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MAKING YOUR
WORKPLACE
SMOKE FREE

A DECISION
MAKER'S GUIDE

U.S. Department of Health and Human Services
Centers for Disease Control and Prevention
Office on Smoking and Health

Wellness Councils of America
American Cancer Society

PREFACE

As scientific evidence documenting the health hazards posed by environmental tobacco smoke (ETS) continues to mount, workplace decision makers have more reason than ever to protect employees from exposure to ETS on the job. The U.S. Environmental Protection Agency concluded in January 1993 that each year ETS kills an estimated 3,000 adult nonsmokers from lung cancer and that the workplace is a significant source of ETS. In a recent study, nonsmoking employees exposed to ETS at work but not at home had significantly higher levels of a nicotine metabolite in their blood than did nonsmoking workers with no work or home exposure to ETS. Levels of exposure to ETS are lowest in smokefree workplaces.

Even before these recent studies were available, the U.S. Surgeon General had determined in 1986 that ETS is a cause of disease, including lung cancer, in otherwise healthy nonsmokers. The Surgeon General also reported that the simple separation of smokers and nonsmokers within the same airspace may reduce, but does not eliminate, the exposure of nonsmokers to ETS. In 1991, the National Institute of Occupational Safety and Health of the Centers for Disease Control and Prevention recommended that “all available preventive measures should be used to minimize occupational exposure to ETS.”

Health issues provide ample justification for restricting ETS exposure at the worksite. But there are other good business reasons. Instituting smokefree work environments can reduce costs for cleaning and maintaining facilities and equipment and improve employee morale. “Smokefree” does not mean “anti-smoker.” Policies that restrict or eliminate smoking may provide incentives for employees to stop smoking altogether. You can demonstrate your commitment to employees who smoke by offering to help interested smokers quit.

In brief, that's the “why” for companies and organizations to go smokefree. This handbook, *Making Your Workplace Smokefree: A Decision Maker's Guide*, provides the “how.” This up-to-date guide draws on years of research and first-hand experience, and it offers practical and proven strategies for implementing successful policies in a variety of work settings. As you will see in this guide, with a little planning an effective workplace policy is easy to implement. We hope that workplace decision makers will use this handbook as a blueprint for action in promoting the health and safety of all workers.

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ABOUT THIS GUIDE

GOAL: Provide a 100% smokefree workplace environment.

- *Protect all employees from exposure to environmental tobacco smoke.*
- *Provide cessation support to smokers who want to quit smoking.*

This guide provides you, the worksite decision maker, with information on how to design, implement, and evaluate environmental tobacco smoke (ETS) policies and related activities. Ideally, to protect all persons from exposure to ETS, companies will implement policies that require a smokefree environment in company buildings and other enclosed places and provide significant smoking cessation support for their employees and covered dependents.

Chapter One provides the background information you need to make the decision to implement policies and related activities to eliminate ETS in the workplace.

Chapter Two highlights legal, scientific, human resource, facility, image, and economic reasons to reduce ETS in the workplace.

Chapter Three provides a model smoking policy and additional options to help companies and other organizations design policies to fit their needs.

Chapter Four helps the company develop smoking cessation activities to ensure help is available for employees who want to quit smoking.

Chapter Five provides step-by-step instructions in designing policies and related programs to meet the needs of the company.

Additional resources, sample policies, and a list of organizations with smokefree workplaces are included in the Appendices.

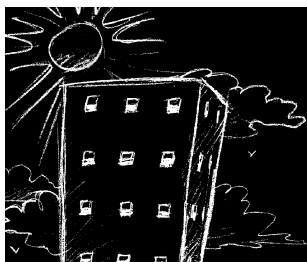
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C h a p t e r **1**



C O S T S
A N D O T H E R
C O N S E Q U E N C E S
O F T O B A C C O

Tobacco causes more deaths than AIDS, alcohol abuse, automobile accidents, illegal drugs, fires, homicide, and suicide combined.¹



Examples of hazardous materials that when combined with smoking present a serious health risk⁵:

- Coal
- Grain
- Silica
- Welding materials
- Asbestos
- Petrochemicals
- Aromatic amines
- Pesticides
- Cotton dust
- Ionizing radiation

Asbestos workers who smoke have ten times the risk of developing lung cancer as asbestos workers who do not smoke.⁵

Cigarette smoking is the leading preventable cause of death in this country: it is responsible for one in every five American deaths.² Smoking claims the lives of an estimated 1,100 people each day—over 400,000 smokers die from smoking-related diseases and 3,000 nonsmokers die from lung cancer each year.^{2,3} In addition, nonsmokers exposed to environmental tobacco smoke (ETS) have higher death rates from cardiovascular disease than nonsmokers who are not exposed to ETS.⁴

Since the first Surgeon General's report on smoking and health in 1964, tobacco use has been increasingly linked to disease, disability, and premature death. That is, tobacco users die sooner than people who don't use tobacco. Figure 1-1 lists known effects of tobacco use and ETS.

Adverse Effects of Combining Cigarette Smoking and Other Workplace Risks

According to the 1985 Surgeon General's report on *The Health Consequences of Smoking: Cancer and Chronic Lung Disease in the Workplace*, the combination of smoking with exposure to hazardous substances at the workplace presents a serious health risk.⁵ As explained in the 1979 Surgeon General's report on smoking and health, 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, and
- interact synergistically with existing chemicals.⁶

For example, the health effects of smoking and workplace exposure to asbestos are greater than the sum of the risks of separate exposures. For most workers who smoke, however, cigarette smoking is a greater cause of death and disability than any hazard in the workplace.⁵

Health

Consequences of ETS

ETS is a proven health hazard. For example, the 1986 Surgeon General's report on involuntary smoking concluded that exposure to ETS can cause lung cancer: nonsmoking spouses have nearly a doubled risk of developing lung cancer if their spouses are heavy smokers.⁷ Research reviewed in the reports of the Surgeon General, the National Academy of Sciences,⁸ and the National Institute of Occupational Safety and Health (NIOSH)⁹ found that secondhand tobacco smoke was harmful, and the U.S. Environmental Protection Agency (EPA)³ estimated that ETS causes 3,000 lung cancer deaths each year in the United States. In addition, scientific studies published in peer-reviewed journals on both animals and human subjects indicate that nonsmokers exposed to secondhand tobacco smoke have higher death rates from heart disease.^{4,10-12} Figure 1-2 highlights statements from important reports on ETS.

ETS has been classified as a Group A (known human) carcinogen, as have asbestos and benzene.³ Nonsmokers subjected to ETS are exposed to nicotine, carbon monoxide, and cancer-causing agents. A recent study found that nonsmokers exposed to ETS only at work had significantly higher levels of a

FIGURE 1-1. HEALTH CONSEQUENCES OF TOBACCO USE AND ETS

Health Consequences of Tobacco Use¹⁴⁻¹⁷

Mortality and Morbidity

- Results in premature death
- Causes significant disease and disability

Cardiovascular Effects

- A cause of coronary heart disease
- A cause of cerebrovascular disease (stroke)
- A cause of atherosclerotic peripheral vascular disease

Cancer

- A cause of lung cancer
- A contributing factor for pancreatic cancer
- A cause of laryngeal cancer
- A contributing factor for renal cancer
- A cause of cancer of the oral cavity (lip, tongue, mouth, and pharynx); smokeless tobacco is also a cause of oral cancer
- Associated with gastric cancer
- A cause of esophageal cancer
- A cause of bladder cancer

Lung Diseases

- A cause of chronic bronchitis
- A cause of emphysema

Women's Health Effects

- A cause of intrauterine growth retardation, leading to low birth weight babies
- A contributing factor for cervical cancer
- A probable cause of unsuccessful pregnancies

Other Health Effects

- Addiction to nicotine
- Adverse interactions with occupational hazards that increase the risk of cancer
- Alteration of the actions and effects of prescription and nonprescription medications
- A probable cause of peptic ulcer disease

Health Consequences of ETS^{3, 4, 7, 10-12, 18-20}

- A cause of lung cancer in nonsmokers
- Associated with higher death rates from cardiovascular disease in nonsmokers
- In children, associated with respiratory tract infections, increased prevalence of fluid in the middle ear, additional episodes of asthma, and increased severity of symptoms in children with asthma, and a risk factor for new onset of asthma in children who have not previously displayed symptoms
- Associated with increased risk of sudden infant death syndrome (SIDS)
- Associated with increased irritant effects, particularly eye irritation, among allergic persons

FIGURE 1-2. STATEMENTS FROM REPORTS ON ETS

In 1986, the Surgeon General made these conclusions⁷:

- Involuntary smoking is a cause of disease, including lung cancer, in healthy nonsmokers.
- Simple separation of smokers and nonsmokers within the same airspace may reduce but does not eliminate exposure of nonsmokers to ETS.

In 1991, NIOSH strengthened the findings on ETS in the workplace⁹:

- ETS is a potential occupational carcinogen.
- ETS poses an increased risk of lung cancer and possibly heart disease to occupationally exposed workers.
- Exposure to ETS should be reduced to the lowest feasible level.
- Employers should minimize occupational exposure to ETS by using all available preventive measures.

