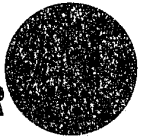


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# CREATING SMOKE-FREE CORRECTIONAL FACILITIES

NCJRS

APR 26 1995

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## A KANSAS DEPARTMENT OF CORRECTIONS DISCUSSION PAPER

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## **INTRODUCTION:**

The smoke-free correctional facility is an idea whose time has come. Business and government organizations throughout the world have recognized that secondhand cigarette smoke causes lung cancer in nonsmokers and is a major source of indoor pollution and toxic chemical exposure for their employees and those they serve. As a result, they are taking steps to control this pollution. Several states have already moved to become smoke-free in their correctional systems.

The key principles to creating smoke-free facilities are:

- \* Once management makes the basic decision to go smoke free, involve employees in planning and implementation. KDOC management should discuss involving inmates in the planning and implementation. Do we want to do this?
- \* Educate the workplace community about the hazards of secondhand smoke and the new smoke-free policy.
- \* Expect success. Employees and inmates pick up a "can-do" attitude.
- \* Allow time for transition.
- \* Focus on smoke, not smokers.
- \* Support programs to help employees and inmates stop smoking.
- \* Implement the smoke-free policy just as we would any other policy. For example, do not differentiate between smoking breaks and any other kind of breaks. Do not make exceptions to the rules.

## **MODEL POLICY: CREATING A SMOKE-FREE WORKPLACE:**

The best method of protecting employees and inmates from the dangerous consequences of tobacco smoke is to create a totally smoke-free environment in which smoking is eliminated. This policy is also the *easiest* to enforce because it is simple and clear-cut. Here is such a policy:

### **THE KANSAS DEPARTMENT OF CORRECTIONS SMOKE-FREE POLICY**

The Kansas Department of Corrections (KDOC) is dedicated to providing a healthful, comfortable and productive work/living environment for our employees, inmates, visitors and contractors.

The United States General, in his 1986 report, *The Health Effects of Involuntary Smoking*, concluded that:

- \* Involuntary smoking is a cause of disease, including lung cancer, in healthy nonsmokers.
- \* The simple separation of smokers and nonsmokers within the same air space may reduce, but does not eliminate, the exposure of nonsmokers to environmental tobacco smoke.

In light of these findings, KDOC shall be entirely smoke-free, effective December 31, 1995.

Smoking will be strictly prohibited within all buildings including: offices, hallways, waiting rooms, restrooms, lunch rooms, elevators, meeting rooms and all community areas. This policy applies to all employees, inmates, contractors and visitors.

Copies of this policy shall be distributed to all employees and inmates. "No Smoking" signs shall be posted at all building entrances and throughout the building.

This policy is being announced in advance of complete implementation and will be phased in over a period of 32 months to facilitate a smooth transition

to a smoke-free workplace. Those employees and inmates who smoke and would like to take this opportunity to quit smoking are invited to participate in stop-smoking programs offered by the Department.

The success of this policy will depend upon the thoughtfulness, consideration and cooperation of smokers and nonsmokers. All employees share in the responsibility for adhering to and enforcing the policy. Any problems should be brought to the attention of the appropriate supervisor and handled through the normal chain of command. Employees who violate this policy will be subject to the same disciplinary actions that accompany infractions of other departmental rules.

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Gary Stotts, Secretary  
Kansas Department of Corrections

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Date

## **A CHECKLIST FOR ACTION:**

- \* **Announce top management's commitment to creating smoke-free facilities and offices.**
- \* **Assign responsibility and authority for coordinating the implementation of the smoke-free policy to an appropriate member of senior management.**
- \* **Create a task force to plan implementation of the new smoke-free policy. The task force should be broadly representative of all segments of the Department and should include persons who smoke, nonsmokers, former smokers and representatives of any officially recognized employee organizations.**
- \* **Develop a timetable.**
- \* **Gather information, including:**
  - **Medical, legal, economic and social effects of smoking**
  - **Smoke-free policies implemented by other organizations (i.e. Vermont and other states that have moved to smoke-free policies)**
  - **Facilities (i.e. physical plant constraints or leases with other organizations that may influence policy decisions)**
  - **Employees (percentage of nonsmokers and smokers, level of enthusiasm)**
  - **Existing policies on smoking**
  - **Legal issues (legislation, regulations, union memorandums of agreement)**
- \* **Draft the implementation plan to phase in the smoke-free policy. Have it reviewed and refined by appropriate individuals and groups.**

- \* **Announce the policy and implementation plan to all employees through a letter from the Secretary.**
- \* **Educate employees via:**
  - **Training sessions for managers.**
  - **Discussion sessions for employees**
  - **Facility newsletters, paycheck inserts**
  - **Signs, displays, leaflets**
  - **Audiovisuals at roll calls and other meetings**
  - **Letters to families of employees**
  - **News releases**
- \* **Make changes to facilitate the implementation:**
  - **Install "Smoke-Free Area" or "No Smoking" signs**
  - **Remove ashtrays and place receptacles for smoking materials at facility entrances together with "Smoke-Free Area" or "No Smoking" signs**
  - **Remove cigarette vending machines**
- \* **Offer stop-smoking programs to employees and their families.**
- \* **Offer stop-smoking programs to inmates.**
- \* **Evaluate and refine the policy.**

## **DEVELOPING THE PLAN:**

The goal of the new smoke-free policy should be clearly stated as the creation of a safe and healthful work and living place, not the control of the self-destructive behaviors.

The individual assigned responsibility for policy implementation should be someone with authority who has a good reputation within the Department and cares about the issue.

The details of the plan for implementing a smoke-free policy are best developed by a broadly representative task force. In addition to designing the policy, this group will help to facilitate support for the change. Management and non-management groups should be represented. Unions should be invited to participate. Include former smokers as well as nonsmokers and smokers on the task force. Former smokers remember being addicted and can be sympathetic to those who smoke. They can also testify to their improved health and to how offensive secondhand smoke is, something some smokers cannot comprehend.

The policy establishing a smoke-free environment should be uniform and thorough. For instance, inmates, visitors and contractors as well as employees need to be covered by the policy.

From the beginning, the task force members should be careful about vocabulary. The name of the new policy should be stated in positive terms: the "smoke-free work/living place" rather than the "smoking policy". Avoid referring to people as smokers or nonsmokers. Demonstrate that the individual and the behavior are separable by talking about employees who smoke and employees who do not smoke. Referring to smoking as a right or a choice is inaccurate and tends to dignify smoking. Label smoking as a health hazard and a problem behavior.

The task force should begin setting a timetable for itself by estimating how long it will take to perform each step in the Checklist for Action. How frequently can the task force meet? Generally, a timeline of three to six months from announcement of the new policy through complete implementation is adequate.

New Year's Day, a traditional quit-smoking day for many people, or the Great American Smokeout day, a week before Thanksgiving, are good times to start implementation.

The Committee should gather information on what other correctional systems and facilities have done.

Internal research is the second part of the information-gathering process. Until the Department goes entirely smoke free, are there areas where smoking could be permitted without having secondhand smoke circulate into smoke-free areas? Make sure that these are not areas such as the cafeteria or employee lounges.

Develop a profile of smoking in the department. What percentage of employees smoke? How do employees who smoke feel about the Department and its role in implementing a smoke-free policy? If we survey employee opinions about a new policy, include information on secondhand smoke and accompanying changes in social norms so we can get the most informed feedback.

If management is already committed to a smoke-free workplace, employees should not be asked if they prefer other policies. Instead, elicit their concerns and information on how to assist them in adapting to the policy. Almost everyone who conducts such a survey is surprised by the support - among both smokers and nonsmokers - for controls on smoking at work.

The conversion to a smoke-free environment should be phased in over a period of time to allow everyone to adjust to the new environment. One approach is to begin by making common areas smoke free first (i.e., meeting rooms, hallways), followed by shared work areas, then private offices. The cafeteria is an excellent place to start because it is a high-profile common area. As areas become smoke free, post "Smoke-Free Area" or "No Smoking" signs.

One part of the department/facility could start the ball rolling by implementing the policy first - maybe the Warden's office or Administration.

