



make it your

BUSINESS

STRATEGIES
FOR A

**TOBACCO-FREE
WORKPLACE**

IN WISCONSIN

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1

Facts About Tobacco Use

*Every year, 7,215
Wisconsin residents die
because of the effects
of smoking*



*Tobacco use is the
leading preventable cause
of death in the United States,
causing more than 400,000
deaths each year*

Facts About Tobacco Use

Tobacco Use in Wisconsin

Every year 7,215 Wisconsin residents die because of the direct effects of smoking.¹

- 2,342 die from cardiovascular disease caused by smoking
- 2,208 die from cancer caused by smoking
- 1,946 die from respiratory disease caused by smoking

Smoking-attributable direct healthcare costs in Wisconsin during 2003 were \$2.16 billion.¹

- \$727 million in ambulatory costs
- \$573 million in nursing home costs
- \$449 million in hospital costs
- \$261 million in prescription drug costs
- \$147 million in other costs
- Estimated healthcare costs attributable to cigarette smoking were \$390 for every man, woman and child living in Wisconsin

Loss of productivity due to smoking in Wisconsin, 2001.¹

- \$1.64 billion in productivity costs

About one in five Wisconsin adults smoke.²

- 70% say they want to quit¹

*An average of 139 of
our friends, co-workers and
neighbors die **every week** in
Wisconsin due to smoking.*



Tobacco Use in the United States

Tobacco use is the leading preventable cause of death in the United States, causing more than 400,000 deaths each year, according to the U.S. Centers for Disease Control and Prevention.³

- Exposure to secondhand smoke causes at least 53,000 deaths annually. Each year, 62,000 cardiovascular events in nonsmokers are also attributable to secondhand smoke in the U. S.⁴
- Each year, \$75 billion is spent in the United States on healthcare attributed to smoking and secondhand smoke and \$82 billion in lost productivity.⁵
- Overall, 21% of adults in the United States smoke.⁵

On average, adults who smoke die 13 to 14 years earlier than nonsmokers.⁶

U.S. SMOKING RATES BY OCCUPATION

Transportation and material moving	46%
Waiters / waitresses	45%
Construction trades	40%
Laborers, except construction	39%
Fabricators, assemblers, inspectors	37%
Health service occupations	35%
Sales and retail workers	27%
Executives, administrators, managers	24%
Secretaries	21%
Teachers	12%