In 1993, the EPA released a report on the respiratory health effects associated with passive smoking with this conclusion³:

- ETS is a human lung carcinogen responsible for 3,000 lung cancer deaths annually in U.S. nonsmokers.

Evidence that ETS is a risk factor for cardiovascular disease and other diseases continues to accumulate.^{3,4,10-12,18-20}

ETS is a combination of smoke exhaled by the smoker and the smoke that comes from the burning end of a cigarette, cigar, or pipe.

nicotine metabolite in their blood than nonsmokers reporting no workplace exposure.¹³

The EPA concluded that children with asthma have their condition worsened by exposure to ETS.³ Yet children often spend considerable amounts of time in the worksites of adults (e.g., schools, restaurants).

More people die from ETS than all other regulated occupational substances combined.³ Even one of these deaths due to ETS is unnecessary.

Costs to Employers

The costs of employee smoking to the employer are significant. Direct costs to the employer include health care costs associated with smoking. Indirect costs include lost productivity, absenteeism, and recruitment and retraining costs resulting from death and disability related to smoking. Following is a list of some of the factors that contribute to smokers costing employers more than nonsmokers.²¹

- Absenteeism
- Health insurance and life insurance costs and claims
- Worker's compensation payments and occupational health awards
- Accidents and fires (plus related insurance costs)
- Property damage (plus related insurance costs)
- Smoke pollution (increased cleaning and maintenance costs)
- Illness and discomfort among nonsmokers exposed to passive smoke

The cost to employers of employees who smoke is not a simple number; many factors and variables need to be consid-

ered. However, the most frequently cited estimate for the excess cost (adjusted to 1991 dollars) is \$1,300 per year per smoking employee.²¹

Other costs arise from ETS. Historically, smoking restrictions were implemented to prevent fires and explosions in the workplace. These rules were established to protect products, machinery, and furniture rather than to protect the health of employees. Today, employers who implement smokefree policies for their offices can save money for the same reason because computer equipment, furniture, and carpets last longer in a smoke-free environment and require less maintenance.²²

Regardless of the size of your company, implementing smokefree policies and providing support to help employees and covered dependents to quit smoking makes good business sense.

Liability

As early as 1972, the Surgeon General warned that cigarette smoking was dangerous to nonsmokers.²³ Since then, court rulings and state, county, and city statutes and regulations have provided protection for the nonsmoker. In March 1994, the Occupational Safety and Health Administration of the U.S. Department of Labor issued proposed national regulations to govern indoor

air quality, including ETS. In workplaces where smoking is not prohibited, the proposed rule calls for designated smoking areas that are enclosed and exhausted directly to the outside. The regulations have not been finalized as of September 1996. Many states and municipalities have enacted legislation restricting smoking in public, and some have moved to restrict smoking at the worksite. As of June 1995, 47 states had restricted smoking at some level in workplaces or public places, and 21 states regulated smoking in private worksites.²⁴ More than 800 local ordinances exist that impose restrictions on tobacco use.²⁵

Because no one has the right to impose a health risk on others and because an employer has a common-law responsibility to provide a safe and healthful workplace,²⁶ liability is a significant issue for employers. Because ETS has been classified as a Group A (known human) carcinogen, it would be difficult to argue that an employer who has not reduced ETS to the lowest possible levels has provided a safe workplace.

Recent examples show the validity of liability concerns. In December of 1995, a widower of a Veterans Affairs hospital nurse was awarded death benefits on the grounds that his wife's fatal lung cancer was caused by exposure to secondhand smoke while treating

ETS contains about 4,000 chemical compounds, including formaldehyde, cyanide, carbon monoxide, ammonia, nicotine, and cancer-causing agents such as benzene and N-nitrosamines.³

FIGURE 1-3. ONE-YEAR COSTS OF SMOKING-ATTRIBUTABLE MEDICAL CARE (1993)³¹

Type of Cost	Amount (\$ billion)
Hospital expenditures	26.9
Physician expenditures	15.5
Nursing home expenditures	4.9
Prescription drugs	1.8
Home health care expenditures	0.9
Total	50.0

Eliminating ETS in 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 the bottom line for companies. While premature death among smokers may offset the increased health care costs with savings in pension benefits, all responsible employers want their employees to live full and productive lives, before and during retirement.

patients.²⁷ In January 1996, a Florida state appeals court ruled that airline flight attendants could proceed with a national class-action lawsuit against cigarette manufacturers for their responsibility in causing health problems related to exposure to secondhand smoke.²⁸

Costs to Individuals and to Society

The cost savings associated with a heart attack that is prevented or with the delayed onset of cancer are often difficult to calculate. Yet, reducing the prevalence of smoking behavior in a worksite can save money, not only for the employer but also for individuals and society as a whole. Individual costs in time, health, and money arise because smokers tend to

- have more hospital admissions,
- take longer to recover from illness and injury,

- have higher outpatient health care costs,^{29,30} and
- have lower birth weight babies.¹⁶

A 1994 report from the Centers for Disease Control and Prevention (CDC) estimated that the cost of smoking for direct medical care was \$50 billion for 1993 (Figure 1-3).³¹ Indirect costs of smoking to society, such as lost productivity from increased absenteeism and productive years of lives lost, also are enormous. For 1990, the Congressional Office of Technology Assessment estimated that indirect costs from smoking-attributable illness and death totaled \$47.2 billion.³²

ETS is dangerous to employees and costly for employers. To protect all employees from the health hazards associated with ETS exposure, companies should restrict smoking in the workplace. In addition, companies should offer assistance to employees and dependents interested in stopping smoking.

This chapter has described the consequences of tobacco use and ETS exposure. Chapter Two discusses the benefits of a smokefree workplace.

References

1. McGinnis JM, Foegen WH. Actual causes of death in the United States. *Journal of the American Medical Association* 1993;270:2207-2212.
2. Centers for Disease Control and Prevention. Cigarette-attributable mortality and years of potential life lost—United States, 1990. *Morbidity and Mortality Weekly Report* 1993;42:645-649.
3. U.S. Environmental Protection Agency. *Respiratory health effects of passive smoking: Lung cancer and other disorders. The report of the Environmental Protection Agency.* U.S. Environmental Protection Agency, Office of Research and Development, 1993. (EPA/600/6-90/006F)
4. Steenland K, Thun M, Lally C, Heath C. Environmental tobacco smoke and coronary heart disease in the American Cancer Society CPS-II cohort. *Circulation* 1996;94:622-628.
5. 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, 1985. (DHHS Publication No. (PHS) 85-50207)
6. U.S. Department of Health, Education, and Welfare. *Smoking and health. A report of the Surgeon General.* U.S. Department of Health, Education, and Welfare, Public Health Service, Office on Smoking and Health, 1979. (DHEW Publication No. (PHS) 79-50066)
7. U.S. Department of Health and Human Services. *The health consequences of involuntary smoking: A report of the Surgeon General.* U.S. Department of Health and Human Services, Public Health Service, Centers for Disease Control, Office on Smoking and Health, 1986. (DHHS Publication No. (CDC) 87-8398).
8. National Research Council. *Environmental tobacco smoke: Measuring exposures and assessing health effects.* Washington, DC: National Academy Press, 1986.
9. U.S. Department of Health and Human Services. *NIOSH Current Intelligence Bulletin 54: Environmental tobacco smoke in the workplace, lung cancer and other health effects.* U.S. Department of Health and Human Services, Public Health Service, Centers for Disease Control and Prevention, National Institute for Occupational Safety and Health, 1991. (DHHS Publication No. (NIOSH) 91-108)
10. Steenland K. Passive smoking and the risk of heart disease. *Journal of the American Medical Association* 1992;267:94-99.

11. Glantz SA, Parmley WW. Passive smoking and heart disease: Epidemiology, physiology, and biochemistry. *Circulation* 1991;83:1-12.
12. Taylor AE, Johnson DC, Kazemi H. Environmental tobacco smoke and cardiovascular health. A position paper from the Council on Cardiopulmonary and Critical Care, American Heart Association. *Circulation* 1992;86:699-702.
13. Pirkle JL, Flegal KM, Bernert JT, et al. Exposure of the US population to environmental tobacco smoke: The third National Health and Nutrition Examination Survey, 1988-1991. *Journal of the American Medical Association* 1996;275:1233-1240.
14. U.S. Department of Health and Human Services. *The health consequences of smoking: Nicotine addiction. A report of the Surgeon General.* U.S. Department of Health and Human Services, Public Health Service, Centers for Disease Control, Office on Smoking and Health, 1988.
15. U.S. Department of Health and Human Services. *Reducing the health consequences of smoking: 25 years of progress. A report of the Surgeon General.* U.S. Department of Health and Human Services, Public Health Service, Centers for Disease Control, Office on Smoking and Health, 1989. (DHHS Publication No. (CDC) 89-8411)
16. U.S. Department of Health and Human Services. *The health benefits of smoking cessation: A report of the Surgeon General.* U.S. Department of Health and Human Services, Public Health Service, Centers for Disease Control, Office on Smoking and Health, 1990. (DHHS Publication No. (CDC) 90-8416)
17. Orleans CT, Seade J. *Nicotine addiction: Principles and management.* New York: Oxford University Press, 1993.
18. Schoendorf KC, Kiely JL. Relationship of sudden infant death syndrome to maternal smoking during and after pregnancy. *Pediatrics* 1992;90:905-908.
19. Blair PS, Fleming PJ, Bensley D, et al. Smoking and the sudden infant death syndrome: Results from 1993-5 case-control study for confidential inquiry into stillbirths and deaths in infancy. *British Medical Journal* 1996;313:195-198.
20. Klonoff-Cohen HS, Edelstein SL, Lefkowitz ES. The effect of passive smoking and tobacco exposure through breast milk on sudden infant death syndrome. *Journal of the American Medical Association* 1995;273:795-798.
21. Kristein M. How much can business expect to profit from smoking cessation? *Preventive Medicine* 1983;12:358-381. [Adjusted by the author via personal communication.]