The Secretary should announce the policy and plan to demonstrate that this is a priority issue. If the policy to be implemented is not an entirely smoke-



free work/living place, this is the time for management to state its commitment to going entirely smoke free and to announce a date.

### **INVOLUNTARY SMOKING CAUSES DISEASE:**

Tobacco smoke represents the single most significant source of pollution in most indoor air environments, particularly office worksites. Tobacco smoke contains over 3,800 chemicals and occurs in two phases, gas and particulate. Since tobacco smoke is a complex mixture of particles and gases, filtering out all the toxic components is extremely difficult and costly.

Scientists and physicians have long recognized smoking as the leading preventable cause of death and disability in the world. The toxins in tobacco smoke kill over 320,000 people per year in the United States alone. Nonsmokers exposed to secondhand cigarette smoke inhale these same toxins which produce damage similar to that observed in smokers. Secondhand smoke causes many lung cancer deaths annually.

The gas phase of secondhand smoke contains such poisons and irritants as carbon monoxide, formaldehyde, acrolein, ammonia, nitrogen oxides, benzene, pyridine, and hydrogen cyanide. It also contains at least 16 known or probable carcinogens.

The particulate phase contains nicotine (the addictive drug in tobacco and itself a potent poison) as well as many known or probable carcinogens which have no safe level for human exposure.

The gas phase and the particulate phase cannot be effectively removed by mechanical filters, electrostatic precipitators or ion generators.

In 1986, the U.S. Surgeon General issued his first report devoted entirely to the effects of involuntary smoking. This report, based on an exhaustive review of several hundred scientific studies, reached three major conclusions:

- \* Involuntary smoking is a cause of disease, including lung cancer, in healthy nonsmokers.
- \* The children of parents who smoke, as compared with the children of

nonsmoking parents, have an increased frequency of respiratory infections, increased respiratory symptoms and lower rates of increase in lung function as the lung matures.

- \* The simple separation of smokers and nonsmokers within the same air space may reduce, but does not eliminate, the exposure of nonsmokers to environmental tobacco smoke.

This final conclusion is especially significant because the tobacco companies often advocate changes in ventilation as a solution to the problem of secondhand cigarette smoke since this will have little impact on smoking behavior or on tobacco sales. Unfortunately, simple ventilation changes will not eliminate the problems associated with secondhand smoke.

Since publication of the Surgeon General's report, several scientists have linked involuntary smoking with other forms of cancer and heart disease.

Involuntary smoking has many nonfatal but important effects: breathing secondhand smoke makes the eyes and nose burn, and can cause headaches and nausea in nonsmokers. People also object to the smell. These irritants can have a major impact on employees' morale, productivity and self of well-being.

#### **WHAT ABOUT VENTILATION?**

Ventilation systems are expensive and are not as effective as a smoke-free workplace in protecting the health of nonsmokers.

Tobacco smoke pollutes indoor air, just as auto and factory exhausts pollute outdoor air. In fact, the levels of indoor pollution due to tobacco smoke are higher than most outdoor pollution. This surprising situation arises because indoors there is a high density of pollution sources such as cigarettes. Most ventilation systems are designed primarily to conserve energy rather than to preserve indoor air quality. As a result, the smoke from burning cigarettes, pipes and cigars overwhelms the ventilation system.

Studies of indoor air pollution conducted at the U.S. Environmental Protection Agency have shown that, where people are smoking, levels of indoor air

**pollution routinely exceed federal outdoor air pollution limits for particulate air pollution. In fact, a typical workplace may have particulate pollution exceeding those found on heavily travelled roadways.**

**In addition, many of the particulate and gas phase components of cigarette smoke are recognized carcinogens or toxic air contaminants for which no safe level of exposure has been determined. When dealing with carcinogens in the workplace, established principles of industrial hygiene call for point source removal through external suction or, better yet, eliminating the polluting source altogether. Simply diluting the carcinogen in the ambient air is unacceptable.**

**If ventilation were increased, you might expect that the health risk from secondhand tobacco smoke would decrease. It does. Unfortunately, cigarettes make so much smoke that nonsmoking workers in a typical office, experiencing typical smoking and ventilation conditions, face a cancer risk from the toxins in secondhand smoke that is 200 times the maximum acceptable cancer risk set by federal standards for environmental carcinogens in air, water or food.**

**In order to achieve an acceptable cancer risk for nonsmokers, the ventilation rates would have to be increased 270 times. This is not practical or economical. Moreover, in many buildings, ventilation is substandard, increasing the risk proportionally.**

**If ventilation is not a practical solution, what about separation of smokers and nonsmokers within a common space? This step reduces the concentrations of toxins to which the nonsmokers are exposed by about a factor of two, which falls far short of the factor of 270 required to achieve acceptable risk levels. If smokers and nonsmokers are separated from each other physically, but still share the same ventilation system, recirculated tobacco smoke will still expose nonsmokers to unacceptable risk based on federal standards for outdoor air.**

**It smoking is confined to an area not frequented by nonsmokers and with separate ventilation, or if smoking is eliminated entirely, the risk to nonsmokers is eliminated.**

**The only "authorities" advocating ventilation as a solution to the problems of**

involuntary smoking are the tobacco companies and the consultants they employ. They know that concern over the effects of involuntary smoking is leading to restrictions on smoking which, in turn, lower tobacco sales.

The U.S. Office of Technology Assessment concluded that "physical modification of the workplace or use of additional ventilation would be substantially more expensive than establishing policies concerning smoking in the workplace".

### **UNIONS:**

Smoke-free policies are of special interest to unions because of one of their objectives is to protect the health and safety of their members. However, smoke-free policies also give rise to several sensitive issues for labor leaders.

Smoking can be a political challenge for labor unions. While unions have a duty to fairly represent members' interests, they represent both smokers and nonsmokers. Therefore, some labor leaders view smoke-free policies as a "no-win" issue and take a "hands-off" position. In general, however, unions do view smoking as an issue for discussion.

To date, unions have rarely initiated smoke-free policies. But, as the rate of smoking continues to decline (only about 30% of adults in the United States now smoke cigarettes) and the dangers of involuntary smoking become more well known, it is anticipated that employees and employee organizations will take a more active role in creating smoke-free workplaces. Increasingly, unions that fail to protect members from involuntary exposure to tobacco smoke on the job face potential legal action.

In some instances, union positions on smoke-free policies have been influenced by the tobacco industry. Threatened by smoke-free policies, and concomitant loss of cigarette sales, the tobacco industry has mounted an aggressive campaign to dissuade unions from supporting smoke-free policies.

The tobacco industry has been fairly successful in soliciting union support because 20,000 tobacco workers are represented by unions. In addition, the tobacco industry (represented by its lobbying and public relations arm, the Tobacco Institute) has widely disseminated a variety of publications aimed at

union leaders. These materials are designed to cast doubt on health information and cloud the real issue of occupational health. These publications often fail to disclose that they were prepared by the Tobacco Institute.

Whether or not there is an obligation to discuss smoking is open to debate. Some argue that protecting employees from involuntary smoking is a right and an obligation of the employer, and that failure to provide such protection could later expose the employer to claims of negligence by nonsmokers. Therefore, smoking should be eliminated just as alcohol and drugs are prohibited on the job, or safety equipment is required.

Reducing occupational health hazards is a primary objective of labor unions. Yet, although smoking in the workplace has been both legally and medically defined as an occupational health hazard, many labor leaders have not recognized smoking as a priority occupational health issue.

It may be advisable to include all officially recognized employee organizations in formulating the policy. Union support (or at least neutrality) can affect employee attitudes. Acceptance of the new smoke-free workplace will be enhanced by employee involvement.

#### **EMPLOYEE/INMATE EDUCATION AND INVOLVEMENT**

When people are asked to change significant behaviors, they respond best if they understand why change is necessary. Top management needs this information to explain the new policy, even though they may already be committed to change. Planners need the information to make good choices and to be enthusiastic about changes. Providing employee education and opportunities for employees to be involved with the implementation process will facilitate compliance with the new smoke-free policy needs to have information on what the policy is and why it is being adopted.

The key message in the employee education campaign should be this: The sole purpose of the smoke-free policy is to provide clean air inside our facilities and to protect all employees and inmates from the harmful effects of breathing secondhand tobacco smoke.