Health Factors for the Non-Tobacco User

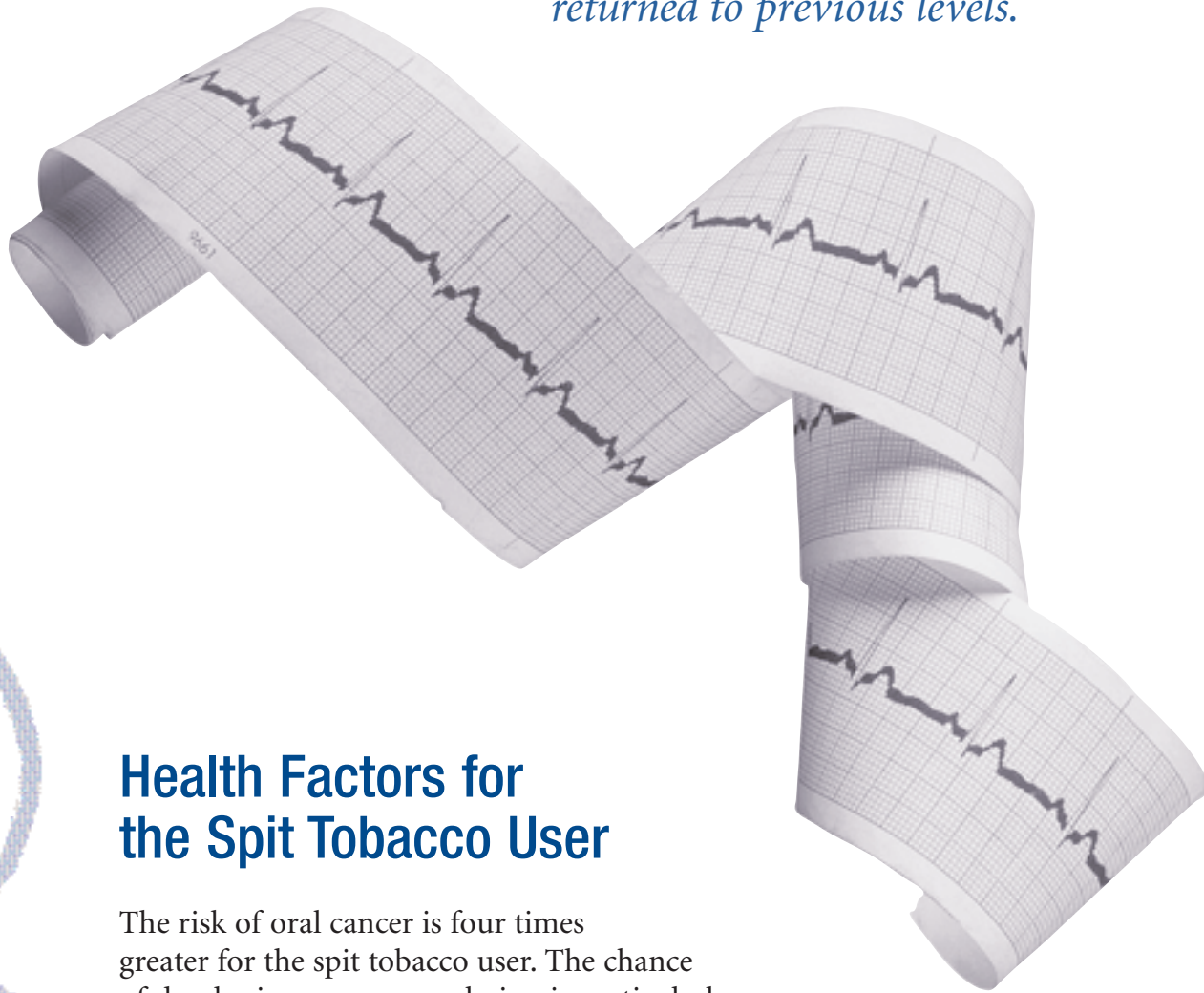


- Secondhand smoke is the third leading cause of preventable death killing 53,000 people in the U.S. each year.
- It contributes to lung disease in nonsmoking adults, causing aggravated asthma conditions, impaired blood circulation, bronchitis and pneumonia.
- In children, these problems include increased severity and number of asthma attacks, bronchitis and middle ear infections. Secondhand smoke also increases the risk of Sudden Infant Death Syndrome.
- Secondhand smoke has been recognized as a known human cancer-causing agent and scientific studies have demonstrated a direct relationship between exposure to secondhand smoke and lung cancer as well as heart and other diseases.
- The effects of secondhand smoke on employees and on individuals using public accommodations also create significant liability issues for the owners and employers of these facilities.

Nonsmokers are exposed to over 4,500 chemicals and 50 carcinogens in secondhand smoke. These chemicals include formaldehyde, carbon monoxide, methane, lead and benzene. (*Environmental Protection Agency, Indoor Air Facts: Environmental Tobacco Smoke*).

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*In a study in Helena, Montana, heart attack admissions **decreased by 50%** after a smoke free ordinance was enacted. When the ordinance was overturned, heart attack rates returned to previous levels.*



Health Factors for the Spit Tobacco User

The risk of oral cancer is four times greater for the spit tobacco user. The chance of developing a cancerous lesion is particularly high in areas of the mouth where the tobacco is placed and held by the user. Oral cancer can affect the lip, tongue, gums and cheek. Cancer of the mouth is one of the 10 most common cancers in the world. (*American Academy of Otolaryngology-Head and Neck Surgery, Inc., Dec., 1991*).

2

Benefits of Being Tobacco-Free

Protect your employees' health



Lower your costs



Increase productivity and morale



Reduce absenteeism



Reduce your liability

Benefits of Being Tobacco-Free

Promoting and supporting a tobacco-free workplace makes good business sense. It says a lot about your commitment to your employees and customers. It says you care.

There are five areas where a tobacco-free workplace will have positive impact.

1. Protect your employees' health.

- Reduce risk of lung cancer. Employees exposed to secondhand smoke on the job are 12-19% more likely to get lung cancer.⁷
- Reduce heart attacks. Exposure to secondhand smoke increases the risk of a heart attack by 25-35%.⁸
- Reduce heart disease.
- Reduce upper respiratory infections.



*“There is **no safe level** of exposure to second-hand smoke. Tobacco smoke is deadly.”*

— Dr. Richard H. Carmona,
U.S. Surgeon General’s Report, July 2006

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IMPROVED EMPLOYEE HEALTH⁹

AFTER	PHYSICAL BENEFITS
2 Weeks	Lung function and circulation improve
9 months	Lungs improve capacity to clear and reduce infection
1 year	Risk of heart disease drops to half that of a smoker
5-15 years	Risk of stroke is the same as that of a nonsmoker
10 years	Risk of lung cancer is half that of a smoker
15 years	Risk of heart disease is similar to that of someone who never smoked

2. Lower your costs.

- Businesses pay an average of \$2,189 in workers' compensation costs for smokers, compared with \$176 for nonsmokers.¹⁰
- Smoking costs employers an estimated \$3,391 per smoker per year, comprised of \$1,623 in direct medical expenditures and \$1,768 in lost productivity.⁵
- The Environmental Protection Agency (EPA) estimates that tobacco-free businesses can expect to save about \$190 per 1,000 square feet each year in lower cleaning and maintenance costs.^{11,12}
- 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.¹³
- Fire insurance is commonly reduced 25-30% in smoke-free businesses.¹⁴

An employer sends a clear message to employees and the community with a tobacco-free policy:



We care about the health and safety of our employees.

3. Increase productivity and morale.

- 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.¹⁵
- Smoking in the workplace causes inefficiency, errors, eye irritation and lower attentiveness.
- A tobacco-free workplace is more attractive to employees, since 80% of Wisconsin adults do not smoke.

4. Reduce absenteeism.

Smokers, on average, miss 6.2 days of work per year due to sickness compared to nonsmokers, who miss 3.9 days of work per year.¹⁶

5. Reduce your liability.

- Having a smokefree workplace reduces the risk of lawsuits being filed by employees who become ill from breathing secondhand smoke.
- Disability claims based on secondhand smoke exposure are eliminated.
- A smokefree workplace prevents violations of the Americans With Disabilities Act that result from limiting access by people with respiratory problems who cannot patronize or work in your business due to tobacco smoke pollution.

What's the bottom line? Plain and simple – being tobacco-free adds up. It's the right thing to do – for the health of your employees and customers AND for the wealth of your business.

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How Much Does Tobacco Use Cost You?

In Wisconsin, there are an estimated 920,000 adult smokers.¹ Smoking costs an estimated \$3,391 per smoker per year. The cost is comprised of \$1,623 in direct medical expenditures and \$1,768 in lost productivity. Factors considered in estimating these costs include:⁵

- Greater healthcare costs
- Increased absenteeism (6 days/year for smokers versus 4 days/year for nonsmokers)
- Work time spent on smoking breaks (18-22 days/year)
- Higher life insurance premium costs
- Greater risk of occupational injuries
- Costlier disability
- More disciplinary actions

DO THE MATH

<u> </u> Total # of Employees	x	<u>22%</u> Wisconsin Adult Smoking Rate ¹	=	<u> </u> # of Smokers (Or, if known, enter # of employees who smoke)
<u> </u> # of Smokers	x	<u>\$1,623</u> Estimated Health Costs ⁶	=	<u> </u> Total Health Costs
<u> </u> # of Smokers	x	<u>\$1,768</u> Estimated Lost Productivity Costs ⁶	=	<u> </u> Total Lost Productivity Cost

YOUR TOTAL COST/YEAR IS:

<u> </u> Total Health Costs	+	<u> </u> Total Lost Productivity Costs	=	<u> </u> Total Cost/Year
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3

Three Steps to Making Your Workplace Tobacco-Free

1.

