and where – if at all – smoking is permitted in work place</li> <li>✓ % of employees exposed to SHS</li> </ul>
<b>Help employees to quit smoking to reduce risks of disease and premature death</b>		
<ul style="list-style-type: none"> <li>• For smokers who want to quit, ensure easy access to trained counsellors for individual or group counselling.</li> <li>• Consider subsidizing pharmaceutical treatments for nicotine addiction</li> <li>• Provide information to all workers on benefits of quitting and how to support colleagues trying to quit</li> </ul>	Employees (including managers) who smoke	<ul style="list-style-type: none"> <li>✓ % of smokers who attempt to quit each year</li> <li>✓ % of quitters still not smoking 12 months after quitting</li> <li>✓ % smokers in company (and decreases in this)</li> </ul>

**How to make a workplace smoke-free**

**Convene a planning committee.** The committee can have broad representation – managers and employees, with representatives from various departments including Personnel/HR, Communications, Facilities and operations, Health and safety, Labour unions, Health and safety, Policy/Legal, Security.

**Develop a plan and the policy.** The committee needs to select a chairperson, clearly define goals and tasks, develop an estimated budget, and create a tentative (appropriate, for example 12 to 18 months) timeline for implementing the smoke free policy. Subcommittees or workgroups to take responsibility for different components could be considered (e.g., policy development, policy implementation, cessation services, evaluation).

**Establish and offer cessation services.** Provide information on the risks of smoking and the benefits of quitting. Use the organization's newsletter, internal website, posters, flyers and email to deliver

the information. Offer support to smokers who want to quit. The approach to providing cessation support will vary depending on the types of service to be provided, and how it will be made available (e.g., at a company clinic, through the health plan, or by referral to an existing quitline). The Communications about the policy should include this information. The cessation support must be in place and employees made aware of it before the smoke-free policy takes effect. Please note that quitting is difficult because nicotine is highly addictive; most smokers make 4-11 quit attempts before finally succeeding. The planning process should consider supporting at least two quit attempts per year. Keep records on the number of employees who use the services, the number of employees who actually try to quit, and numbers who succeed (measured six months after quitting).

**Announce the smokefree policy.** If the planning committee decides to implement the cessation services before the policy is implemented, consider announcing that the policy is on its way together with the information on the new cessation services. The announcement should

come from top management. The date when the policy will take effect should be decided, allowing sufficient lead time (several months) to carry out the communication plan. If possible, have the policy take effect at a time of warm and gentle weather. The timing for implementing the policy can take advantage of publicity opportunities such as the World No Tobacco Day (31<sup>st</sup> May). Ideally, the new policy should be well promoted before it takes effect (e.g. periodic reminders sent out to employees in the period leading up to the date the policy takes effect, and one final announcement, from top management, immediately before the policy takes effect. On the day that the smoke free policy takes effect, it will be useful to hold one or more high-profile events featuring top management. These events should emphasize the policy's benefits for employees' health and publicize the cessation services that are available.

**Create a supportive environment.** This includes removing smoking shelters and cigarette butt receptacles and installing clear signs by the time the policy goes into effect. (If signs cannot be installed in time, banners can be used until signs become available.) Signs should be placed at all vehicle and pedestrian entrances to notify employees and visitors that they are entering a tobacco-free area. Place decals on building doors stating that buildings are smoke-free.

**Enforce the policy.** In the weeks before the policy takes effect, management should clearly communicate to supervisors and security officials their role in enforcing the policy, including specific guidance on how to correct noncompliance. Supervisors and security officials should be trained in enforcement procedures, and conflict management. Enforcement should be monitored to make sure that the policy is applied equitably without singling out or exempting any groups of employees or individuals. During the first few days after the policy takes effect, top managers can show visible support for the policy by walking through indoor places where employees have smoked in the past.

**Monitor the policy.** Once implemented, carefully monitor all components of the policy to identify any noncompliance, areas of confusion, or other problems. If necessary the policy provisions can be clarified and implementation and enforcement procedures adjusted. It is also useful to document the lessons learned and monitor employee comments to help identify issues that need to be addressed. Respond to employee comments, suggestions, and concerns in a timely, thoughtful way that shows that comments are taken seriously. A frequently asked questions document (and area on the company website) should provide answers to recurring questions. Attention and communication efforts need to be focused on the places where employees have been accustomed to smoking. The planning committee should be debriefed and the implementation process should be evaluated. Unconditional top management

support for the policy is crucial and needs to be actively and visibly maintained. If free cessation services are provided, a report on their use could be a strategy for continuing to promote them.

**Evaluate Success.** Evaluation needs to be planned early to clarify the data needs for evaluating the implementation and impact of the policy. Remember to keep it fairly simple to assure that the evaluation will be conducted. A pre- and post-implementation employee survey can be done to assess awareness and knowledge of the policy and of available cessation services. Evaluating quit rates after six months among those who have received cessation services through the employee health service can also be considered. For example, it is fairly easy to keep track of how many employees call or come in for help in quitting, visit the web-link for the policy announcement. Evaluation results need to be reported to the planning team and management.