At every opportunity, emphasize that the Department's decision to end smoking is motivated by one important concern: employee and inmate health and safety. The policy is aimed at protecting all employees and inmates from proven hazardous air pollutants.

Timely and adequate notice of the smoke-free policy is essential. Give plenty of advance notice of what the policy is and when it will take effect. In addition, explain what programs are available to assist employees and inmates in adjusting to the new policy. Information on smoking, secondhand smoke and stop-smoking programs should be available to all employees and inmates well in advance of the policy's effective date.

Tell all employees and inmates what the policy is. Spell it out clearly and firmly. The written policy should be distributed to everyone. This can be accomplished through payroll stuffers, employee newsletters and other in-house publications.

Anticipate employee concerns and provide a Q & A. One way of ascertaining employee concerns is to survey employees or ask for their comments and questions and run a "reaction column" in the employee newsletter. Here are some common concerns and responses:

Q. Will smokers be denied employment, promotions or transfers?

A. No.

Q. Will there be any designated smoking areas?

A. No.

Q. Will I be required to quit smoking completely?

A. No. Employees are simply prohibited from smoking while in KDOC buildings and vehicles. Inmates will not be allowed to smoke while in the custody of KDOC.

Q. Is smoking permitted in private offices?

**A. No. An employee's private office is KDOC property.**

**Q. Will employees be given additional breaks so they can smoke?**

**A. No. Smoking may be done outdoors during regular breaks or during the lunch period.**

**Recognize the struggle many smokers will face in complying with a smoke-free policy. Nicotine addiction has a classic withdrawal syndrome that includes both physical and psychological symptoms. Individuals who have experienced nicotine withdrawal and have relapsed may feel very anxious.**

**Explain that the Department is not requiring employees to quit smoking altogether. The policy simply prohibits smoking inside KDOC facilities.**

**Many studies have shown that creating a smoke-free workplace can be expected to significantly reduce the prevalence of smoking among employees. We will probably find many employees who did not take advantage of earlier stop-smoking programs are eager to enroll now.**

**Encourage nonsmokers to be compassionate while everyone adjusts to the new policy. Pent-up frustrations from involuntary smoking can often lead to unrealistic expectations.**

**Provide all employees and inmates with information on involuntary smoking. Most adults understand that smoking is a health hazard, but many people do not yet appreciate the significance of involuntary smoking as a health hazard to nonsmokers.**

**Help employees and inmates to understand that smoke-free environments are becoming the norm, just as nonsmoking is becoming the norm. Currently 30.4 percent of the adult population smokes and, by the year 2000, the United States is expected to be a smoke-free society.**

**It is especially important to offer training sessions for supervisors and Unit Team staff to help them respond to the questions they will get from employees and inmates. Let them practice their responses or give them scripts with questions and answers. First-line supervisors will be our key enforcement**

agents. It is particularly important to train supervisors who smoke. In addition Prison Health Services medical and nursing personnel may need training on how to counsel inmates.

Finally, use the educational campaign supporting the smoke-free policy as a springboard to promote health at work. Health risk appraisals, weight management programs and exercise programs such as walking clubs and stress management workshops are examples of health promotion programs that complement and support the smoke-free organization.

#### **LEGAL BASIS FOR A SMOKE-FREE WORKPLACE:**

While many employers are creating smoke-free workplaces for health and morale reasons, avoiding liability for employee injuries sustained through involuntary smoking on the job is also a major motivator for employers to establish smoke-free workplaces.

Based on the growing body of evidence linking involuntary smoking to serious illness, employers who fail to eliminate tobacco smoke from the work environment are becoming vulnerable to lawsuits brought by nonsmokers. Since the mid-1970s, case law related to workplace smoking has offered several avenues of relief for nonsmoking employees, including injunctions based on common law, unemployment compensation, worker's compensation, disability payments and accommodation under national and state handicapped laws.

Common law, which can be involved in every state except Louisiana, requires employers to provide reasonably safe workplaces for their employees. Employers may be enjoined from allowing smoking in the workplace.

In 1976, the landmark case *Shimp vs. New Jersey Bell* established the precedent that a seriously affected employee can seek an injunction to protect against the imminent danger of tobacco smoke in the ambient air. Donna Shimp won the right to a smoke-free workplace and established a basis for subsequent legal decisions favoring nonsmoking workers.

Employees have been awarded unemployment compensation, disability payments and worker's compensation as a result of injuries sustained through



involuntary smoking on the job. Several discrimination suits have been won by employees who were judged to be handicapped as a result of their sensitivity to secondhand smoke.

In contrast, suits brought by smokers arguing a right to smoke on the job have never been successful. Nicotine addiction does not qualify as a handicap under the Rehabilitation Act and the courts have never supported anyone's right to impose a health risk on others.

There is also an accelerating trend toward legislatively mandating protection against involuntary smoking. Virtually every state has laws regulating smoking in public places. Dozens of states and hundreds of municipalities have enacted restrictions on smoking in the workplace.

**Can an employer legally create a smoke-free workplace? Yes.** The consensus of legal opinion is as follows: Except in the rare instances when a labor contract exists which includes language prohibiting restrictions on smoking, the employer is free to eliminate all smoking on company premises.

Some employers circumvent the problem of smoking in the workplace by hiring only nonsmokers. Since smoking is not a naturally occurring characteristic and is not a right protected by the first amendment, there are no grounds for a constitutional challenge to this type of policy, as long as the policy is applied equitably.

Prior to initiating a smoke-free workplace, the Department should seek appropriate legal counsel to assure compliance with all applicable laws and employment agreements.

#### **CHANGES: SIGNS AND COMPLIANCE:**

Liberal posting of "Smoke-Free Workplace" and "No Smoking" signs are the key to ensuring good compliance with our policy. The signs are a constant and impartial reminder that smoking is prohibited.

Customized signs cost very little. Free signs are often available from local voluntary health organizations and, sometimes, from government agencies and business groups. It is a good idea to place receptacles for smoking materials

at the entrances to smoke-free areas, together with a sign stating: "You are entering a smoke-free area. Please extinguish all smoking materials here".

Compliance with smoke-free policies has not been a problem in most organizations. In fact, employers are usually astonished by the lack of problems. The four most important actions to ensure good compliance are: providing education, allowing time for adjustment, giving good training to first-line supervisors and demonstrating enthusiastic support from top management.

Disciplinary procedures for violations of the smoke-free workplace policy should be the same as for violation of any other policy. Sanctions for violation of the smoke-free policy should be clearly delineated. This policy should be administered in the same manner as other health and safety rules. In fact, it is best if violations are divorced as much as possible from smoking per se. For instance, one organization allowed employees to take smoking breaks at their own discretion. When asked if workers abused the policy, a manager said, "No. But if they do, we'll treat it as a break problem, not a smoking problem".

As the date for implementation of the smoke-free workplaces approaches, remove cigarette vending machines.

Implementation day should definitely be treated as a day for celebration. The date the task force will meet to evaluate the policy should be announced, in order to allow time for employee input.

#### **WHAT ABOUT STOP-SMOKING PROGRAMS?**

Offering stop-smoking programs to employees and inmates is a key step in the process of becoming a smoke-free organization. It helps employees and inmates adjust to the new policy and, for those employees who choose to stop smoking completely, smoking interventions at work provide welcome support and encouragement.

Smoking interventions yield a high return on investment. They are second only to seat belt programs in terms of cost effectiveness. Smoking-related health care costs and lost productivity in the United States total approximately

**\$65 billion annually, not considering how smoking affects nonsmokers. Employers bear much of this cost. Numerous academic and employer calculations place the cost of employing a smoking worker at several hundred to several thousand dollars more per year than employing a nonsmoker. In a 1987 study on economic savings from health promotion conducted by the Michigan Departments of Management and Budget and Public Health, it was projected that \$1.00 invested in smoking intervention would produce savings of \$15.26 over the working lifetime of the participant.**

**In choosing stop-smoking programs to offer at the worksite, there are three key points to remember:**

- \* Quitting smoking is a long-term process because tobacco use is an addiction. According to the Surgeon General:**

**Cigarettes and other forms of tobacco are addicting. Nicotine is the drug in tobacco that causes addiction. The pharmacologic and behavioral processes that determine tobacco addiction are similar to those that determine addiction to drugs such as heroin and cocaine.**

**In fact, the U.S. Public Health Service has called smoking the most widespread example of drug dependence in our country. For those who are addicted to nicotine, there is a classic withdrawal syndrome and relapse is very common. Most individuals who quit smoking successfully have made three to four serious attempts.**

- \* Ninety-five percent of those who quit smoking successfully do so on their own or through the use of self-help aids. Group programs are designed for a very narrow target population.**
- \* No single program will work for everyone. A variety of programs should be available to employees. In general, it is best to offer a variety of programs on an ongoing basis beginning with self-help approaches.**

**There are numerous stop-smoking programs, formats and strategies. These include self-help publications, videotapes, audiotapes, group programs, and**

individual counseling. Interventions range from classic behavior modification to aversion therapy using rapid smoking or mild shock, hypnosis, acupuncture, nicotine chewing gum or a combination.