22. U.S. Department of Health and Human Services. *A decision maker's guide to reducing smoking at the work-site*. U.S. Department of Health and Human Services, Public Health Service, Office of Disease Prevention and Health Promotion and Office on Smoking and Health, 1985.
23. U.S. Department of Health, Education, and Welfare. *The health consequences of smoking. A report of the Surgeon General*. U.S. Department of Health, Education, and Welfare, Public Health Service, Health Services and Mental Health Administration, 1972. (DHEW Publication No. (HSM) 14)
24. Centers for Disease Control and Prevention. State laws on tobacco control—United States, 1995. *Morbidity and Mortality Weekly Report* 1995;44(No. SS-6).
25. Americans for Nonsmokers' Rights, unpublished data.
26. Eriksen MP. Workplace smoking control: Rationale and approaches. *Advances in Health Education and Promotion* 1986;1:65–108.
27. Geyelin M. Widower wins death benefits in case over second-hand smoke in workplace. *Wall Street Journal*, December 13, 1995, p. B6.
28. Collins G. Court clears way for flight attendants to sue tobacco companies on secondhand smoke. *New York Times*, January 5, 1996, p. 10.
29. Penner M, Penner S. Excess insured health care costs from tobacco-using employees in a large group plan. *Journal of Occupational Medicine* 1990;32:521–523.
30. Smith JB, Fenshe NA. Cutaneous manifestations and consequences of smoking. *Journal of the American Academy of Dermatology* 1996;34:717–732.
31. Centers for Disease Control and Prevention. Medical-care expenditures attributable to cigarette smoking—United States, 1993. *Morbidity and Mortality Weekly Report* 1994;43:469–472.
32. Office of Technology Assessment, United States Congress. Released in testimony to the Senate Special Committee on Aging, May 6, 1993: Smoking related deaths and financial costs: Office of Technology Assessment estimates for 1990.

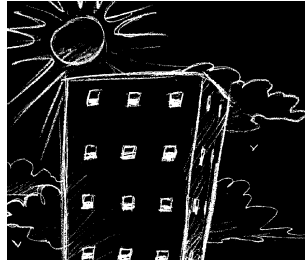
Perko, M.A., Eddy, J.M., and Kahler, H. (1996). Making Your Workplace Smoke Free: A Decision Maker's Guide. Written for the Office on Smoking and Health. Centers for Disease Control and Prevention, U.S. Department of Health and Human Services. Made available courtesy of the U.S. Department of Health & Human Services: <http://www.hhs.gov/>

C h a p t e r **2**



B E N E F I T S O F **A S M O K E F R E E** **W O R K P L A C E**

The primary benefit of a smokefree environment is the protection of all employees from the health risks of ETS.



A ccording to the National Cancer Institute, most employees are nonsmokers, almost half of employees currently work in environments where smoking is prohibited in their work area or in public (shared) areas of their work site, and more than 80% work for companies that have an ETS policy.¹ Clearly, employers are addressing how to deal with smoking in the workplace. Figure 2-1 lists some of the many benefits for both employees and employers that accrue from a smokefree workplace.

Support for Workplace Policies

Comprehensive smoking policies, including facility-wide smokefree policies, are not new. However, smokefree policies have received a significant boost over the last 10 years as evidence of the risks associated with exposure to ETS has mounted and the public has become

more aware of these risks. According to Gallup surveys, Americans know about the risks posed by ETS and favor efforts to reduce exposure to it. In 1992, 97% of nonsmokers and 79% of current smokers agreed that exposure to ETS is harmful to healthy adults.³ The percentage of Americans who favor some type of restriction on workplace smoking increased from 81% in 1983 to 94% in 1992.³

Employers have responded by implementing smokefree policies. A 1992 survey showed that 59% of private employers had either smokefree facility policies or permitted smoking only in separately ventilated smoking areas.⁴ A smaller 1994 survey of employers with up to 25,000 employees found that 54% of companies had implemented smokefree policies and that only 7% had no smoking policy at all.⁵

Employee Morale

An employer sends a clear message to employees and the community with a smokefree policy: We care about the health and safety of our employees. Scientific evidence proving that significant health risks are associated with ETS exposure supports employers against any claims of “harassing” employees or visitors who smoke. The employer’s concern for the health of employees is especially clear in the case of employees who have conditions that make them vulner-

able to ETS, including employees who are pregnant or who have heart disease or allergies to tobacco smoke.

Support for employees who smoke goes hand in hand with policies that restrict smoking in the workplace. Helping employees who want to quit sends a straightforward message—the company cares about all employees, including smokers. More information about the kinds of support you may want to provide smokers is in Chapter Four.

Productivity and Medical Costs

A smokefree workplace can enhance productivity in two ways: by reducing the effects of ETS on nonsmokers and by reducing excess smoking-related absenteeism among smokers who are motivated to quit as a result of the smokefree policy. For small businesses especially, which have employees who handle a variety of tasks, productivity can be greatly increased by reduced absenteeism.

A smoker who quits smoking could save employers an estimated \$960 in excess illness costs each year.⁶ Persons who quit smoking before age 65 were estimated to save from 40% to 67% of the lifetime excess medical costs of persons who continue to smoke.⁷

FIGURE 2-1. BENEFITS OF A SMOKEFREE WORKPLACE²

For the employees

- A smokefree environment helps create a safe, healthful workplace.
- A well planned and carefully implemented effort by the employer to address the effects of smoking on employees' health and the health of their families shows the company cares.
- Workers who are bothered by smoke will not be exposed to it at the worksite.
- Smokers appreciate a clear company policy about smoking at work.
- Managers are relieved when a process for dealing with smoking in the workplace is clearly defined.

For the employer

- A smokefree environment helps create a safe, healthful workplace.
- Direct health care costs to the company may be reduced.
- Maintenance costs go down when smoke, matches, and cigarette butts are eliminated in facilities.
- Office equipment, carpets, and furniture last longer.
- It may be possible to negotiate lower health, life, and disability coverage as employee smoking is reduced.
- The risk of fires is lower.

Corporate Image

Corporate image is important for many businesses. With nonsmokers accounting for about 75% of adult American consumers of goods and services, it is easy to see why many companies and organizations implement smokefree sites to influence consumers' opinions of the company. For example, to demonstrate

its commitment to providing a pleasant and safe dining environment, in 1994 McDonald's implemented smokefree environments in its 1,400 corporate-owned restaurants. Another service industry, Delta Airlines, banned smoking on all flights beginning January 1, 1995. See Appendix C for examples of organizations that have gone smokefree.

Such actions can improve a 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 smokefree, employers who have not instituted smokefree policies need to consider complying with community standards and expectations.

This chapter has described the benefits of developing and implementing comprehensive smoking policies—especially a smokefree policy. Chapter Three provides information to help you determine the best policy for your worksite.

References

1. National Cancer Institute. Tobacco Use Supplement to the 1993 Current Population Survey, unpublished data. [Please note that these data refer to U.S. workers 20 years of age or older who worked outside their home, did not do work outdoors, were not self-employed, and who did not travel to different buildings or worksites.]
2. U.S. Department of Health and Human Services. *A decision maker's guide to reducing smoking at the worksite*. U.S. Department of Health and Human Services, Public Health Service, Office of Disease Prevention and Health Promotion and Office on Smoking and Health, 1985.
3. The Gallup Organization, Inc. *Survey of the public's attitudes toward smoking*. Princeton, NJ: The Gallup Organization, Inc., 1992.
4. U.S. Department of Health and Human Services. *1992 Survey of worksite health promotion activities*. U.S. Department of Health and Human Services, Public Health Service, Office of Disease Prevention and Health Promotion, 1992. (DHHS Publication No. 93-500023)
5. Smokers International. *1994/95 Report on smoking and the workplace*. Phoenix, AZ: Smokers International, 1994.
6. Fisher KJ, Glasgow RE, Terborg JR. Worksite smoking cessation: A meta-analysis of long term quit rates from controlled studies. *Journal of Occupational Medicine* 1993;32:429-439.
7. Oster G, Colditz GA, Kelly NL. The economic costs of smoking and benefits of quitting for individual smokers. *Preventive Medicine* 1984;13:377-389.