Formal evaluation of a workplace smoke-free policy is an ongoing activity. Do periodic follow-up assessments (every year or two) to check whether the smoke-free policy continues to be implemented as planned and to identify necessary modifications.

## Resources

### INSTITUTIONS:

- Tobacco Control Team in the Health, Nutrition and Population sector of the World Bank <http://www.worldbank.org/tobacco>
- Tobacco Free Initiative of the World Health Organization <http://www.who.int/tobacco>
- ILO <http://www.ilo.org>
- Office on Smoking and Health of the US Centers for Disease Control and Prevention <http://www.cdc.gov/tobacco/osh/index.htm>
- Tobacco Control Research, National Cancer Institute <http://www.tobaccocontrol.cancer.gov>

### DOCUMENTS AND DATA

#### General Information for Employers:

- The Economics of Health, Safety and Well-being; *BAREFOOT ECONOMICS: Assessing the economic value of developing a healthy work environment*, Finnish Ministry of Social Affairs and Health and ILO SafeWork programme. [http://www.ilo.org/wcmsp5/groups/public/---ed\\_protect/---protrav/---safework/documents/publication/wcms\\_110381.pdf](http://www.ilo.org/wcmsp5/groups/public/---ed_protect/---protrav/---safework/documents/publication/wcms_110381.pdf) A simple guide on how to estimate costs and benefits of measures to improve workplace safety. A practical tool for use by small businesses, and other decision makers.
- Griffiths J, Grievs K. "Why Smoking in the Workplace Matters: An Employer's Guide", WHO Regional Office for Europe, Copenhagen,

2002. Explains the rationale for developing an organizational tobacco control policy from an employer's perspective. Concise, readable and clear. Copies on request from [tobaccofree@euro.who.int](mailto:tobaccofree@euro.who.int).

#### **Practical Guides:**

- "Making Your Workplace Smokefree: A Decision Maker's Guide", US Department of Health and Human Services, 2000. Details on costs and benefits of smoke-free workplace policy. Step-by-step directions on how to develop and implement a smoke-free policy. "[http://www.uams.edu/coph/reports/SmokeFree\\_Toolkit/Media/Other%20Helpful%20Resources/CDC%20Making%20your%20Workplace%20Smokefree%20Guide.pdf](http://www.uams.edu/coph/reports/SmokeFree_Toolkit/Media/Other%20Helpful%20Resources/CDC%20Making%20your%20Workplace%20Smokefree%20Guide.pdf)"
- Smokefree in a Box - a guide for smokefree workplaces. Toolkit to help companies design and implement a smoke-free workplace. Easy-to-use advice. <http://www.globalsmokefreepartnership.org/ficheiro/SFIB.pdf>.
- "Tobacco in the Workplace: Meeting the Challenge. A Handbook for Employers" WHO, Regional Office for Europe, 2002. A step-by-step guide on how to adopt a strong and cost-effective response to smoking.

#### **Economic Analysis:**

- Adams E et al. The costs of environmental tobacco smoke (ETS): An international review. (Background paper WHO/NCD/TFI/99.11) Geneva, World Health Organization, 1999. <http://www.who.int/tobacco/media/en/adams.pdf>.
- Behan DF et al. "Economic effects of environmental tobacco smoke". Schaumburg, IL, Society of Actuaries, 2005. <http://www.soa.org/research/life/researcheconomic-effect.aspx>.
- Scollo M. et al. Review of the quality of studies on the economic effects of smoke-free policies on the hospitality industry. *Tobacco Control* 2003; 12:13-20. <http://tobaccocontrol.bmj.com/content/12/1/13.full>

#### **Evidence:**

- Cahill K, Moher M, Lancaster T. "Workplace interventions for smoking cessation" Cochrane Database of Systematic Reviews 2008.
- Tobacco smoke and involuntary smoking: summary of data reported and evaluation. Geneva, WHO and IARC, 2002 (IARC Monographs on the Evaluation of Carcinogenic Risks to Humans, Vol. 83). <http://monographs.iarc.fr/ENG/Monographs/vol83/volume83.pdf>.
- The health consequences of involuntary exposure to tobacco smoke: a report of the Surgeon General. Atlanta, GA, US Department of Health and Human Services, 2006.

<http://www.surgeongeneral.gov/library/secondhandsmoke/>.

- Proposed identification of environmental tobacco smoke as a toxic air contaminant (As approved by the Scientific Review Panel on June 24, 2005). California, Cal EPA, 2006. <http://www.arb.ca.gov/regact/ets2006/ets2006.htm>.
- Update of evidence of health effects of secondhand smoke. London, Scientific Committee on Tobacco and Health (SCOTH.) [http://www.dh.gov.uk/prod\\_consum\\_dh/idcplg?IdcService=GET\\_FILE&dID=13632&Rendition=Web](http://www.dh.gov.uk/prod_consum_dh/idcplg?IdcService=GET_FILE&dID=13632&Rendition=Web)
- M Öberg, MS Jaakkola, A Woodward, A Peruga A Prüss-Ustün, "Worldwide burden of disease from exposure to second-hand smoke: a retrospective analysis of data from 192 countries," *Lancet*, 2011;377 (9760): 139-146.