Reputable group programs follow the standards set by the National Center for Health Education for evaluating smoking cessation programs. "Success rates" are based on twelve month follow-ups. Complete cessation and continued abstinence from smoking for one year should be the primary criteria of success based on all participants who enter the program.

The median quit rate for group methods of cessation is 20 to 30 percent. Self-help programs are successful for about 5 to 20 percent of those who use them. Combining interventions, such as physician advice and follow-up, nicotine gum and behavior modification, may increase success to as high as 50 percent.

Simply having a smoke-free policy at work will not only boost enrollment in stop-smoking programs, it will also increase the success rate. The smoke-free policy creates an environment that is conducive to quitting smoking.

In addition to success rates, the criteria for selecting programs includes an assessment of cost, ease of implementation and the sponsor's track record. Quality programs emphasize maintenance; that is, they provide techniques and support to avoid relapse.

Stop-smoking programs are available from a wide variety of proprietary and not-for-profit organizations. Personnel at each facility can be trained to serve as group facilitators for a stop-smoking program.

**KANSAS CORRECTIONAL FACILITIES**

**EL DORADO CORRECTIONAL FACILITY:**

Central Unit - Maximum Custody Males  
P.O. Box 311  
El Dorado, Kansas 67042

North Unit - Minimum Custody Males  
Rt. #3  
El Dorado, Kansas

Toronto Correctional Facility - Minimum Custody Males  
Rt. #1  
Toronto, Kansas

**ELLSWORTH CORRECTIONAL FACILITY - Medium/Minimum Custody Males**  
P.O. Box 107  
Ellsworth, Kansas 67439

**HUTCHINSON CORRECTIONAL FACILITY:**

Central Unit - Maximum/Medium Custody Males  
500 South Reformatory Road, P.O. Box 1568  
Hutchinson, Kansas 67439-0107

East Unit - Medium Custody Males  
400 S. Halstead  
Hutchinson, Kansas

South Unit - Minimum Custody Males  
500 South Reformatory Road  
Hutchinson, Kansas

**LANSING CORRECTIONAL FACILITY:**

Central Unit - Maximum/Medium Custody Males  
301 Est Kansas (Hwy 7)  
P O Box 2  
Lansing, Kansas 66043

East Unit - Minimum Custody Males, Maximum & Minimum Custody Females  
P O Box 2  
Lansing, Kansas

Osawatomie Correctional Facility - Minimum Custody Males  
P.O. Box 69  
Osawatomie, Kansas

**LARNED CORRECTIONAL MENTAL HEALTH FACILITY - Special Management Males**  
P.O. Box E  
Larned, Kansas 67550

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**NORTON CORRECTIONAL FACILITY:**

Central Unit - Medium/Minimum Custody Males  
P.O. Box 546  
Norton, Kansas 67654

Stockton Correctional Facility - Minimum Custody Males  
P.O. Box 527  
Stockton, Kansas

**TOPEKA CORRECTIONAL FACILITY:**

Central Unit - Medium/Minimum Custody Females  
815 SE Rice Road  
Topeka, Kansas 66607

Reception & Diagnostic Unit - Maximum Custody Males - Evaluation  
3401 East 6th  
Topeka, Kansas

South Unit - Minimum Custody Males  
Forbes Field  
Topeka, Kansas

West Unit - Minimum Custody Males  
2700 West 6th  
Topeka, Kansas

**WICHITA WORK RELEASE FACILITY - Minimum Custody Males**  
401 S. Emporia  
Wichita, Kansas 67202

**WINFIELD CORRECTIONAL FACILITY - Minimum Custody Males**  
P.O. Box 653  
Winfield, Kansas 67156

## SMOKE-FREE SCHEDULES

Facility	Prior to January 1994	1994												1995												1996		
		Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June	Jul	Aug	Sep	Oct	Nov	Dec	Jan		
ECF	Dayrooms All Buildings (Except cells)																								1/1/95: Building & Grounds Smoke-free			
EDCF																									5/16/94: North Unit Toronto Unit	10/95: Smoke-free		
HCF	Administration Areas Rotunda Post	1/1/94: KCI Shops Fac. Maint. Shops Food Srvc. Areas											*7/1/94: Officer Stations All Dayrooms (except area in E-Dorm) SU - One dorm EU - 2 pods CU - 1 gen. pop. cellhouse & 1 run D- Cellhouse												1/1/95: SU - One dorm EU - 2 pods CU - 1 gen. pop. cellhouse & 1 run D- Cellhouse	1/1/96: Smoke-free		
LCF		1/15/94: Osawatomie 2/18/94: All clinics; service areas; Training Center; all indoor inmate work/program areas; all indoor areas except inmate living areas; all restrooms; all dayrooms; all hallways & offices (Med. AVTS); Admin. Building	4/18/94: All DWO and DWSS office areas; Mental health areas										7/1/94: SOTP and Substance Abuse												7/1/95: East Unit	10/1/95: Medium Unit	12/31/95: Smoke-free	
LCMHF	E-wing (Seg.) F-wing All dayhalls																							1/95: 1 program wing	6/95: 1 program wing	1/1/96: Smoke-free		
NCF	All Buildings (except living units and dayrooms)												5/1/94: Outdoor Visiting	9/1/94: D Living Unit 1st flr. B Living Unit 1st flr. A Living Unit 1st flr. All of East Unit												1/1/95: D Living Unit 2nd flr. B Living Unit 2nd flr. A Living Unit 2nd flr.	5/1/95: D Living Unit 3rd flr. A Living Unit 3rd flr.	9/1/95: Smoke-free
TCF													5/16/94: RDU smoke-free														1/1/96: Smoke-free	
WCF	Indoor common areas A-Dorm 1st flr.	1/1/94: All indoor areas except bunk areas; all vehicles; no outdoor smoking within 20 ft. of entrances/exits											7/1/94: Smoke-free															
WWRF													4/3/94: Smoke-free															

\* HCF has already converted 1 run in D-cellhouse, 3 pods at the East Unit, and Dorm 5 at the South Unit ahead of schedule.



# KANSAS DEPARTMENT OF CORRECTIONS

JOAN FINNEY — GOVERNOR •

• GARY STOTTS — SECRETARY

LARNED CORRECTIONAL MENTAL HEALTH FACILITY  
BOX E  
LARNED, KS 67550-0280

HAROLD J. NYE - WARDEN

**MEMO TO:** Ray Roberts, Deputy Secretary  
Division of Facility Management

**MEMO FROM:** Harold J. Nye, Warden  
Larned Correctional Mental Health Facility

**DATE:** April 1, 1994

**SUBJECT:** Smoke Free Facilities - Response to Your Memo of March 15, 1994

The Larned Correctional Mental Health Facility opened in January, 1992, with a considerable number of restrictions in place. At the time of activation smoking was allowed only in the dayhalls and individual cells. Smoking was otherwise prohibited.

In January, 1993, smoking was prohibited on E-wing (Segregation).

Effective July 13, 1993, smoking was prohibited on F-wings and in all dayhalls. Smoking is now allowed only in individual cells on wings F-1, F-2, F-3, and F-4. E-wing (Segregation) is still prohibited.

A number of staff have been trained by the American Cancer Society and they periodically offer smoking cessation workshops to other staff.

Only one smoking cessation workshop has been offered for inmates. Attendance at the workshop was not good. Six inmates enrolled and no one completed all sessions. We will continue to offer these workshops for inmates.