*Use your company's health plan
to help employees and their families
quit using tobacco*

2.

*Promote the Wisconsin Tobacco
Quit Line (800-QUIT-NOW)*

3.

*Implement and maintain
tobacco-free workplace
policies and initiatives*

Three Steps to Making Your Workplace Tobacco-Free

1 Use your company's health plan to help employees and their families quit using tobacco.

2 Promote the Wisconsin Tobacco Quit Line, 800-QUIT-NOW.

3 Implement and maintain tobacco-free workplace policies and initiatives.



Develop a strategy based on an understanding of tobacco use as an addiction. Avoid an approach that stigmatizes tobacco users. Many tobacco users make seven to eight attempts before they are successful in overcoming their addiction. The workplace should be a place that supports this challenging process.

Measures of success? Over time, employers should experience the long-term outcomes of:

- Reduced number of employees who use tobacco
- Reduced absenteeism
- Reduced healthcare costs
- Reduced maintenance costs

A WORKPLACE CASE STUDY

University of Wisconsin Hospital and Clinics (UWHC) Tobacco Treatment Program for Employees

In late 2005, the University of Wisconsin Hospitals and Clinics (UWHC) wanted a barrier-free tobacco cessation program for its employees and asked the University of Wisconsin Center for Tobacco Research and Intervention (UW-CTRI) to provide this service. This request was partially in response to employee desires for such a program and partially to promote health among employees as well as patients.

A steering committee was formed with key individuals from the hospital and UW-CTRI. Committee members included hospital representatives from pharmacy, public affairs, human resources, nursing and senior administration. Members from UW-CTRI included a physician, as well as communication, administration and outreach staff. Each of these team members was critical to the big-picture planning and coordination of this program.

The objective of the program was to increase the number of UWHC employees who made a quit attempt over a three-year period. Barriers were eliminated or significantly minimized by offering free medications and counseling, and by making the enrollment process easy and convenient to access.

The strategies included best-practice quitting methods (medications and counseling) and strategic use of employee communication tools. A tobacco use assessment tool was used with each UWHC employee interested in making a quit attempt. Prior to the formal “start” of the program, communication focused on informational articles in newsletters, posters, fliers, fact sheets for managers, an employee letter from senior administrators, table tents, announcements and a program overview at manager meetings. This promotion was followed by announcements on the hospital Intranet site and payroll stuffers. (Ongoing communication will continue via these same vehicles and future communication will include features on successful quitters.)

“Thinking of Quitting” preparatory sessions by UW-CTRI outreach staff were held at several UWHC locations. These sessions were informational; designed to be no-pressure and required no commitment. They provided hospital employees a program overview, as well as the best ways to successfully make a quit attempt.



Convenient, barrier-free employee access was a priority and was addressed in the following ways:

- Medications, including nicotine patches, gum, lozenges, inhalers and bupropion SR, were available free to all enrolled UWHC employees.
- On-site sessions were conducted at multiple UWHC locations, including, on-the-spot counseling, enrollment and distribution of the first month's supply of patches, gum and/or lozenges. Prescriptions were written for inhalers and bupropion SR.
- Four UWHC pharmacies participated as distribution centers for prescription medications and refills.
- A cell phone number and email address were dedicated for counseling and enrollment purposes.
- Enrolling through UWHC Employee Health staff was an additional option.
- The Wisconsin Tobacco Quit Line was used for ongoing counseling.
- Enrollees were contacted by UW-CTRI staff prior to their quit date as well as six months after their quit date.
- Information was provided for spouses and significant others wanting to quit.

Evaluation:

Three months into the program 233 individuals were enrolled and making a quit attempt. This was 71% of the first year's goal of 325 quit attempts. Enrollees will be contacted six months after their quit attempt to track program satisfaction and quit rates.

Lessons learned thus far:

- There was pent-up demand for convenient, free tobacco cessation treatment in this healthcare setting.
- Saturation communication was vitally important to reach every employee ready to make a quit attempt.
- Despite being the age of electronic communication, there remains a small, but relevant, population that does not have computer access. These groups are often low-education, low-income employees: a target population for tobacco cessation efforts. Special efforts were made to reach these individuals, including on-site enrollment opportunities during evening and weekend hours, and translation of materials and counseling information.
- Confidentiality was critical to employees.
- Telephone counseling and enrollment was convenient and offered privacy.

4

Using Your Company's Health Plan to Help Employees Quit Tobacco

The most effective tobacco dependence treatment is medication with counseling

Using Your Company's Health Plan...

...to help employees and their families quit using tobacco

Research shows that the most effective tobacco dependence treatment includes medications and coaching/counseling. This combination has been shown to double or triple the employee's chances of quitting successfully. Businesses that have included a tobacco cessation benefit in their health plan, report that this coverage has reduced total tobacco consumption, increased the number of tobacco users willing to undergo treatment, increased productivity and increased the percentage of those who successfully quit.¹⁷

On the following pages we outline common tobacco dependence treatment benefits and offer guidelines to follow when shopping for coverage. Compare what you now spend on tobacco-related illnesses with the cost of providing effective tobacco cessation services for employees. Then, consider the kinds of treatment that can effectively help smokers quit and reduce your healthcare costs.

Are Cessation Health Benefits Cost-Effective?