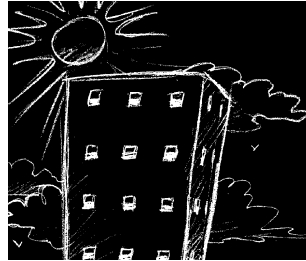
Perko, M.A., Eddy, J.M., and Kahler, H. (1996). Making Your Workplace Smoke Free: A Decision Maker's Guide. Written for the Office on Smoking and Health. Centers for Disease Control and Prevention, U.S. Department of Health and Human Services. Made available courtesy of the U.S. Department of Health & Human Services: <http://www.hhs.gov/>

C h a p t e r **3**



A
DECISION
MAKER'S
GUIDE TO
CHOOSING A
WORKPLACE
POLICY

The Surgeon General has reported that the simple separation of smokers and nonsmokers within the same airspace may reduce, but does not eliminate, the exposure of nonsmokers to ETS.¹



While many possible smoking policies exist, only two are viable in today's social and scientific environment:

(1) Smokefree

Smokefree environment in company facilities and vehicles; can be extended to include the property or grounds of the employer.

(2) Separately ventilated areas

Smoking limited to separately ventilated smoking rooms.

Table 3-1 compares the two types of smoking policies. When deciding which to select, consider any relevant laws and ordinances as well as the consequences of the policies. For example, health care costs are not likely to be affected by policies that allow employees to smoke in separately ventilated areas. A 1995 study found that separately ventilated smoking rooms might increase the lung

cancer mortality of smokers whereas a smokefree policy could decrease lung cancer mortality among smokers.²

Cost savings may not result unless the company implements a comprehensive ETS policy and provides cessation activities that result in a reduction in smoking among employees and covered dependents. You need to decide what benefits are most important for your company, keeping in mind that protecting the health of both smokers and nonsmokers requires a smokefree workplace.

According to one study, in workplaces where smoking is allowed, 59% of nonsmokers reported that exposure to ETS caused them discomfort.³ A recent study demonstrated the clear relationship between the level of a smokefree policy and the actual exposure of nonsmokers to hazardous components of ETS: the more comprehensive the policy, the lower the exposure.⁴

It's Your Decision

Some questions to consider in making your decision include the following:

- Given the employees' interests, health, and work environment, what policy will provide them the most protection?

TABLE 3-1. SMOKING POLICIES: 100% SMOKEFREE AND SEPARATELY VENTILATED AREAS

Policy	Pros	Cons
<p>Smokefree <i>Smoking is not allowed inside any building or company vehicle. Smoking occurs only at designated outdoor smoking locations. Policy can be extended to prohibit smoking on company grounds. Then, employees who smoke will need to refrain from smoking throughout the workday or leave company grounds to smoke.</i></p>	<ul style="list-style-type: none"> • Complies with all laws and ordinances • Greatly reduces ETS exposure for all employees • Provides best health and safety benefits for employees • May reduce the number of cigarettes smoked by employees; may encourage employees to quit smoking • Decreases maintenance costs • Sends a clear message to employees • Easier to administer and enforce • Low cost to implement 	<ul style="list-style-type: none"> • Requires smokers to modify their behavior • Some costs may be incurred if outside smoking shelters are constructed • Employee smoking directly outside building impacts image • Inconvenience to employees who smoke • If not properly managed, smokers may be disproportionately absent from their work stations
<p>Separately Ventilated Areas <i>Smoking is allowed only in dedicated smoking rooms. The rooms have separate ventilation systems designed to prevent ETS from leaking into other areas of the building.</i></p>	<ul style="list-style-type: none"> • Complies with most laws and ordinances • Reduces nonsmokers' exposure to ETS • Allows smokers to stay indoors 	<ul style="list-style-type: none"> • May have adverse effects on smokers' health • Building and maintaining separately ventilated lounges is expensive • Requires space • Ventilation systems may not adequately protect nonsmokers from ETS exposure

- What policy will offer the greatest benefits to the company at the lowest cost?
- What policy will management find most supportable?
- What community ordinances exist governing smoking in public places or workplaces?
- What are the customers' or the community's expectations regarding ETS, given the policies in other similar workplaces and public sentiments regarding ETS?

There are a number of ways to gather information to answer these questions and to support your decision about the most appropriate smoking policy.

Chapter Five offers a step-by-step guide to gathering information and determining what policy option to choose.

Model Smokefree Policy and Procedure

The model policy in Table 3-2 is a starting point for companies that do not have a smoking policy. It can be modified to suit your needs. Note that you

TABLE 3-2. MODEL SMOKEFREE POLICY

Policy

Due to the acknowledged hazards arising from exposure to environmental tobacco smoke, it shall be the policy of _____ to provide a smokefree environment for all employees and visitors. This policy covers the smoking of any tobacco product and the use of smokeless or "spit" tobacco and applies to both employees and nonemployee visitors of _____.

Definition

1. There will be no smoking of tobacco products within the facilities at any time.

The decision to provide or not provide designated smoking areas outside the building will be at the discretion of management or other decision-making body.

The designated smoking area will be located at least 20 feet from the main entrance.

All materials used for smoking, including cigarette butts and matches, will be extinguished and disposed of in appropriate containers. Supervisors will ensure periodic cleanup of the designated smoking area. If the designated smoking area is not properly maintained (for example, if cigarette butts are found on the ground), it can be eliminated at the discretion of management or other decision-making body.

[For a policy that extends smokefree to include company property, substitute the following: There will be no smoking of tobacco products within the facilities or on the property of _____ at any time.]

2. There will be no smoking in any _____ vehicle.

There will be no smoking in _____ vehicles at any time.

There will be no tobacco use in personal vehicles when transporting persons on _____-authorized business.

3. Breaks

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

Procedure

1. Employees will be informed of this policy through signs posted in _____ facilities and vehicles, the policy manual, and 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 _____ will assist employees who wish to quit smoking by facilitating access to recommended smoking cessation programs and materials.
4. Any violations of this policy will be handled through the standard disciplinary procedure.

can address issues regarding smokeless or “spit” tobacco in the same policy.

Although ETS is not an issue with smokeless tobacco, aesthetic and health issues do pertain to smokeless tobacco, and it may make sense to include all tobacco products in a single policy.

Deciding which policy to implement is only half of the decision; the other half is deciding what type of support to offer the smokers who will be affected by the change. The next chapter will provide you with useful information to choose support for the employees who smoke.

References

1. U.S. Department of Health and Human Services. *The health consequences of involuntary smoking: A report of the Surgeon General*. U.S. Department of Health and Human Services, Public Health Service, Centers for Disease Control, Office on Smoking and Health, 1986. (DHHS Publication No. (CDC) 87-8398)
2. Siegel M, Husten C, Merritt RK, et al. Effects of separately ventilated smoking lounges on the health of smokers: Is this an appropriate public health policy? *Tobacco Control* 1995;4:22–29.
3. Centers for Disease Control and Prevention. Discomfort from environmental tobacco smoke among employees at worksites with minimal smoking restrictions—United States, 1988. *Morbidity and Mortality Weekly Report* 1992;41:351–354.
4. Hammond SK, Sorensen G, Youngstrom R, Ockene JK. Occupational exposure to environmental tobacco smoke. *Journal of the American Medical Association* 1995;274:956–960.

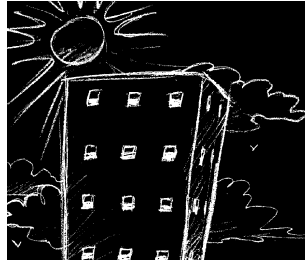
Perko, M.A., Eddy, J.M., and Kahler, H. (1996). Making Your Workplace Smoke Free: A Decision Maker's Guide. Written for the Office on Smoking and Health. Centers for Disease Control and Prevention, U.S. Department of Health and Human Services. Made available courtesy of the U.S. Department of Health & Human Services: <http://www.hhs.gov/>

C h a p t e r **4**



S U P P O R T
F O R
E M P L O Y E E S
W H O
S M O K E

Of current smokers, an estimated 32 million smokers (about 70% of all smokers) report they want to quit smoking completely.¹



What We Know About Nicotine⁴:

1. Cigarettes and other forms of tobacco are addicting.

2. Nicotine is the drug in tobacco that causes addiction.

3. The pharmacologic and behavioral processes that determine tobacco addiction are similar to those that determine addiction to drugs such as heroin and cocaine.

The effect of implementing a smokefree policy will be most immediate for employees who smoke. You can help them adjust to changes introduced by your smoking policy.

- Inform employees in advance that a new policy is being developed.
- After the policy is implemented, let smokers know that you appreciate their efforts to comply with the policy.
- Offer smoking cessation assistance.
- Ask nonsmoking employees to support and encourage smokers.
- Plan for continuing support of smokers who want to quit.