Two smoking cessation workshops for staff have been offered. Six staff completed the program. Results of the training are somewhat unclear at this writing, however, it is believed all staff who participated in the programs are still smoking.

A number of staff have reported they have stopped smoking on their own in anticipation of the facility moving to a totally smoke-free environment.

We continue to publish considerable information in our monthly newsletter and through





**Memo to: Ray Roberts**  
**Re: Smoke-Free Facilities**  
**April 1, 1994**  
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other sources on the health hazard aspects of smoking. This will continue at least until implementation of the current policy.

A time table follows:

**June 24, 1991:**

- Request made to KDOC to prohibit smoking in new LCMHF then under construction. Request not approved, but it opened discussion of issue within KDOC.

**January, 1992:**

- Facility activation: Smoking restricted to dayhalls, individual cells, and outside areas.

**January, 1993:**

- Smoking prohibited on E-wing (Segregation).
- Smoking cessation workshop offered by Unit Team staff for inmates.

**July, 1993:**

- Dayhalls designated as non-smoking areas. Inmates smoking only in cells and yard.
- Smoking cessation classes offered by trained staff for inmates.
- Smoking cessation classes offered by trained staff for staff.

**January, 1994:**

- Stop Smoking literature secured from American Cancer Society for distribution to staff and inmates.
- Flyers and news articles regarding the smoking hazard posted and circulated.

**April, 1994:**

- Identify smoking population for both staff and inmates.
- Target staff with special letters and messages.

**Memo to: Ray Roberts**  
**Re: Smoke-Free Facilities**  
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**Page 3**

- **Schedule and organize smoking cessation workshops for remainder of the year.**

**January, 1995:**

- **Designate at least one program wing (F-1, F-2, F-3 or F-4) as a smoke-free wing.**
- **Education process will continue for both staff and inmates.**

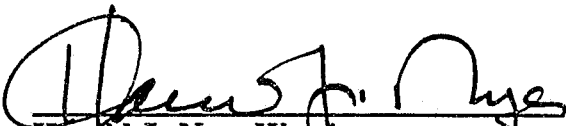
**June, 1995:**

- **Designate at least one more program wing as smoke-free.**

**January 1, 1996:**

- **Entire facility becomes smoke-free.**

**Please contact me if there are further questions or concerns.**

  
**Harold J. Nye, Warden**

**HJN/js**

**091.34**

**cc: File**

## **KDOC SMOKING POLICY**

### **Suggested Parameters**

- 1. There needs to be an overall department-wide policy. The Secretary should announce the department's commitment to creating a smoke-free workplace.**
- 2. Facilities should be allowed some flexibility in implementing the policy.**
- 3. Each facility should appoint a committee to facilitate the implementation. One person should be appointed chairman of the group.**
- 4. Educate, educate, educate. The more staff and inmates know about the hazards of smoking the easier the implementation will be.**
- 5. The Wellness Committee or other group should sponsor stop-smoking programs for employees. Similar programs should be made available to inmates.**
- 6. Each committee should set a timetable.**

# DRAFT

Wardens shall not designate the following areas as smoking:

1. Vocational education program areas;
2. Academic education areas;
3. Gymnasiums;
4. Auditoriums;
5. Libraries;
6. Clinical service areas;
7. Food service areas;
8. Visiting areas;
9. Barbering/Cosmetology areas;
10. Disciplinary segregation housing units;
11. Any other indoor areas of assembly; and,
12. Any other place in which smoking is prohibited by the State Fire Marshal, State or Federal Law or regulation.

Smoking is prohibited in those areas of a facility where flammables are stored or in use.

Wardens may designate the following indoor areas as "Smoking Areas":

1. Inmate living areas and dayrooms adjacent to inmate living areas.
2. Individual offices, when adequate barriers and ventilation exist to protect others from toxic fumes.
3. Smoke break areas in academic, vocational, food service and staff break areas if "non-smoking" break areas are also provided and barriers and ventilation exist to protect non-smokers from toxic fumes.

## YEAR TWO - 1994:

- Employee and Inmate Education
- Stop Smoking Programs
- Goal Statement - All KDOC facilities will be smoke free by December 31, 1995

Wardens and Regional Parole Directors shall establish a smoking policy applicable to vehicles, staff offices, and public areas of buildings owned,

# DRAFT

leased or controlled by the Department of Corrections.

Smoking is prohibited in all indoor areas of a correctional facility, except dayhalls and individual cells.

Smoking is allowed in outdoor areas.

## YEAR THREE - 1995:

- Employee and Inmate Education
- Stop Smoking Programs
- Goal Statement - All KDOC facilities will be smoke free by December 31, 1995

Effective December 31, 1995 all facilities of the Kansas Department of Corrections shall be smoke-free.

Smoking will continue to be allowed in outdoor areas.

# DRAFT

## KDOC PLAN FOR A SMOKE-FREE WORKPLACE

### YEAR ONE - 1993:

#### ○ Employee and Inmate Education

Tobacco use is responsible for more than one of every six deaths in the United States and is the single most preventable cause of death and disease in our society. Tobacco use is a major risk factor for diseases of the heart and blood vessels; chronic bronchitis and emphysema; cancers of the lungs, larynx, pharynx, oral cavity, esophagus, pancreas and bladder; and other problems such as respiratory infections and stomach ulcers. Passive or involuntary smoking also causes disease, including lung cancer, in healthy non-smokers.

An estimated 390,000 deaths are directly attributable to cigarette smoking each year in the United States. Cigarette smoking is responsible for 40 percent of all coronary heart disease deaths, 83 percent of lung cancer deaths and 35 percent of all cancer deaths in the United States. Among men, lung cancer death rates began to climb sharply in the 1930s approximately 20 to 30 years after men began smoking in large numbers. Among women, a nearly identical increase in lung cancer deaths began in 1960 approximately 20 to 30 years after the post-World War II surge in women's smoking. As a result of the declining prevalence of smoking among men, lung cancer death rates for men have begun to level off. Among women, lung cancer death rates continue to increase and, in 1986, almost equalled breast cancer as the leading cause of cancer death for women.

Since 1965, we have seen a dramatic reduction in tobacco use in this country. Total and per capita cigarette consumption have declined steadily. The prevalence of smoking among adults has decreased from 40 percent in 1965 to 29 percent in 1987. Unfortunately, nearly one-third of all adults in the United States continue to smoke. The decline in smoking has been substantially slower among women than among men. The prevalence of smoking also remains disproportionately high among blacks, blue-collar workers and people with fewer years of education -- essentially the same population seen in U.S. prisons.

Owing to the magnitude of health problems created by cigarette smoking, education of the inmate population regarding its hazards should be provided continually. Inmates and correctional staff traditionally are known to be

# DRAFT

frequent users of tobacco products. In a survey conducted May 1, 1990 in a women's prison in Illinois, 81 percent of those completing the survey were cigarette smokers with 73 percent reporting smoking at least one package of cigarettes per day. Prior surveys of male prisoners have shown smoking prevalence rates of about 85 percent, which is almost three times that of the noninstitutional population.

What can be done to educate inmates on the hazards of smoking and provide assistance to those who desire to quit? The American Lung Association and the American Cancer Society have an extensive list of informational materials available. Some are without charge and others are available at a minimal cost.

- Stop Smoking Programs

The American Lung Association (ALA) has developed a stop smoking program on videocassette consisting of a nine minute video segment each day for 13 days. Each segment gives motivation, encouragement and specific techniques on how to become a permanent ex-smoker.

The American Cancer Society also has a videocassette program available entitled "Freshstart: 21 Days to Stop Smoking". This program utilizes 2 three to four minute segments that address a different issue every day. The program brings together advice from physicians, psychologists and ex-smokers to learn the dependency on smoking, and ways of coping with quitting.

Identifying inmates who have the desire to quit and meeting with them regularly in a group can assist them in attaining their goal to quit smoking. Education must be ongoing.

- Goal Statement - All KDOC facilities will be smoke free by December 31, 1995.

Wardens and Regional Parole Directors shall establish a smoking policy applicable to the vehicles, staff offices and public areas of buildings owned, leased or controlled by the Kansas Department of Corrections.