- Tobacco cessation is more cost-effective than most other common and covered disease prevention interventions, such as treatment of hypertension and high cholesterol.¹⁸
- It costs between 10 and 40 cents per member per month to provide a comprehensive tobacco cessation benefit (costs vary based on utilization and dependent coverage).¹⁹
- Employees who smoke have a high average insured payment for healthcare – \$1,145 versus \$762 for nonsmokers.³



Questions to Ask Health Plans²⁰

When reviewing current health plans or bidding for a new one, benefits managers can incorporate some or all of the following tobacco dependence treatment questions into written specifications:

- How does the health plan identify and document tobacco users and tobacco cessation interventions?
- List covered tobacco cessation drugs. How frequently are these offered, and for what period annually? Are multiple medications covered? Are multiple quit attempts covered in one 12-month period?
- What type of counseling (e.g., in person, online, telephone) is covered, how often is counseling covered annually, and for what period (e.g., 90 days twice per year)?
- Describe the plan design for tobacco cessation (e.g., co-pay, etc.). Is co-pay in line with other medications?
- Are over-the-counter medications, such as nicotine patches and gum, covered? Is there a co-pay?
- Who is eligible for tobacco cessation benefits/drugs/counseling? Does this include all covered individuals or only those with a drug benefit?
- What other educational or counseling materials are provided (e.g., hard copy, online, other)?
- How does the plan motivate healthcare providers to provide tobacco cessation counseling (e.g., withholds, bonuses)?
- Is the benefit promoted to the employees? How?
- How are the percentage of tobacco users who have received treatment assessed? How is the success of the tobacco cessation initiatives evaluated?

Health Benefit Design

Tobacco dependence treatment benefits that have been found most effective address the following:

- Pay for counseling and medications.
- Offer the FDA-approved medications, including both prescription and over-the-counter.
- Cover counseling services, including telephone (Quit Line) and individual counseling. While classes can also be effective, typically few tobacco users attend them.²¹

Show your employees you want to help them quit tobacco by designing a benefit that makes it easier for them.

- Eliminate co-payments or require employees to pay no more than the standard co-payment. Data show that tobacco users rarely use cessation services inappropriately, and are much more likely to quit when no co-payment is required.²² Utilization rates average three to eight percent of tobacco users per year.
- Provide at least two courses of treatment – both medication and counseling – per year. Tobacco dependence is a chronic disease. Relapse is part of the process.

TOBACCO DEPENDENCE TREATMENT MEDICATIONS

Type	Form	Common Brand Names
Prescription pills	Pill	Zyban® Wellbutrin® (bupropion SR)
	Pill	Chantix® (varenicline)
Prescription nicotine replacement therapy	Inhaler	Nicotrol®
	Nasal Spray	Nicotrol®
Over-the-counter nicotine replacement therapy	Gum	Nicorette®
	Patch (can be prescription)	Nicoderm® Habitrol® Prostep® Nicotrol®
	Lozenge	COMMIT®

Support For Employees Who Use Tobacco

The effect of implementing a tobacco-free policy will be most immediate for employees who use tobacco. Tobacco cessation assistance and support will help employees adjust to behavioral and physical changes. Although 70% of smokers indicate that they would like to quit smoking¹, not all smokers will make a serious attempt to quit at the same time and not all tobacco users will respond to the same program for quitting. Because of this diversity there should be options available for employees. In order to build support it is also important to educate your non-tobacco using employees.

Tobacco Treatment Options

Programs consisting of several treatment components have proven to be successful. The most successful and highest recommended treatment option is physician/healthcare provider support and monitoring along with medication and counseling.

1. **Healthcare Provider Counseling:** Healthcare providers play a critical role in tobacco treatment by counseling patients about tobacco addiction, monitoring their progress, providing information about medications and following up to reduce relapse.



2. **Medications:** Nicotine replacement therapies, as well as bupropion SR and varenicline help the tobacco user fight the physical addiction. Most products are available by prescription; the nicotine patch, gum and lozenge are available over the counter.



3. **Wisconsin Tobacco Quit Line 800-QUIT-NOW:** The Quit Line provides information on quitting tobacco use, one-on-one, practical counseling on how to increase the chance for success and referrals to local quit-smoking programs and services. All services are free and confidential.



5

How the Wisconsin Tobacco Quit Line Can Help Employees Quit

*Free quit smoking
or chewing tobacco counseling
for every Wisconsin resident*



*7 a.m. - 11 p.m. every day
800-QUIT-NOW*

How The Wisconsin Tobacco Quit Line Can Help Employees Quit

If counseling were provided to all United States tobacco users on a regular basis, approximately 70,000 deaths could be prevented each year. Counseling help is available to all Wisconsin residents. The Wisconsin Tobacco Quit Line [800-QUIT-NOW (800-784-8669)] is a free, professional telephone-based tobacco cessation counseling service provided to Wisconsin residents who want to quit using tobacco.

You can promote the Quit Line by placing 800-QUIT-NOW brochures throughout your facility, placing the Quit Line number on your company's Intranet, or with payroll stuffers. By taking any of these steps you could be the starting point for an employee to begin their life-saving journey.

Wisconsin Tobacco Quit Line – When you're ready to quit, we're ready to help.

The Quit Line provides free, personalized assistance from professional cessation specialists. Callers enrolled in the Quit Line's program work through a series of up to five telephone sessions, where the specialists assist callers in developing and implementing a quit plan based on their individual needs.

Callers are assisted with identifying and accessing benefits that may be available through their employer, Medicare, Medicaid, or other insurance, to cover the cost of medication(s). Services are available in Spanish and other languages. The Wisconsin Tobacco Quit Line's hours of operation are 7 a.m. to 11 p.m, daily.

To order Wisconsin Tobacco Quit Line materials, please go to:
www.wiquitline.org



6

Implementing Tobacco-Free Policies

*Focus on tobacco use, not
the tobacco user*



Focus on health and safety



*Offer tobacco treatment programs
(medications and counseling)
before and after
the policy change*

Implementing Tobacco-Free Policies

There are many things to keep in mind to make sure implementation of your tobacco-free policies go smoothly and result in success.

- Seek employee (staff, management) support through company communication channels (meetings, newsletters, payroll enclosures, bulletin boards, emails).
- Focus on the health and safety of everyone. Approximately 80% of your employees do not smoke or chew tobacco.
- Provide real and visible opportunities for employee participation in planning and implementing the policy.
- Maximize the potential for success by timing the policy implementation with New Year's Day, or with an internal event such as remodeling your facility or getting new carpet.
- Implement incentives that benefit your employees and patrons.