Providing cessation support is important because a new policy may encourage smokers to try to quit smoking. At a

minimum, smoking policies tend to result in a reduction in the number of cigarettes smoked.²

The Goal : A Smokefree Workplace, Not Stigmatizing Employees Who Smoke

The goal of a smokefree policy is to provide a safe and healthful workplace for all employees. Unfortunately, the simple message of “smokefree” can sometimes be misinterpreted to mean “smoker-free” or “anti-smoker.” Communication is important to allay any misconceptions. Also, a company can demonstrate its commitment to employees who smoke by offering help: Cessation support may help employees quit successfully and reassures smokers that the company is not trying to stigmatize them.

Nicotine Addiction

With over three decades of research documenting evidence that quitting smoking can increase life expectancy through avoiding disease, why don't smokers quit? Usually, because they are addicted to nicotine.³ When nicotine is withheld, withdrawal symptoms can occur in less than 24 hours. Craving for nicotine, anxiety, frustration, irritability, anger, loss of concentration, increased heart rate, fatigue, light-headedness, and

tightness in the chest have all been related to nicotine withdrawal. Although many symptoms disappear within one to three weeks, the craving and physical urge to smoke can remain for months and even years.⁴

Immediate Benefits of Quitting Smoking

Despite the physical discomforts that may accompany cessation, benefits accrue almost immediately. These benefits include the following⁵:

- Carbon monoxide level in blood declines within eight hours.
- Sense of taste and smell quickly improves.
- Oral health improves (cessation helps to prevent or stabilize dental disease and eliminates “smoker’s breath”).
- Stamina and vigor improve as a result of increased oxygen in the system and improved circulation.
- Enhanced self-image is brought on by a sense of accomplishment.
- Acute effects of nicotine on pulse rate, blood pressure, and body temperature are eliminated within 20 minutes of the last cigarette.

Smoking Cessation and the Workplace

The workplace is an ideal environment in which to encourage smokers to quit. Employees spend so much time at work that smokefree policies can provide the incentive they need to succeed.

However, quitting is not easy for most smokers. In fact, many smokers try to quit repeatedly before they succeed; others may go through longer term “cycles” of not smoking and then smoking again. Although more than 90% of smokers who quit “for good” do so without a structured smoking cessation program, they may have gained valuable practice in how to quit through previous experience with formal methods, such as those offered at the workplace.

Smoking cessation support at worksites ideally includes a variety of methods and materials to meet the diverse needs of employees who smoke. Although 70% of smokers indicate that they would like to quit smoking,¹ 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. Smokers vary in their readiness to quit. Some may have quit and need support to stay away from cigarettes, some may be ready to try to quit, and others may still be just thinking about it. Still others may not

Smokers quit smoking using many different methods. Smoking cessation support should include a variety of methods and materials to meet the diverse needs of your employees who smoke.

be ready even to contemplate a cessation attempt. Thus, it is important to consider providing both different types of support and ongoing support (not just when a new policy is announced).

Types of Support for Employees Who Smoke

A number of choices are available. Voluntary agencies, health departments, and national organizations have developed self-help materials (such as booklets, audiotapes, and videotapes) and group behavior-modification programs (either on-site or in a community setting). In some communities they also sponsor presentations and health fairs at worksites. These resources are listed in Appendix A.

Employees who smoke can be offered a variety of assistance, from comprehensive programs to more limited referrals. Table 4-1 lists some of these types of programs. To tailor a program to fit your company, you can mix and match from these options.

Match Support to Employee Needs

One way to decide what kinds of support to offer is to look at the options most helpful for smokers at different stages of readiness to quit, then make sure there is at least one supportive option available for each type of smoker.

New Ex-Smokers

When smokers quit smoking, they may face physical discomfort, weight gain, and stress. The following steps help minimize these obstacles.

- A smokefree work environment may help these ex-smokers by eliminating cues to smoke (e.g., seeing others smoke, ash trays).
- Nicotine replacement therapy reduces withdrawal symptoms.
- Most smoking cessation programs (self-help or formal) include nutritional information and exercise to help manage weight.
- Most cessation programs include stress management techniques such as relaxation training, positive imagery, and deep breathing to decrease the anxiety that surrounds quitting smoking.

TABLE 4-1. OPTIONS TO SUPPORT EMPLOYEES WHO SMOKE

Level of Support	Pros	Cons
<p>Comprehensive</p> <ul style="list-style-type: none"> • Offer and pay for smoking cessation programs for smoking employees and covered dependents • Provide communication to all employees about changes in smoking policies and support to be offered 	<ul style="list-style-type: none"> • May enhance health status of employees • May help contain health care costs • Allows employer to assess impact of smoking program • More likely to yield changes in smoking behavior • Demonstrates employer's commitment to helping employees who smoke 	<ul style="list-style-type: none"> • More expensive than other options • Requires a significant effort by the employer
<p>Facilitation</p> <ul style="list-style-type: none"> • Work with health care providers (insurers and Health Maintenance Organizations) to provide smoking cessation to employees • Provide self-help cessation materials • Provide communication to all employees about changes in smoking policies and support to be offered 	<ul style="list-style-type: none"> • May enhance health status of employees • Takes advantage of existing resources • Does not require continuing effort or monitoring by employer 	<ul style="list-style-type: none"> • Requires significant start-up effort • Health care providers may be unwilling to provide support
<p>Referral</p> <ul style="list-style-type: none"> • Provide employees with information on community smoking cessation programs • Provide self-help cessation materials • Provide communication to all employees about changes in smoking policies and support to be offered 	<ul style="list-style-type: none"> • Takes advantage of existing resources • Less expensive than comprehensive support • Easier to implement than comprehensive support or facilitation 	<ul style="list-style-type: none"> • Less effect on smoking behavior and health care costs

- Social support options include periodic aftercare sessions offered by formal programs, 1-800 numbers, and supportive messages from the company's management.

Many of the people who quit smoking relapse: effective cessation programs (formal or self-help) also should provide

employees with knowledge and skills to help prevent a return to smoking.

Employees Who Are Thinking about Quitting and Those Who Want Help to Quit

Employers can support employees who want to quit by offering (or offering

referral to) a variety of kinds of help, including self-help programs, formal cessation programs, counseling from a health care provider, and pharmacological aides. Incentive programs also support smokers' attempts to quit.

Employees Who Are Not Thinking about Quitting

Communication may help smokers who are not thinking about quitting consider the benefits of quitting. Options include

- providing information through occupational health staff,
- encouraging use of 1-800 number health information lines (1-800-4-CANCER, for example),
- placing articles in company newsletters on the benefits of cessation,
- showing posters and billboards that encourage quit attempts,
- offering health risk appraisals or other health assessments,
- participating in national and international campaigns such as the Great American Smokeout (the Thursday before Thanksgiving), National Employee Health and Fitness Day (the third Wednesday in May), Freedom from Smoking Day

(July 5), and World No-Tobacco Day (May 31), and

- offering incentives to quit.

Social support also can encourage smokers to consider quitting. Such support includes the development of environments in both the worksite and the home that support not smoking. Companies should consider offering and paying for smoking cessation programs for both employees and dependents as a means to foster social support.

Cessation Support Options

Many types of cessation support are available in most communities. Some options are described here. Businesses that do not employ enough smokers to warrant on-site cessation activities can turn to existing community resources.

Self-Help Programs

Self-help programs are attractive to many smokers because they offer privacy and flexibility. Good self-help materials should provide employees with information to

- understand their smoking patterns,
- set quit dates,

- identify and resist smoking cues,
- explore alternatives to smoking,
- control weight gain,
- manage stress, and
- prevent relapse to smoking.

Many self-help materials (e.g., booklets, videotapes, and quit kits) are appropriate for worksites. Voluntary health agencies such as the American Cancer Society and the American Lung Association offer excellent self-help materials. Appendix A provides a listing of some of the many resources available. Review a variety of materials to decide which are most appropriate for your employees.

Smoking Cessation Group Programs

Although most smokers quit without formal assistance, some employees need the guidance and support provided by structured programs. Members of a group often provide support and counsel one another. Smoking cessation programs can be contracted to outside providers, or employees can be given a list of programs in the community. You should carefully screen providers before contracting for their services or referring employees. Figure 4-1 provides a checklist for screening such services.

FIGURE 4-1. CHECKLIST: ASSESSING A GROUP CESSATION PROGRAM

1. How long has the organization been in existence? How long has it been providing smoking cessation programs?
2. How many people have gone through the program?
3. Will the approach be appropriate for the employees?
 - a. What methods are used to help smokers quit?
 - b. How is maintaining abstinence from smoking addressed?
 - c. What resources are provided to help promote the program among company employees and stimulate participation?
4. Have others been satisfied with the program?
 - a. Will they provide a list of clients, specifically other employers?
 - b. Will they provide references so you can check for satisfaction and success rates?
5. What are the qualifications of the instructors? What training have they received? What is their cessation counseling experience?
6. Are printed materials appropriate for the educational level of the employees? Are they attractive and motivational?
7. Will the structure of the program accommodate the needs of the employees? Can they
 - a. accommodate all shifts?
 - b. provide on-site and off-site programs?
 - c. structure flexible program formats?
 - d. provide audio or visual equipment?
8. Is the program provider willing to provide ongoing assistance and follow-up once the formal program ends?
9. Does the program incorporate participants' support systems? For example, peers and family members?
10. Does the program offer any form of guarantee? For example, can employees repeat the program for free or at a lower cost?
11. Can the program provider provide evidence of six-month and one-year success rates of previous clients? (A range of 20–40% is realistic.) Remember: if it sounds too good to be true, it probably is.
12. How much does the program cost per employee? Are group discounts available?