Smoking is prohibited in all indoor areas of a correctional facility, except in areas that the Warden designates as smoking.

**BOARD OF DIRECTORS**

**AMERICAN CORRECTIONAL HEALTH SERVICES ASSOCIATION**

**RESOLUTION REGARDING SMOKE-FREE  
CORRECTIONAL ENVIRONMENTS**

**WHEREAS** the harmful effects of tobacco have been well documented, and

**WHEREAS** some correctional jurisdictions provide inmates with free tobacco and cigarette papers

**WHEREAS** many correctional jurisdictions do not provide any smoke-free housing units, and

**WHEREAS** an increasing number of prisons and jails are adopting restrictions on smoking, including a growing number of entirely smoke-free and tobacco-free jails and prisons, and

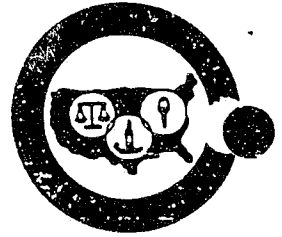
**WHEREAS** the American Correctional Health Services Association is dedicated to health promotion and disease prevention,

**NOW THEREFORE BE IT RESOLVED** that the Board of Directors of the American Correctional Health Services Association urges its members to work towards abolishing the practice of distributing free smoking materials to inmates, and to work towards the establishment of smoke-free housing units and the prohibition of smoking in their jails and prisons.

**AND THEREFORE BE IT FURTHER RESOLVED** that the Board of Directors of the American Correctional Health Services Association urges that, at a minimum, all health care units in jails and prisons shall be smoke-free.



# AMERICAN JAIL ASSOCIATION RESOLUTION NONSMOKING JAILS



WHEREAS, it has been found that many disabilities such as respiratory diseases, hypertension, and heart disease may be caused by smoking.

WHEREAS, the United States Surgeon General and National Academy of Sciences Scientists have stated that Environmental Tobacco Smoke (ETS), caused by sidestream smoke coming off the burning end of cigarettes and exhaled smoke, are as dangerous to the nonsmoking population as they are to smokers because of the substances emitted.

WHEREAS, correctional employees are exposed to passive smoke created by inmates.

WHEREAS, fire safety is of ever increasing concern in the correctional environment.

WHEREAS, according to Fire Safety in Correctional Facilities, a study by the National Fire Protection Association, 85 percent of fires in correctional institutions were started by use of smoking materials.

WHEREAS, smoking contributes to the deterioration of correctional facilities housing inmates by turning walls yellow from nicotine, clogging vents, creating cigarette burns on furnishings, and requiring high costs for maintenance and repair.

WHEREAS, nonsmoking employees and prisoners have a right to work and live in a smoke-free environment.

THEREFORE, be it resolved that the American Jail Association supports the implementation of nonsmoking policies in jails.

Approved by Board of Directors on May 20, 1990

"American Jail Association"  
1000 Day Road, Suite 100  
Hagerstown, MD 21740

# A Realistic Approach to a Smoke-Free Workplace

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Waco, TX 76702-1207

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# A Realistic Approach to a Smoke-Free Workplace

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# Smoking – It's a Drag

Smoking cigarettes was once considered as natural a part of the workplace as drinking coffee. Not any more. People know the truth about cigarettes and smoking. They know that smoking causes diseases like emphysema, lung cancer, oral cancer and bladder cancer, and that smoking-related illnesses kill nearly half a million people each year. They know that smoking increases the risk of high blood pressure, heart disease, heart attack and stroke. That's why more and more people are giving up cigarettes – and why more companies are prohibiting smoking in the workplace.

Putting a company-wide no-smoking policy in place makes good sense: It protects the health of your employees and of your company. It gets rid of the drain on productivity, performance and morale. It frees up funds used for cleaning up the damage from smoking. In short, there are no disadvantages to banning smoking in the workplace.

A good no-smoking policy takes time to develop and implement, but it's worth the effort. This handbook is your step-by-step guide to the best policy decision your company will ever make.

# Smoking Hurts Your Employees' Health

Even with all the risks and disadvantages of smoking, some 50 million Americans still smoke. Let's review some facts about the damage smoking can cause.

- ✓ Smokers are more than twice as likely to die from heart attack or cancer as are nonsmokers.
- ✓ More than 15% of all deaths are related to smoking.
- ✓ Smoking is responsible for about 30% of all cancer deaths.
- ✓ Almost 500,000 deaths – more than 15% of all deaths – each year are related to the direct inhalation of tobacco smoke. This figure includes
  - more than 200,000 deaths from heart disease
  - more than 110,000 deaths from lung cancer
  - more than 80,000 from other lung diseases
  - more than 20,000 from other cancers
  - almost 4,000 deaths of nonsmokers, caused by inhalation of secondhand smoke.
- ✓ Smoking may be responsible for up to 20% of all cases of cataracts.
- ✓ Smokers have as much as four times the risk of developing cardiovascular disease.
- ✓ Secondhand smoke causes illness for those nearby the smoker, and can increase the risk of lung cancer in the nonsmoker two to three times.

For women who smoke, there are additional health risks:

- ✓ Smoking 15 or more cigarettes a day increases the risk of cervical cancer at least 50%.
- ✓ About one-third of all cases of cervical cancer are related to smoking.
- ✓ Smoking during pregnancy accounts for more than 20% of low birthweight in newborns, more than 10% of premature deliveries, and more than 10% of all infant deaths.

Surveys show that more than three-fourths of all smokers would like to quit. No wonder – quitting smoking has many benefits. Here are just a few of them:

- ✓ After one year off cigarettes, the added risk of heart disease caused by smoking is cut by half.
- ✓ After 15 years off cigarettes, the added risk of heart disease and stroke is about the same as it is for those who have never smoked.
- ✓ Women who stop smoking before pregnancy or during the first three to four months of pregnancy reduce their risk of having a low birthweight baby to that of women who have never smoked.
- ✓ Former smokers live longer than those who continue to smoke. For example, persons who quit smoking before age 50 have one-half the risk of dying in the next 15 years compared with those who continue to smoke.
- ✓ Health benefits of stopping smoking far exceed any risk from the average 5-pound weight gain that usually follows quitting.
- ✓ At \$2.50 a pack, the annual savings from quitting a two-pack-a-day habit would be \$1,825.

# Smoking Hurts Your Company's Health, Too

In addition to harming your employees' health, smoking has negative consequences for your company. Employees who smoke are less productive than employees who do not smoke. Each smoker can be expected to cost his or her employer more than \$300 a year due to accidents and poor performance. Smokers have twice as many job-related accidents as nonsmokers.

There are other losses. Smokers have more health problems which result in absences from work. On average, smokers have an absentee rate 50% higher than that of nonsmokers. Absences mean not only loss of worker productivity, but more frequent medical claims – and higher insurance rates for your company. Consider these statistics:

- ✓ Smokers are 50% more likely to need hospital care than nonsmokers.
- ✓ Smokers have a lifetime average of \$6,000 more in healthcare costs than nonsmokers.
- ✓ Smokers will cost their employers nearly \$300 more than nonsmokers in extra insurance claims per year.
- ✓ Smoking costs the United States about \$65 billion each year in healthcare costs and lost productivity.
- ✓ Over their lifetimes, U.S. residents who have smoked will have medical costs in excess of \$500

*billion more than those of nonsmokers.*

Further, because of secondhand smoke, nonsmoking employees who work alongside smokers may themselves develop many of the same illnesses that affect smokers. These illnesses include headaches, nausea, heart disease and lung cancer. The irritation of having to deal with unpleasant cigarette smoke also lowers morale. Unhappy workers are less productive.

Cigarette smoke is bad for your equipment, too. Many components of the modern office can be damaged by cigarette smoke. For example, computers in an office of smokers fail more often than computers not exposed to smoke. Maintenance and cleaning costs are higher for workplaces which tolerate smoking. And cigarettes are among the leading causes of fires. *In short, cigarettes are a drag on your employees and your company.*

About one in three workers in the United States smokes; yet, *workplace smoking restrictions are overwhelmingly favored by most employees.* For the health of your employees and the health of your budget's "bottom line," your company needs a no-smoking policy and a stop-smoking program. A smoke-free workplace is a healthier, more efficient, safer and happier workplace!