TRY THESE IDEAS

- Provide a countdown to implementation, sponsoring a different activity every day of the week prior to the implementation of the tobacco-free policy.
- Offer healthy snack alternatives.
- Offer tobacco cessation information and opportunities.
- Gradually reduce the number of places that smoking can take place until the entire facility and grounds are tobacco-free on your implementation date.
- Recognize those who quit smoking or chewing as a result of the policy in your company newsletter or bulletin board.
- Remember to include all employees in the planning for, and celebration of, a tobacco-free facility.
- Provide materials to nonsmokers about how to best help their co-workers with the new policy.
- Encourage an employee-organized celebration of the tobacco-free facility.

Put Your Plan in Place

Here is a quick and easy checklist to follow as you implement your tobacco-free policy.

Four months from the date you want to go tobacco-free:

- ☐ Organize a committee to collect information about the impact to employees.
- ☐ Provide information on the benefits and reasons for this change.
- ☐ Gather input from the employees.

Three months from the date you want to go tobacco-free:

- ☐ Communicate with employees about the policy (use email, meetings, bulletin boards, newsletters).
- ☐ Make policy revisions after employees give their input.

Two months from the date you want to go tobacco-free:

- ☐ Print and post the tobacco-free policy, highlighting the implementation date.
- ☐ Promote tobacco cessation resources.
- ☐ Provide in-service training to management and other key employees.

One month from the date you want to go tobacco-free:

- ☐ Put up prominent tobacco-free signage.
- ☐ Highlight the availability of the Wisconsin Tobacco Quit Line (800-QUIT-NOW) as well as other tobacco treatment counseling and medication options.

On implementation day:

- ☐ Remove all ashtrays.
- ☐ Implement and enforce the policy.
- ☐ **GO TOBACCO-FREE.**

After you have gone tobacco-free:

- ☐ Follow up with employees and evaluate the success of your tobacco-free policy.
- ☐ Continue to promote tobacco cessation resources.
- ☐ Be positive with all employees.
- ☐ Enforce the policy vigorously.



Working With Labor Unions

Labor unions and management both want healthy workers, and a safe and healthy environment. Both also have an interest in reducing health-care costs. In working with unions, it is important to emphasize these common concerns. Three major, relevant labor issues may be addressed:

- whether an employee has the right to use tobacco at the workplace,
- the relationship of tobacco restrictions to collective bargaining, and
- a focus on secondhand smoke is perceived as a diversion from addressing other occupational hazards.

No one has the right to impose a health risk on others, and because an employer has the responsibility to provide a safe work environment, an employer has the right to restrict tobacco use on company premises.

In union-represented work environments, however, the employer may be obligated to subject the policy to collective bargaining, depending on contract provisions. Issues such as tobacco breaks and provision of tobacco cessation support may arise, but these can be addressed within the context of providing a tobacco-free workplace.

Specific questions to address regarding unions include the following:

- What unions are involved? Can unions be involved in a cooperative policy development effort?
- Do the unions have a stated position on tobacco use?
- Is there contract language or past practice that addresses tobacco use on the job by union members?
- What is the opinion of labor relations regarding whether a policy on tobacco use must be negotiated?
- Is the current state of labor-management relations conducive to a change in tobacco-use policy?

More resources can be found at: www.laborandtobacco.org

Key Principles of Successful Tobacco-Free Policy Implementation

- Focus on tobacco use, not the tobacco user.
- Focus on health and safety regarding secondhand smoke, not individual rights.
- Obtain management commitment and support.
- 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 the workplace community about the hazards of combining secondhand smoke and materials used in work processes.
- Allow four to six months from the announcement to implementation, depending on the size of the organization and the magnitude of the change from the old to the new policy.
- Offer tobacco dependence treatment programs to all employees and their families before and after the policy change.
- To maximize motivation, plan to implement the policy in conjunction with national events such as the American Cancer Society's Great American Smokeout in November or around New Year's Day (when people are making New Year's resolutions).
- Ensure that restrictions and enforcement are equitable.
- Enforce the secondhand smoke policy just as any other policy. Do not differentiate between tobacco breaks and any other kind of breaks.
- Continue to provide tobacco dependence treatment opportunities and programs after the policy has been implemented to support employees in their attempts to quit using tobacco and to prevent relapse.
- The goal of a tobacco-free policy is to provide a safe and healthy workplace for all employees. It also includes not stigmatizing tobacco users.

Enforcing the Policy

The word “enforcement” can evoke negative responses. It should not be the position of any organization to punish or strong arm a particular policy; however, structure is necessary for an equal and fair implementation and adherence to that policy.

The best enforcement procedure for a tobacco-free workplace policy is the same procedure used in a drug-free workplace policy.

Generally, the following statement, inserted into the employee handbook, can sufficiently address the tobacco enforcement policy, in essence, piggybacking onto existing sanction policies: “Any violation of this tobacco use policy will result in discipline, up to and including discharge under (insert name of organization) progressive discipline policy.”

More on Enforcement

When drafting the enforcement procedures, it is important to remember that tobacco contains nicotine, which is an addictive substance. Show sensitivity to employees who are addicted to nicotine by structuring the policy with the following points in mind:

1. Fair and equal enforcement of the policy.
2. Providing information and support, materials and on-site cessation services or information regarding available community cessation services.
3. Distribute the written policy and enforcement procedures to all employees.
4. Provide a form to be kept in each new employee's personnel file that states the employee has received a copy of the policy and enforcement procedures and agrees to abide by the company's tobacco-free workplace policy.

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*It is important that
all employees
understand the policy
changes and the implications of these changes.*

Designated Enforcement Personnel

Each business will need to decide which department or individuals are to handle complaints, address infractions and enforce the new policy.

Many companies assign this action directly to department managers. Larger organizations may choose to assign such responsibility to their human resource or risk management department. We suggest that the personnel in charge of enforcement of tobacco issues be the same personnel assigned to enforce all drug and alcohol related infractions.