Pharmacological Aids

One important reason why it may be difficult for smokers to quit is nicotine addiction. Some smokers find it helpful to use pharmacological aids such as nicotine gum or the nicotine transdermal patch to help overcome their addiction. Nicotine gum releases the nicotine into the mouth, and the nicotine patch is applied directly to the skin, where it releases a continuous flow of nicotine into the bloodstream.

Nicotine replacement has been found to significantly increase the chances of successful cessation for smokers.⁶ In the spring of 1996, the Food and Drug Administration (FDA) approved the nicotine gum to be marketed as an over-the-counter product, so smokers can now purchase it without a physician's prescription. As of September 1996, the FDA approved two nicotine patches for over-the-counter sale.

Check the company's health plan regarding coverage of nicotine replacement products. Often, if the products are not available through a health plan, employers provide nicotine replacement products directly as a self-funded benefit or will reimburse employees who use the products in an effort to quit smoking.

Incentives

Incentives are most effective in increasing interest in quitting. Even small rewards or recognition, such as in a company newsletter, can help smokers succeed at cessation by providing a concrete goal. Incentives

- give employees a positive focus,
- reinforce motivation,
- encourage cessation program participation, and
- reinforce employees' not smoking.

Advantages of incentives are numerous. Incentives

- are easy to set up and operate,
- are very flexible and adaptable,
- can have significant behavioral impact,
- can be designed for different departments and different levels, and
- can be linked to organizational goals and objectives.

Some disadvantages of incentives also exist. For example,

- determining the best reward may be difficult,
- employers can be outwitted by employees ("false" cessation), and
- nonsmokers might feel slighted.
- How strongly does the company want to support employees who smoke?
- What resources are available in the company, community, and elsewhere?
- How do the employees who smoke feel about pending policies? What kind of support would they like? What kind of support do they expect? How many might be interested in taking advantage of what the company offers?

The advantages and disadvantages of incentives highlight the need to carefully plan and implement incentive programs.

Deciding What Types of Support to Offer

Each company must decide what type of support fits the work situation best. Questions to ask to help decide include the following:

Chapters Three and Four described different kinds of policies and supportive activities from which companies may choose. The next chapter provides a step-by-step guide to planning your policies and activities and making them work.

References

1. Centers for Disease Control and Prevention. Cigarette smoking among adults—United States, 1994. *Mortality and Morbidity Weekly Report* 1996;45:588–590.
2. Sorensen G, Lando H, Pechacek TF. Promoting smoking cessation at the workplace. *Journal of Occupational Medicine* 1993;35:121–126.
3. U.S. Department of Health and Human Services. *The health consequences of smoking: Nicotine addiction. A report of the Surgeon General.* U.S. Department of Health and Human Services, Public Health Service, Centers for Disease Control, Office on Smoking and Health, 1988. (DHHS Publication No. (CDC) 88-8406)
4. Christen AG, Christen JA. Why is cigarette smoking so addictive? An overview of smoking as a chemical and process addiction. *Health Values: Health Behavior, Education and Promotion* 1994;18:17–24.
5. American Cancer Society. *Dangers of smoking, benefits of quitting, and relative risks of reduced exposure.* New York, NY: American Cancer Society, 1980.
6. U.S. Department of Health and Human Services. *Smoking Cessation: Clinical Practice Guideline No. 18.* Rockville, MD: U.S. Department of Health and Human Services, Public Health Service, Agency for Health Care Policy and Research, 1996. (AHCPR Publication No. 96-0692)

C h a p t e r **5**



S T E P - B Y - S T E P :

Y O U R

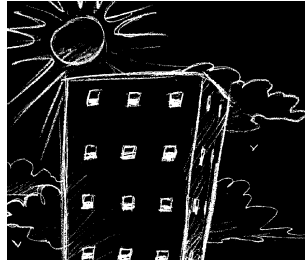
D E C I S I O N S

A N D H O W

T O M A K E

T H E M W O R K

"If you don't know where you are going . . . you might wind up someplace else." Yogi Berra



Gather information, and use this information to guide the development and implementation of the policy.

Although you are not putting the policy "to a vote," most workers do support smokefree policies. Allowing employees to express their opinion will facilitate and guide implementation of the policy.

More and more employers and employees in communities across the nation are working in smoke-free workplaces. Thoughtful planning and a sequenced introduction of a new policy can help ensure the success of your policy. The four steps described in this chapter (Figure 5-1) are based on the experiences of many successful worksite decision makers. Following these steps—with the modifications you make to fit your workplace situation—can smooth the transition to a healthier and safer workplace.

Assess the Current Situation

Your first step is to assess the current situation so you know where you are. Review your company's current policies, practices, and employee attitudes in regard to smoking policies. Ask the following questions:

- What are the restrictions on smoking, if any?
- Who is covered by the policy?
- When was the policy established, and why?
- What are the employees' attitudes about the current policy?
- Do employees comply with the policy?
- Who is satisfied or dissatisfied? Why?

Use the checklist (Figure 5-2) to help assess the current situation. Also, review any state or local regulations on smoking in the workplace and get a sense of how other business in your area approach this issue.

FIGURE 5-1. STEPS TO EFFECTIVE WORKPLACE TOBACCO POLICIES

1. Assess the current situation
2. Decide on a new ETS policy and develop a plan to implement it
3. Communicate with employees and management
4. Announce and manage the policy

Gathering Information from Management and Employees

In addition to your observations about current policies and practices of your company and of other companies, consider the attitudes, beliefs, and behaviors of management and employees before developing new ETS policies and smoking cessation activities. Collect this information in the same way you normally pursue information, such as through meetings, work groups, task forces, or surveys. When forming either formal or informal working groups, consider the following:

- If possible, make sure the group is supported by both management and labor.
- Include representation from (if appropriate)
 - Human Resources,
 - Employee Benefits,
 - Facilities and Operations,
 - Labor Unions,
 - Safety and Health,
 - Corporate Medical,
 - Corporate Training, and
 - Corporate Communications.
- Include smokers, former smokers, and persons who have never smoked on the committee.

FIGURE 5-2. CURRENT SMOKING POLICIES AND PRACTICES

Our current smoking policy allows smokers, including employees and visitors to smoke

- 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: _____)

Smokers, including employees and visitors, currently smoke

- 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: _____)

- Select a group chairperson.
- Establish the mission and goals of the group.
- Communicate the purpose and membership to all employees and managers.

Management expectations often drive corporate policies and programs. It is important to know how senior management feels about certain issues before the plans for the ETS policy and supportive cessation activities are finalized. You may want to share information about the benefits of smokefree policies (see Chapter Two) with management. Find

out what management's opinions are on the following:

- What are the advantages and disadvantages of the company becoming an entirely smokefree facility or of offering separately ventilated areas?
- Should incentives be used to encourage employees not to smoke?
- Should the company offer smoking cessation programs? If so, who should pay for these programs?
- What are four characteristics of the company that will ease or support the modification of ETS policies and cessation activities?
- What are four obstacles within the company that need to be considered before the new ETS policies and cessation activities are implemented?

Working with Labor Unions

Working with labor unions can be an essential part of gathering information. Three major, relevant labor issues should be addressed:

- whether an employee has the right to smoke at the workplace,

- the relationship of smoking restrictions to collective bargaining, and
- whether a focus on ETS is perceived as a diversion from addressing other occupational hazards.

As discussed in Chapter One, no one has the right to impose a health risk on others, and because an employer has the common-law responsibility to provide a safe work environment, an employer has the right to restrict smoking on company premises and even refuse to hire someone because he or she would smoke on the job.¹ In union-represented work environments, however, the employer may be obligated to subject the policy to collective bargaining, depending on contract provisions. Employers should attempt to work collaboratively with unions rather than act independently to restrict smoking, because management and unions share a fundamental common goal: providing a safe and healthful working environment. Issues such as smoking breaks and provision of smoking cessation support may arise, but these can be addressed within the context of providing a smokefree workplace.

To address the concern that focus on ETS is shielding the issue of other occupational hazards, you should turn to the scientific evidence that ETS is a major workplace hazard and needs to be reduced to the lowest possible levels (Chapter One).

Specific questions to address regarding unions include the following:

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

Decide on a New ETS Policy and Develop a Plan to Implement It

Use the information you have gathered to help you decide which ETS policy you will implement. Compare the current situation with the options for workplace policies in Chapter Three. Use the model policy as a reference as well as the sample policies provided in Appendix B. You should also consider how to handle other tobacco products, such as spit tobacco or snuff, if these

FIGURE 5-3. ITEMS TO INCLUDE IN THE SMOKING POLICY

- Purpose for policy (harmful effects of ETS on health)
- A tie between the ETS policy and cessation support and the recognizable corporate values (e.g., performance or employees as an asset)
- Clear statement of where smoking is prohibited
- Clear statement of where smoking is permitted (if anywhere)
- Clear statement on enforcement and consequences of noncompliance
- Clear statement of support to be provided for employees who smoke (e.g., cessation assistance)
- Name and phone number of person who can answer questions about the policy.

products are used by the employees. It is reasonable and consistent to handle all tobacco products at the same time and in the same manner.