# Costs and Advantages Of a No-Smoking Policy

Implementing a no-smoking policy can save your company thousands of dollars a year. But it won't be easy! Because of the addictive power of nicotine, employees will need the help of a stop-smoking program. A company program provides the encouragement smokers need to make the commitment to quit.

Of course, there are some costs involved in setting up a such a program – the initial cost of the materials, the possible need to hire a policy administrator, and the time spent implementing the program, for example.

A no-smoking policy will take at least one year to yield any long-term benefits. But the overall savings will far outpace the costs of the program. Here's what you can expect:

- ✓ Smoking restrictions will lead to a healthier workplace.
- ✓ Direct healthcare costs will go down.
- ✓ Company insurance costs may go down.
- ✓ Smoking restrictions will lower absentee rates.
- ✓ Time formerly spent smoking will be used in more productive efforts.
- ✓ Equipment will suffer less without the damage from smoke, matches, cigarette butts and ashes.
- ✓ Office cleaning bills will be cut.
- ✓ The risk of fire will be reduced.

# Developing a No-Smoking Policy For Your Workplace

There are as many ways to devise a no-smoking policy as there are companies which have them. What matters is that your company design and implement a policy in the way that will work best.

Your company's smoking policy may be intended to accomplish some or all of the following:

- ✓ Protect property and equipment
- ✓ Comply with state laws and local ordinances
- ✓ Allow smoking, except in specific areas
- ✓ Restrict smoking, except in specific areas
- ✓ Totally prohibit smoking
- ✓ Prevent smokers from being hired.

After a policy has been decided upon, the way that policy is implemented will make the difference between success and failure. A *company-wide* policy that makes no exceptions works best. Seeking and using the input of all employees, and involving them in the development and implementation stages of the policy will also ensure a successful program. However, letting each division decide its own no-smoking policy is a formula for failure.

Along with a no-smoking policy, your company will want to offer a stop-smoking program for your employees who now smoke. Giving up an addiction to cigarettes is a difficult task, one that can be made easier with a good stop-smoking program and with encouragement from you, the employer.



# Month 1: Getting Started

The first thing to do is research. Here are just a few of the things you can do:

✓ Learn about the advantages and costs of a no-smoking policy. Human resources and management magazines and journals contain a variety of information on no-smoking policies. Also check with federal government agencies for free or low-cost information.

✓ Talk with your company's nurse or physician to learn about the problems of absenteeism, illness and accidents caused by your employees who smoke.

✓ Find out whether your company's insurer offers discounts for a no-smoking policy. Some insurers will lower a company's premium if the company lowers its risk for health problems by banning smoking.

✓ Check with an attorney to learn how to properly design and implement a no-smoking policy. Generally, as long as a no-smoking policy applies uniformly to all employees, the policy will be viewed as valid. (Union contracts may preclude a total ban on smoking.)

✓ Visit with administrators of other companies that have successfully implemented a no-smoking policy. Learn from their experience and avoid making the same mistakes.

✓ Check into the cost of various stop-smoking programs. Your company can offer a program to help employees quit smoking, or offer to pay part or all of a stop-smoking program offered by another provider. Offering your employees who smoke assistance and support while they are quitting is the best way to gain their cooperation with a no-smoking policy.

✓ Take a poll to get an idea of how employees feel about a no-smoking policy. Would they like to see smoking banned altogether, or just restricted to certain places or times? Design a simple questionnaire and send a copy to each employee. Include a brief letter explaining that the company is considering a no-smoking policy and wants the input of employees on the matter. (See the sample letter to employees, with survey, on page 19.)

## Month 2: Getting Support, Defining the Policy

Talk with top and mid-level management personnel and get their support for a no-smoking policy. Give them a clear understanding of the health benefits and cost savings to be gained by restricting or eliminating smoking. (One possible approach is suggested by the information on page 20.)

Next, assign a person within the company (or hire someone for this purpose) to head up a No-Smoking Policy Development Committee. Appoint a committee of employees to work with this person. Have at least one employee from each major division in the company (labor, clerical, mid-management, upper management and so on) participate. Involving employees gives them a sense of ownership and helps ensure their commitment. The committee will develop a no-smoking policy and then plan for its implementation.

As part of its work, the no-smoking committee should review the no-smoking policies of other companies. It should also check with union representatives to see whether a no-smoking policy violates any union contract. The statement developed by the committee should include a clear explanation of the no-smoking policy, reasons for the policy, how it will be implemented and enforced, and the consequences of noncompliance.

The "first draft" stage is a good time to get feedback from employees and management. Responses, both positive and negative, can help the committee finalize a no-smoking policy that works for everyone. Hold several open meetings with the committee and employees.

There are many ways to write a policy. One suggestion is offered on page 25.

# Month 3: Developing a Program

When a policy is set, the next task is to design a program to implement the policy. This can be the job of the policy committee, or of a person hired for or assigned the task.

There are many ways to develop a program. You must take into account factors peculiar to your workplace, like the number of employees in the company, whether employees work on shifts or all at the same time, and so on. Still, there are some aspects that should be included in all efforts to develop a no-smoking program. The following are some of the tasks that you should accomplish:

## 1) Introduce the no-smoking policy.

Properly introducing the no-smoking policy is absolutely critical to its success. Simply issuing an announcement to employees or posting a notice on the bulletin board is not enough. In fact, a poor introduction may lead to widespread resistance by employees.

What is the best way to introduce the program? It depends on the character of your company. In some workplaces, a splashy introduction with a "pep rally" and loud posters would work best. In others, a more subtle, informative approach with pamphlets and handouts would be better. Of course, the individual or committee charged with developing the program should take "workplace personality" into account.

Whatever the style of approach, every effort should be made to avoid any distinctions between various types of employees, like management and "rank-and-file." The policy must apply equally to all employees. Otherwise, if some employees are allowed exceptions, conflict and lack of cooperation will eventually result, and the policy will fail.

Above all, let a positive, upbeat tone characterize all communications about the policy. Stopping smoking is a positive thing! Protecting your employees' health is a positive thing! Saving your company money and improving working conditions is a positive thing! A show of enthusiasm is more than appropriate with such a program.

## 2) Provide employees with information about the benefits of such a policy.

Employees need to know the specifics of why smoking is bad, how it costs them personally, how it drains company resources, and all the benefits to be had by prohibiting smoking. Much of the information contained in the sample letter to management (see appendix, page 20) can be expressed in a letter to all employees (see appendix, page 23). Also, HEALTH EDCO® offers useful materials to educate people about the dangers of smoking (see resource list, pages 14-17).

If people are shown the reasons for a no-smoking policy, they will be more likely to support it. On the other hand, not mentioning specific benefits may create the impression that the company has "no real reason" to take away what many smokers view as their "right" to smoke. More information means less resistance.

By the way - there is no "right" to smoke. In fact, court decisions almost always support an employer's right to enforce smoking restrictions in the workplace, and to hire nonsmokers only. The exception occurs when the employees are working under a union contract that allows smoking in the workplace.

## 3) Set up a program to help employees stop smoking.

There are many stop-smoking programs available. HEALTH EDCO® offers several materials for this purpose (see resource list, pages 14-17). Also, the American Cancer Society, the American Lung Association, and the National Cancer Institute offer some very good stop-smoking programs. You may wish to develop your own program, contract with an outside provider to bring a program to your workplace, or send employees to a program off the worksite, during or after work hours.

# Developing a Program (continued)

## 4) Have incentives and support systems for employees who decide to quit smoking.

There are several possible incentives you can use to encourage your employees to comply with a no-smoking policy and quit smoking. These incentives include:

- Offering lower insurance rates for nonsmokers.
- Paying for all or part of a stop-smoking program.
- Offering cash or other awards for those who have not smoked for a set period of time, like 6 or 12 months, or ever.
- Having disincentives (like withholding an award) for those who go back to smoking.
- Conducting stop-smoking competitions among various divisions in the company.
- Having nonsmokers "buddy up" with smokers to support and encourage them as they quit.
- Offering awards to successful quitters and their buddies, perhaps even a smoke-free party or banquet for both partners.

You know your employees and what it takes to motivate them. Select the incentive or combination of incentives that work best.