Finally, it is important to provide all personnel with the name and contact information of the people responsible for enforcing the policy.

Signage will be invaluable as you implement your policy. If you are implementing a campus-wide policy, be sure you have signs at the entrances to your parking lots stating that people need to extinguish smoking materials before exiting their vehicle.

If you are instituting an indoor tobacco-free policy, be sure that receptacles are placed well away from doors and put a 20-30-foot halo into effect so people don't have to walk through smoke to enter the building. Again, signage is very important.



Possible Issues and Sample Responses

Does secondhand smoke have adverse health effects on nonsmokers?

Inform employees about the known and substantial health effects of secondhand smoke. You may want to seek the support of your corporate medical director or a community health professional, or refer to the facts in this toolkit.

Should employees be allowed to take time away from their job to participate in tobacco cessation activities?

You can plan these programs at times that are not part of the work day but are convenient for employees (e.g., before work, during lunch, or after work). If allowed during work time, point out to anyone concerned that over the long term, time off to attend tobacco cessation programs will add up to less time than employees take for smoking breaks.

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

Very few employees leave companies because of implementation of tobacco-free policies.

Will a tobacco-free policy be too difficult to enforce?

Enforcement procedures are almost never needed, because most policies are self-enforcing and compliance is very high.²⁷ Compliance is high because both management and employees usually support the tobacco-free policy.

Will a tobacco-free policy alienate clients?

In most cases, clearly posted signs are enough to alert clients to your tobacco-free policy. Some companies hand out a small card explaining the tobacco-free policy.

Won't a tobacco-free policy cost too much time and money to implement?

Developing and implementing a tobacco-free policy does not need to be expensive or time-consuming. Costs and time can be saved with a well-thought-out implementation and following this guide.

7

Materials You Can Use

*Sample newsletter articles
or emails to employees*



Sample tobacco-free policies



Sample employee memo



Definitions



Policy checklist

Materials You Can Use

Sample: Newsletter Copy

We have provided two articles below that you can use in your company newsletter or adapt to a flyer.

IT'S A GREAT DAY TO QUIT TOBACCO!

(Publish in mid-to late-October so tobacco users can prepare to quit.)

An new year is drawing near – and if you've been thinking of quitting tobacco, why not join with others in January?

Experts agree that choosing a quit date in advance (like New Year's Day) is the first step toward becoming tobacco-free. By choosing a quit date, you can prepare yourself and those who care about you for this important step.

Even if you've tried to quit before, research shows that you can double or triple your chances of successfully quitting if you find the right mix of medicine and support. Wisconsin residents ready to quit can access the completely free Wisconsin Tobacco Quit Line at 800-QUIT-NOW. In addition, (Name of your company) provides these services: (List medications and other benefits covered here, or refer employees to someone who can give them this information.)

If you would like to make this your time to quit, seek the help you need from friends, coworkers, family and professionals. In addition to the services we provide, there is help on the Internet. Check out www.ctri.wisc.edu and click on [smokers](#).

Let Human Resources know if there's any way we can help.

Good luck!

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THINKING ABOUT QUITTING SMOKING? NINE GREAT REASONS TO QUIT TODAY!

(Publish anytime)

Regardless of how much or how long you have used tobacco, you will experience the benefits of quitting as soon as you finish your last cigarette. When you quit using tobacco, you will experience physical and emotional benefits that begin within an hour of quitting that will continue for the rest of your life. If you have been thinking about quitting, here are nine great reasons to make the change today:

1. **Save money.** A pack-a-day smoker will save more than \$1,400 each year!
2. **Smell better.** Your clothes, hair, car and house will no longer have that stale cigarette smell.
3. **Look better.** Nonsmokers have fewer wrinkles and healthier skin than smokers.
4. **Live to see your grandchildren.** One year after quitting the risk of heart disease is half that of a tobacco user. Fifteen years after quitting it is the same as a nonsmoker.
5. **Improve your health.** When you quit smoking, you decrease the risk of heart attack, stroke, bronchitis, emphysema, lung cancer and all other cancers.
6. **Improve your child's health.** Children who live in smoke-free homes are less likely to have asthma, coughs and colds.
7. **Have a healthy baby.** Women who stop smoking before pregnancy decrease the risk of having a low birth-weight baby and increase the chances of a healthy pregnancy and a healthy newborn.
8. **Breathe easier.** As soon as two weeks after quitting, you begin to increase your lung function, making it easier to breathe.
9. **Pump up your energy level.** Within a month of quitting, your circulation and lung function improve.

Quitting tobacco is not easy, but there are resources available that can make it easier. [\(company name\)](#) is committed to helping you quit. For more information on the benefits that are offered to help you quit for good, call Human Resources at [\(phone number\)](#).

Sample 1: Tobacco-Free Policy

POLICY

Due to known and substantial hazards resulting from exposure to tobacco smoke, it shall be the policy of (company name) to provide a tobacco-free environment for all employees and visitors. This policy covers the smoking of any tobacco product and the use of spit tobacco, and applies to both employees and visitors.

Definition

1. There will be no smoking or chewing of tobacco products within the facilities or on the property of (company name) at any time.
2. There will no smoking or chewing of tobacco in company vehicles at any time.
3. There will be no smoking or chewing of tobacco at any off-property company-sponsored meetings or events.

For companies that choose to provide outside smoking areas:

The decision to provide or not provide designated smoking areas outside the building will be at the discretion of management. If the smoking area is not properly maintained (for example, if cigarette butts or matches are found on the ground), it can be eliminated. Any areas that are designated as smoking areas will be located at least 20 feet from the main entrance.

Breaks

Supervisors will discuss the issue of tobacco breaks with their staff. Together they will develop effective solutions that do not interfere with the productivity of employees.

Procedure

1. Employees will be informed of this policy through signs posted in company facilities and vehicles, the policy manual, orientation and training provided by their supervisors.
2. Visitors will be informed of this policy through signs, and it will be explained by their host.
3. The company will assist employees who wish to quit using tobacco by facilitating access to recommended tobacco cessation programs and materials.
4. Any violations of this policy will be handled through the standard disciplinary procedure.