Figure 5-3 lists items that the company's policy should include. Circulate this policy to formal or informal working groups for suggestions and modifications to identify any potential problems (such as enforcement issues or choice of outside smoking areas) before you finalize it.

Next, plan how to make the transition smooth and the policy work. Figure 5-4 lists key principles of successfully implementing a smokefree policy. This implementation plan will guide the rest of your actions. You may want to tie significant events (such as the effective date of the policy) to existing events, such as the Great American Smokeout (November) or the season (if your smokers will need to go outside to comply,

FIGURE 5-4. KEY PRINCIPLES OF SUCCESSFUL SMOKEFREE POLICY IMPLEMENTATION²

- Focus on smoke, not the smoker.
- Focus on health and safety regarding ETS, not individual rights.
- Obtain management commitment and support. This support can be made visible to employees through the use of paycheck stuffers, posters, newsletters, and other company communication channels.
- 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 ETS and materials used in work processes.
- Allow four to six months from the time of the announcement to implementation, depending on the size of the organization and the magnitude of the change from the old to the new policy.
- 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 across job categories.
- Offer smoking cessation programs to all employees and their families before and after the policy change.
- Enforce the ETS policy just as any other policy would be. Provide training in enforcement for supervisors. Do not differentiate between smoking breaks and any other kind of breaks.
- Anticipate unintended effects (e.g., the concentration of smoke in designated areas).
- Continue to provide smoking cessation educational opportunities and programs after the policy has been implemented to support employees in their attempts to quit smoking and to prevent relapse.

- events that will be tied to the transition,
- supportive activities for smokers,
- role of contact person listed in policy,
- role(s) of work groups or task forces,
- sufficient time for acquiring appropriate signs to communicate the smokefree policy,
- mechanism for allowing employee feedback during the transition period, and
- time to negotiate and work with labor unions, if needed.

Communicate with Employees and Management

begin during a mild season). The plan should include

- when the policy will be announced (at least four months before the effective date; longer for very large organizations),
- when the policy will become effective,

Once you have composed your plan, you will need to inform your employees about the upcoming changes. Remember to consider the need to involve—or at least communicate with—management and labor unions (if present).

It is important that all employees understand the policy changes and the implications of these changes. Midlevel man-

agers or supervisors need to understand their responsibilities for implementing and enforcing the policies. You may want to hold meetings to familiarize them with their roles. These meetings can be useful in anticipating and preparing for potential problems, such as the abuse of break time or tension between smokers and nonsmokers. If there are questions about the new policies, it will be important for you to have answers. Figure 5-5 lists issues with suggested responses.

Announce and Manage the Policy

You are now ready to formally announce the policy to all employees and prepare for implementation. Suggested actions include the following:

- Announce the policy and cessation support by using your company's standard communication channels (examples include letters to employees and their families, paycheck stuffers, posters, and notices in employee newsletters). It is important to demonstrate that management fully supports the policy (e.g., the announcement should come from the chief executive officer or appropriate senior officer).

FIGURE 5-5. POSSIBLE ISSUES AND SAMPLE RESPONSES

Will there be a reduction in health care costs at the end of year one?

Clarify the difficulties in promising savings in health care costs within one year. If you accurately identify who is smoking before the new policy takes effect, a careful assessment of changes in smoking among employees at the end of year one can be used to calculate the potential cost benefit of the smokefree policy.

Does passive smoking really have any adverse health effects on nonsmokers?

Inform about the known health effects of ETS by using the scientifically referenced information in Chapter One. You may want to seek the support of your corporate medical director or a community health professional.

Should employees be allowed to take time away from their job to participate in smoking 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). Point out that over the long term, time off to attend smoking cessation programs will add up to less time than employees take to smoke.

Will a smokefree policy result in the loss of smoking employees?

Very few employees leave companies because of implementation of smoke-free policies: 3.5% of an extensive small business sample and 2% of another sample said employees left due to a smokefree policy.³

Will a smokefree policy be too difficult to enforce?

Enforcement procedures are almost never needed, because most policies are self-enforcing and compliance is very high.³ Compliance is high because both management and employees usually support the smokefree policy.

Will a smokefree policy alienate clients?

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

Won't a smokefree policy cost too much time and money to implement?

Experience and limited survey data⁴ have demonstrated that developing and implementing a smokefree policy does not need to be expensive or time-consuming. Costs and time can be saved with a well-thought-out implementation.

SMOKEFREE COFFEE AND DOUGHNUTS, PLEASE

Extensive communications to explain your intent are essential to implementing a smokefree policy, according to Kim Dionne, Director of Marketing for Bess Eaton Coffee Shops and Bakeries. Bess Eaton is a regional bakery in New England, and all of their 55 sites (retail, baking, and management) adopted smokefree policies in January 1994. Prior to that, the company had no formal policy.

"The EPA conclusion that secondhand smoke is a Group A carcinogen made us want to eliminate ETS in our workplace," Ms. Dionne explains. "We wanted to offer a clean and healthful environment to both our external customers and our internal customers—our employees."

To achieve their goal of a smokefree workplace, Bess Eaton worked closely with their local Lung Association. The company gathered key managers as a work group to develop implementation suggestions. The suggestions emphasized the need to explain that the policy is not against smoking or smokers but that it promotes the safest work environment possible.

Bess Eaton wasn't shy about the policy change, and they created a full-blown marketing campaign: "We had speakers and did radio and TV spots. We wanted to make a splash and let our customers know it was coming." The policy was made effective on January 1, 1994, and for the next year the company supported its employees who smoked by fully paying for Lung Association smoking cessation classes.

Reactions to the policy have been very positive, with customers, employees, and management expressing satisfaction. Some changes take time, but everyone has been able to adjust. Ms. Dionne believes that productivity has improved along with the attitude of the employees.

"Though we were one of the first coffee shops in New England to do it and that could be seen as somewhat adventurous, we have been very happy with the results."

- Announce a timeline for implementing the ETS policy and cessation activities. The announcement should be made significantly in advance of the policy's effective date to allow smokers to prepare for changes and to permit any facility or material changes that might be necessary (such as removal of cigarette vending machines, placement of out-

door ashtrays and "Smokefree Area/Thank You for Not Smoking" signs, and necessary ventilation modifications). It is recommended that smoking cessation support be offered at the same time as the advance announcement of the pending policy change as well as before and after the effective date. Strong restrictions on smoking may encourage smokers to think about quitting smoking.

- Obtain signs that communicate a positive "smokefree" message.
- Offer to answer employee questions and invite comment about the ETS policy and cessation activities.
- On the effective date of the policy, you should have
 - signs in place,
 - facility changes complete, and
 - smoking cessation and smoker support ready.

Take advantage of the time between the announcement and the policy effective date to anticipate issues that may arise and work to resolve them. Also, don't stop when you flip the calendar to the effective date of the policy. As with other policies, the implementation of the smokefree policy needs to be monitored for effectiveness. Monitoring allows you to tailor implementation and related cessation support, and it allows

you to report to management and employees about the impact of the policy.

Plan to assess your policy in the short term (first one to three months). Figure 5-6 lists what to assess. Find the answers to these questions:

- Are employees and visitors complying with the policy?
- Are smoking employees using the smoking cessation support available to them?
- Are supervisors encountering any problems?

Gather this information through feedback sessions with supervisors, managers, and employees. If you used a survey earlier, you could conduct a brief follow-up survey at this time. For the smoking cessation support, you should be able to monitor how many people take self-help materials, and your smoking cessation group provider (either in-house or outside) should be able to provide you with information about employees' use of their services.

Consider modifying implementation of your policy on the basis of the results of your assessment. Take steps only if there are significant concerns or problems.

FIGURE 5-6. WHAT TO ASSESS

In the short term

- Changes in exposure to ETS in the work environment
- Number of employees attending cessation activities or using self-help materials
- Awareness of ETS policy
- Employee attitudes toward ETS policy and cessation activities
- Improved employee morale
- Less conflict between smokers and nonsmokers
- Enhanced quality of work
- Improved job satisfaction

In the long term

- Changes in number of employees who smoke
- Effect of cessation activities on successful quitting
- Changes in health risks for smokers and nonsmokers
- Enhanced corporate image
- Improved employee attitude toward health
- Reduced absenteeism
- Reduced health care costs
- Lower accident rate
- Decline in turnover
- Fewer sick days
- Improved productivity

You also may want to evaluate your policy over the longer term (e.g., one to three years). This step will require more effort and time, but it can provide valuable information, such as

- awareness of ETS policy and smoking cessation activities,
- participation in smoking cessation activities,
- effectiveness of smoking cessation activities, and
- management support and ETS policy enforcement.