Sample 2: Tobacco-Free Policy

(Date)

(Company name) is dedicated to providing a healthy, comfortable and productive work environment for our employees.

(Company name) shall be entirely tobacco-free effective (date).

All forms of tobacco use will be strictly prohibited within company buildings, including, but not limited to offices, hallways, waiting rooms, restrooms, lunch rooms, elevators, meeting rooms and all community work areas. This policy applies to all employees, clients, contractors and visitors.

Additionally, tobacco use shall be prohibited within 25 feet of all building entrances, windows and ventilation systems. To discourage smoking around doorways, all smoking trash receptacles will be placed beyond the 25-foot limit.

All company vehicles will also be designated tobacco-free, including rental cars used for company business.

Copies of this policy shall be distributed to all employees. Signs shall be posted at all building entrances.

This policy is being announced three months in advance in order to facilitate a smooth transition. Those employees and their family members who smoke or use other forms of tobacco and would like to take this opportunity to quit are invited to participate in the cessation program being offered by this company. Contact [\(insert name\)](#) for more information.

Signature of CEO or President

Date

Sample: Memo to Employees

As an employer, management is dedicated to providing a healthy, comfortable and productive work environment for its employees.

The Environmental Protection Agency has declared secondhand smoke to be a “Class A carcinogen” known to cause cancer in nonsmokers. The Surgeon General has concluded that the simple separation of smokers and nonsmokers within the same air space does not eliminate the exposure of nonsmokers to secondhand smoke. Some of our employees and clients already suffer from respiratory diseases, heart disease or allergies and are particularly susceptible to the negative health consequences of exposure to secondhand smoke.

In light of these findings, (company name) shall be entirely tobacco-free effective (date effective). The company acknowledges that tobacco use is a matter of personal choice. No one is requiring tobacco users to quit. We are only asking that there be no tobacco use on company premises. A variety of options will be made available to employees who are interested in programs for quitting tobacco use.

The new tobacco policy will cover all campuses of this corporation.

Copies of this policy will be distributed to all employees. Signs will be posted in appropriate places. All tobacco vending machines will be removed as of (date).

As we move toward a tobacco-free work environment, smokers, spit tobacco users and nonsmokers need to work together to ensure a safe and healthy workplace. Between now and (date effective), you will receive more information to ensure that implementation of the policy goes smoothly.

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Speaking the same language...

Campus

Buildings and grounds of a worksite.

Cessation

Discontinue using tobacco products.

Policy

An overall plan embracing general goals and acceptable procedures.

Quit Line

Phone-based counseling/coaching to assist people with quitting tobacco.

Secondhand Smoke

Tobacco smoke that diffuses directly into the atmosphere from burning tobacco or exhaled by a smoker.

Also known as side-stream smoke.

Contains 4,000 chemicals, 40 of them cancer-causing.

Third leading cause of preventable death in the United States.

Spit/Chew Tobacco

Takes various forms and is also referred to as chew, dip, plug, smokeless, snuff and spit tobacco. Smokeless tobacco is a mixture of tobacco, sweeteners, fiberglass particles and salts. It contains hundreds of chemicals poisonous to the body. Chewing tobacco is used by placing a wad of tobacco between the cheek and teeth, where it is held to release nicotine.

Tobacco Dependence

Addiction to tobacco products, including cigarettes, cigars, pipes, spit or chew tobacco.

Workplace/Worksite

Place of employment, including buildings, parking lots, company vehicles and grounds. It can also include off-campus sites such as construction sites, off-site work related activities, etc.



Policy Checklist

BENEFITS OR SERVICES WE PROVIDE

BENEFIT	INSURANCE PROVIDES	EMPLOYER PROVIDES	CO-PAY/DEDUCTIBLE
Medications <i>Type:</i>			
Counseling <i>Number of sessions:</i>			
Other			

OUR PROMOTION STRATEGIES

PROMOTION	WHO WILL DO IT	WHEN
Posters <i>Locations:</i>		
Company Newsletters		
Fliers/Postcards		
Website		
Payroll stuffers		
Table Tents		

OTHER SUPPORT WE PROVIDE

Barriers to quitting, identified by our employees:
Changes we can make in the workplace: <i>(ex: Tobacco-free property, stress reduction)</i>
Support we can provide at work: <i>(ex: Promotion of 800-QUIT-NOW)</i>
Special events we can promote: <i>(ex: Great American Smokeout, health fair)</i>

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Additional Information and Resources

*More information
about providing
a safe workplace*

Additional Information and Resources

Support for Workplace Policies

Comprehensive tobacco policies, including facility-wide tobacco-free policies, are not new. However, tobacco-free policies have received a significant boost over the last 10 years as evidence of the risks associated with exposure to secondhand smoke has mounted and the public has become more aware of these risks.²³ In Wisconsin, 75% of people support tobacco-free workplaces.¹

Corporate Image

Corporate image is important for many businesses. With nonsmokers accounting for almost 80% of adult American consumers, it is easy to see why many companies and organizations implement tobacco-free sites to influence consumers' opinions of the company.

Such actions can improve corporate image not only in the marketplace but also in hiring. Companies that demonstrate concern for the health and well-being of their workforce are more likely to be able to recruit and retain high-quality employees.

Because so many worksites are already tobacco-free, employers who have not instituted tobacco-free policies need to consider complying with community standards and expectations.

“People in Wisconsin, over 75%, want tobacco-free workplaces. This includes 55% of smokers. Wisconsinites recognize that smoking is damaging their health.”

— David Ahrens, M.S., lead author
“Secondhand Smoke: Awareness, Attitudes
and Exposure Among Wisconsin Residents” 2005.

Health Priorities: Capitalizing on Life-Saving, Cost-Effective Preventive Services

Partnership for Prevention ranked the health impact and cost-effectiveness of 25 preventive health services. The rankings offer key information employers can use to inform their medical plan design and employee health programs.

Highest-Ranking Preventive Services for Health Impact and Cost-Effectiveness:

1. Discuss daily aspirin use
2. Childhood immunizations
3. **Smoking cessation advice and help to quit – tobacco use screening and brief intervention – screen adults for tobacco use, provide brief counseling and offer medication**
4. Colorectal cancer screening
5. Hypertension screening and treatment
6. Influenza immunization
7. Pneumococcal immunizations
8. Problem drinking screening and counseling
9. Vision screening
10. Cervical cancer screening

Source: Partnership for Prevention Employer's Guide:

<http://www.prevent.org/images/stories/clinicalprevention/employersguide.pdf>

Partial list of Wisconsin employers providing coverage for tobacco treatment medication or counseling:

3M	Fiserve	Quad Graphics
AICan Packaging	Fox Valley Tool & Die	SC Johnson
All Saints Healthcare	General Motors	Security Health Plan
Appleton Paper	Graphic Packaging Corp.	SNE Enterprises
Aspirus Medical System	Greenheck Fan Co.	St. Mary's Hospital
Aurora Healthcare	Hoffers, Inc.	State of Wisconsin
Automatic Fire Protection	Kimberly-Clark	Stora Enso Paper Co.
Barich Engineering	L&S Electric	Stoughton Trailers
Blackhawk Technical College	M&I Bank	Trane Co.
Brewer & Associates	Madison Kipp Corp.	United Healthcare
Capital Newspapers	Marshfield Clinic	United Industries
Cascade Tissue	Health Plan	UW Health
City of Beloit	Medical Associates	Wausau Paper Co.
City of Madison	Meriter Hospital	Wausau Supply
Com-Tec, Inc.	Ministry Medical Group	Weyerhaeuser
County Concrete Corp.	Pace Industries, Inc.	WI Cheese Group
Digital Diversified	Pacon Corp.	WI Public Power
Fairbanks Morse Engines	Penda Corp.	WPS Health Insurance

Providing a Safe Workplace

Because no one has the right to impose a health risk on others and because an employer has a responsibility to provide a safe and healthy workplace, liability is a significant issue for employers. Because secondhand smoke has been classified as a Group A carcinogen, it would be difficult to argue that an employer who has not reduced secondhand smoke to the lowest possible levels has provided a safe workplace.

Americans With Disabilities Act

The Americans With Disabilities Act (ADA), enacted by Congress in 1990 and taking effect in 1992, is a federal civil rights act for the disabled. It prohibits discrimination against individuals who have a disability in private employment, public transportation and public accommodations.

Businesses that serve the public and employers are legally required to reasonably accommodate disabled individuals, including those with a respiratory illness that makes them sensitive to tobacco smoke.

The respiratory disabled include people who have asthma, chronic bronchitis, emphysema, lung cancer and/or other lung illnesses. For these individuals, secondhand smoke can be life threatening.

For employers, accommodation may include making facilities accessible by banning smoking, restricting duties, providing part-time or modified work schedules, or other reasonable means of providing a sensitive nonsmoker with a workplace in which he/she can function.

The right of access to these facilities is also protected under the ADA. A cloud of tobacco smoke near an entryway is just as great a barrier to an asthmatic as a flight of stairs is to a person in a wheelchair.



Smoking in the Workplace: Smokers' Rights?

Tobacco use is not necessary to job performance and, therefore, cannot be used as a basis for asserting any right in a legal sense. That fact has not stopped smokers from suing for the so-called “right to smoke,” but their claims have been consistently rejected by the courts. They have sought their “right to smoke” based principally on one of the following legal arguments:

- 1. Discrimination on the basis of a handicap:** Smokers might threaten to sue on the basis of handicap. This argument is not allowable under either the Federal Rehabilitation Act of 1976 or the Americans With Disabilities Act (ADA) of 1990. In one case, a smoker sought protection under the Federal Rehabilitation Act, which protects disabled persons from job discrimination. The smoker claimed her addiction to tobacco constituted a disability. The court, however, dismissed the suit as having no merit. The ADA specifically states that smoking may be banned in workplaces to protect individuals with bonafide disabilities from tobacco smoke.
- 2. Constitutional right to smoke:** Although the tobacco industry likes to refer to smokers' “rights,” smoking is not protected under the Constitution and smokers do not have a legal right to smoke in the workplace. Employers are free to set policies and implement restrictions that are necessary to provide a safe and healthy working environment. The courts have consistently upheld the constitutionality of statutes and rules that restrict or prohibit smoking in the workplace.

Note: Several states have instituted “smoker protection laws,” which prohibit employers from discriminating against employees and prospective employees with respect to hiring, compensation, promotion or the terms, conditions and privileges of employment, because of their legal use of tobacco products during non-work hours. These laws do not prevent an employer from regulating tobacco use at the workplace or during work hours.

Source: www.no-smoke.org

Additional Resources

Tobacco Dependence Treatment Research and Information

UW-Center for Tobacco Research and Intervention
1930 Monroe Street, Suite 200
Madison, WI 53711
608-262-8673
www.ctri.wisc.edu

Wisconsin Tobacco Quit Line

800-QUIT-NOW
www.wiquitline.org

Wisconsin Department of Health and Family Services

Division of Public Health
Tobacco Prevention and Control Program
1 West Wilson Street, Box 2659
Madison, WI 53701-2659
608-266-8526
www.dhfs.state.wi.us/tobacco

Tobacco Prevention Resource Center

800-248-9244
www.tobwis.org

American Cancer Society

Madison Office
8317 Elderberry Road
Madison, WI 53717
608-833-4555
www.cancer.org

American Lung Association of Wisconsin

800-LUNG-USA
www.lungwi.org

American Heart Association

South Central Wisconsin
2850 Dairy Drive, Suite 300
Madison, WI 53718
608-221-8866
www.americanheart.org

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70% of Wisconsin tobacco users say they want to quit




Over 75% of people in Wisconsin want tobacco-free workplaces

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