Obviously you'll want to assess whether your ETS policy and cessation support are working. There are some other reasons for evaluation of ETS policies and cessation activities:

- To identify areas for modification.
- To tell employees and management what happened.
- To provide a structure for the evolution of the policy or activities. All policies and activities need to evolve to meet the changing needs of the organization and employees. Assessment data can help you to justify changes in the policy or activities to meet these changing demands.

This chapter has provided you with detailed suggestions on how to effectively and smoothly implement an ETS policy in your workplace. You will need to tailor the concepts so that they will work in your setting, but the steps have been tested and proven in various environments. The appendices immediately following provides information on organizations to contact for more information, sample policies, and a list of organizations with smokefree workplaces.

References

1. Eriksen MP. Workplace smoking control: Rationale and approaches. *Advances in Health Education and Promotion* 1986;1A:65-108.
2. Dana-Farber Cancer Institute, American Cancer Society, and Liberty Mutual Insurance Company, with support from the Massachusetts Department of Public Health. *Guide to Workplace Tobacco Control*. Boston, MA: Dana-Farber Cancer Institute, 1993.
3. 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.
4. Lewit EM, Kerrebrock N, Lewit S, for the COMMIT Research Group. Costs of developing and implementing worksite smoking control policies. Unpublished data.

Perko, M.A., Eddy, J.M., and Kahler, H. (1996). Making Your Workplace Smoke Free: A Decision Maker's Guide. Written for the Office on Smoking and Health. Centers for Disease Control and Prevention, U.S. Department of Health and Human Services. Made available courtesy of the U.S. Department of Health & Human Services: <http://www.hhs.gov/>

A p p e n d i c e s



RESOURCES,
SAMPLE
POLICIES, AND
ORGANIZATIONS
WITH SMOKEFREE
WORKPLACES



Appendix A. Resources

This appendix provides information on some of the resources available for use in worksites. The sources of materials are listed rather than all of the available materials. Materials change frequently and there are too many available to adequately catalog them here; the sources, however, remain fairly constant. Included here are non-profit and governmental providers that have developed excellent materials and programs at low or no cost.

These sources can provide information to help you develop your policy (such as fact sheets on the risks from ETS) or smoking cessation support. Ask these sources about materials on policy and cessation at the same time.

Start your search with local and state health departments. Many states have active tobacco control initiatives, and they may have materials and resources that are specifically tailored to your environment. Contact the federal Office on Smoking and Health (listed below) to get the name and number for the appropriate person in your state.

Next, contact your local voluntary health agencies (e.g., the American Cancer Society, the American Heart Association, the local Lung Association). You can find their numbers in the telephone book for your community.

Finally, you can request information from federal government sources.

Office on Smoking and Health
Centers for Disease Control and Prevention
4770 Buford Highway, NE
Mailstop K-50
Atlanta, GA 30341-3724
(770) 488-5705
INTERNET/WEBSITE: <http://www.cdc.gov/nccdphp/osh/tobacco.htm>

National Cancer Institute
9000 Rockville Pike
Building 31, Room 4A-18
Bethesda, MD 20892
(1-800) 4-CANCER

National Institute for Occupational Safety and Health
Centers for Disease Control and Prevention
4676 Columbia Parkway
Cincinnati, OH 45226
(1-800) 356-4674

National Health Information Center
P.O. Box 1133
Washington, DC 20013-1133
(1-800) 336-4797

Agency for Health Care Policy and Research
AHCPR Publications Clearinghouse
P.O. Box 8547
Silver Spring, MD 20907
(1-800) 358-9295 (request materials on the AHCPR Smoking Cessation Guideline)

Other sources of information include:

Americans for Non-Smokers Rights
Suite J
2530 San Pablo Avenue
Berkeley, CA 94702
(510) 841-3032

Health Enhancement Solutions, Inc.
Suite 505
720 Energy Center Boulevard
Northport, AL 35476
(1-800) 285-5293

Liberty Mutual Insurance Company
(1-800) 320-7581 (request Dana-Farber Cancer Institute "Tobacco Policy Implementation Kit")

Wellness Councils of America (WELCOA)
Community Health Plaza
Suite 311
7101 Newport Avenue
Omaha, NE 68152-2100
(402) 572-3590

Appendix B. Sample Policies

The following policies were selected from those of Wellness Councils of America member companies.

Blue Cross/Blue Shield of Nebraska

As a major health insurer and concerned employer, we discourage smoking because it is a serious health hazard to both smokers and nonsmokers. Smoking is only permitted in designated locations outside of our buildings. This policy includes nonbusiness hours such as weekends and evenings.

It is our policy to respect the rights of both smokers and nonsmokers in company buildings and facilities.

Columbia Natural Resources, Inc., West Virginia

Policy Title: Smoking Policy

It is the policy of this Company to provide a working environment free of passive smoke and to encourage a smokefree workplace.

Procedure Title: Smoking Policy

Procedure

In addition to the areas covered by Safety Policies and to meet the concerns of employees regarding the hazards of smoking and exposure to smoke and to maintain a safe and healthy environment in which to work, smoking will not be permitted in any building areas occupied by CNR/CGC employees. Where CNR/CGC share building space with other companies or other tenants, employees shall not be permitted to go to those areas to smoke. Smoking will be prohibited in all company vehicles, except where all occupants of the vehicle are smokers. It is the responsibility of each employee to ensure that his/her visitor(s) comply with all provisions of this policy. Any exception to this policy will require the written authorization from the CEO.

Summary

All questions relating to this policy should be directed to the Director-Human Resources.

The Principal Financial Group, Iowa

Policy effective April 1, 1987, smoking was prohibited in the facilities of The Principal Corporate Center

1. The ban includes all office buildings in the Corporate Center complex, Mason City, Grand Island, Waterloo, and those departments of the Corporate Center which are located in space leased in Des Moines by the company.
2. Skywalks and tunnels that connect the Corporate Center buildings are off limits to smoking.
3. Because of their open air design and the brief time people must use them smoking will be allowed in the parking garages. Smoking will not be allowed in the elevators.
4. This ban applies to all persons who are in our buildings, whether or not they are employees of the company. This also includes all contracted service employees.
5. The no smoking policy applies to all office employees and outside business guests who may be visiting the building. An exception may be made on a rare occasion to avoid antagonizing an important customer.
6. Company policy doesn't allow for scheduled breaks. So employees are not allowed to leave the facilities to smoke during working hours.

Administering the Policy

It is very important to be consistent in administering this policy. Violations are treated like any performance problem. If an employee doesn't abide by the policy, first issue a written warning. On the second offense, place the employee on formal, open-end probation (that is, next incident). A third offense results in the employee's termination.

Vistakon, Florida

Purpose of Policy

It is the philosophy of Vistakon to provide its employees with a work environment that offers the opportunity and resources to optimize their personal health and well-being. In accordance with this philosophy and the convincing evidence of the negative effects of sidestream (passive) smoke, it is Vistakon's intent that all facilities maintain a Smoke-Free environment.

Extent of Policy

The no-smoking policy will apply to all physical facilities owned or leased by Vistakon and located within the domestic U.S., including office buildings, research laboratories, manufacturing plants and distribution centers. Also included under this policy are all company-owned/leased vehicles.

Smoking is permitted on company grounds provided that it occurs beyond 50 feet of any building entrance or in the "external designated smoking" areas. Employees who choose to smoke within the permitted areas must do so on their regularly scheduled breaks or meal periods. No additional time from work shall be authorized for this activity. Each employee is expected to abide by the terms of the Smoke-Free Workplace Policy.

Implementation

Vistakon Live for Life [their in-house health promotion/disease prevention program] will provide, upon request, appropriate smoking cessation resources to interested employees.

Supervisory Responsibility

Management and supervisory staff will be responsible for ongoing compliance with the Smoke-Free Workplace Policy within their work areas. They are expected to adhere to standard practices in resolving issues of nonconformance (in addressing employee complaints) and maintaining expected levels of productivity within their work groups. Policy violation will result in disciplinary action.

Appendix C.

Organizations with Smokefree Workplaces

AT&T
Bell Atlantic
Boeing Electronics and Boeing Computer service, all offices
Bristol-Myers Squibb, nationwide
Calgon, worldwide (includes a property-wide ban)
COMSAT, Washington, DC (includes a property-wide ban)
Continental Airlines
Dunkin' Donuts
Federal Express Corp., nationwide
Hoffman-LaRoche
IBM, nationwide
Johnson & Johnson, worldwide
Levelor-Lorentzen
Lucent Technologies
Mayo Clinic, nationwide (includes a property-wide ban)
McDonald's, corporate owned, all franchises are encouraged to be smokefree
MCI
Merck & Company
Nordstrom, stores and offices nationwide
Northwestern Bell (part of U.S. West)
Pacific Northwestern Bell (part of U.S. West)
Proctor and Gamble
Prudential, nationwide; includes all subsidiaries
Ralston Purina Co.
Sara Lee
Scott Paper Co.
Starbucks, nationwide
Taco Bell, nationwide
Texas Instruments
The Travelers
USA Today

Source: *Smokefree Air Everywhere*, 1996, New Jersey Group Against Smoking Pollution (GASP).