## 5) Respond to those who refuse to cooperate.

Unfortunately, not every employee will be enthusiastic about a no-smoking policy. No employee should be allowed to subvert a policy which only promotes health and safety in the workplace and which reduces costs.

Take a reasoned approach with employees who violate smoking restrictions. Remind them of the costs and hazards of smoking and how it harms others as well as the smoker. Engage them as adults who can act responsibly rather than as children who need to be punished. Enforcing the policy "because management says so," without allowing resistant ones to air their feelings, will not encourage anyone's participation. (See further discussion on dealing with resistance, page 12.)

## 6) Appropriately recognize employees who are already nonsmokers.

Don't forget your employees who don't smoke! These people have saved the company money by not smoking. Recognize them, too! You can give each one a funny pin-on button, a nice pen, a cash award, dinner for two at a nice restaurant, or any number of other items or gifts to show them your appreciation.

## 7) Survey employees about their smoking habits to determine the effectiveness of the policy and of the stop-smoking program.

After the policy has been in place for a while, you will want to see how many employees have cut back on their smoking habit or have quit altogether. You may wish to survey one week, one month, six months and one year after the policy goes into effect. (See the Sample Follow-up Questionnaire for Ex-Smokers, page 26.)

# Month 4: Implementing the Policy

Most no-smoking policies are first implemented by announcing the specifics of the policy, and giving a date (usually several months in the future) when the policy will be phased in. You may want the policy to take effect all at once, or to be phased in over a period of months and in several stages. Here are some ideas to help your company get going:

- ✓ Use posters, memos, paycheck stuffers and articles in company newsletters to help get the word out.
- ✓ Hold meetings with employees to discuss the effects of the policy.
- ✓ Before the policy takes effect, begin offering a stop-smoking program.

## How Long to Offer a Stop-Smoking Program

Smoking is a stubborn habit to break. Many smokers have been hooked for years and will not be able to quit easily. Most try to stop smoking several times before they finally succeed. Therefore, a stop-smoking program for smokers should be available for at least the first year of the no-smoking policy.

## Dealing With Resistance

You may be pleasantly surprised at how enthusiastically employees will welcome a no-smoking policy. Smokers especially seem to appreciate the external motivation to quit their unhealthy smoking habit. And nonsmokers are grateful for the clean air.

Of course, some employees will complain about having their "right to smoke" restricted. Fortunately for good health, there is no right to smoke. If a program is implemented across the board with no favoritism, an employer has the right to restrict or prohibit smoking in the workplace.

Be prepared to handle complaints and avoid any measure of defensiveness in your response. Educating employees about the health benefits of quitting smoking and about the health hazards of continuing to smoke will encourage them to stop. Make use of books, pamphlets, videos and other programs. (HEALTH EDCO® offers a variety of resources for this purpose – see the reference list on pages 14-17.)

# Conclusion: You Can Only Win!

Instituting a no-smoking policy in your workplace is a win-win situation. The employee benefits from improved health and reduced risks of cancer, heart disease and other problems. The

company benefits from lower healthcare costs, more consistent attendance, greater productivity and higher morale. Get started today on the best decision your company will ever make!

# HEALTH EDCO® Resources

HEALTH EDCO® offers a variety of products to ensure the success of your company's no-smoking policy and stop-smoking program. Many can be imprinted with your company's logo or your

wellness program logo. To learn more about pricing and how we can help, call (800) 299-3366, ext. 295, and speak with a Customer Service Representative, or FAX us at (817) 751-0221.

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## Stop-Smoking Programs

### Fresh Start – 21 Days to Stop Smoking

By Dee Burton, Ph.D. This book describes the addictive power of cigarettes and effective ways to overcome it. Included is the American Cancer Society's revolutionary stop-smoking program that saves lives. CJ50131

### Quitting For Life – Stop-Smoking Program

Show smokers how tars from cigarettes build up in the smoking machine that comes with this program. A 75-page guide gives helpful facts, shows how to avoid denial and defense mechanisms, and provides nutrition and exercise information. It will help smokers examine why they smoke, and then decide on the best technique for quitting. CJ49100



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## Booklets

### The ABC's of Smoking

Medical photography shows the real consequences of smoking in a way that most people have never seen. This booklet shows details that will change minds – and behaviors. (16 pages.) CJ40013

### Quitting for Life

Encourage smokers to give up their addiction permanently. Our full-color booklet has useful facts and tips to help smokers understand their smoking habit and how to quit. (16 pages.) CJ40077

### No Smoking, Please

Wayman R. Spence, M.D., and our own nationally known cartoonist Vern Herschberger have produced this entertaining black and white cartoon book that lampoons smoking. (96 pages.) CJ42005



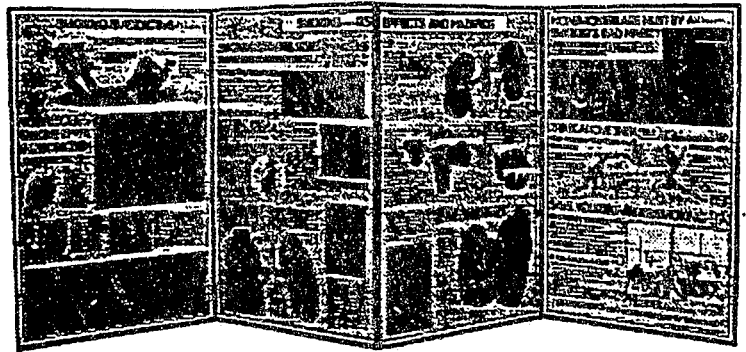
### Tobacco: Biology and Politics

By Stanton Glantz, Ph.D. This booklet reveals the tobacco industry's efforts to keep consumers in the dark about the dangers of smoking and dipping. It covers the history of tobacco, the fight by the antismoking movement, and details of how nicotine becomes a deadly addiction. (48 pages.) CJ42001

## Displays

### Smoking: Its Effects and Hazards

Did you know that tobacco causes more illnesses and deaths than all other dependency drugs, including alcohol, heroin, marijuana and cocaine? This display will help the viewer understand what smoking initially does to the human body, and the long-term effects of using nicotine products. Smoking myths are dispelled, and steps on how to quit, or avoid starting, are also discussed. The display measures 58" x 22" and includes 100 minitexts with test questions. CJ79079



### The ABC's of Smoking Flip Chart

Similar to our booklet of the same title, but developed for a group presentation format. Color medical photography shows actual consequences of smoking. This flip chart comes with text on the back for the instructor. CJ43107

### Consequences of Smoking

Show the consequences of smoking on various organs of the body with life-sized, hand-painted models. Each model is permanently mounted in a carrying-case display, and the accompanying text clearly gives its health message in simple terms. The display measures 28" x 27" when open. CJ79601

## VHS Videos

### Smoking and Health

Vivid photography in this program details lung cancer, emphysema, bronchitis, heart attack, bladder cancer, stroke, burns and other consequences of smoking. 18 minutes. CJ46328

### Smoking... Hazardous to Your Health

This video shows the effects of smoking on the heart, lungs and other organs, and the diseases caused by smoking. From PBS; 29 minutes. CJ45278

### Smoking... Kicking the Habit

From hypnosis seminars to aversion-therapy clinics, this video takes a look at some of the many programs designed to help people stop smoking. It warns about dubious, high-cost programs, and gives special emphasis to preventing teens from starting smoking. From PBS; 29 minutes. CJ45181

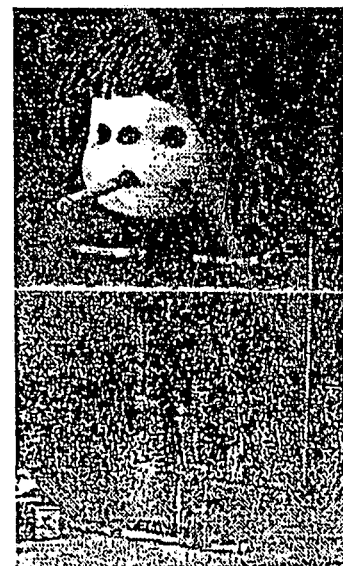
### Death in the West

This is the film the tobacco industry tried to suppress! A bold look at cigarette advertising, this video includes revealing interviews with cigarette company executives. 32 minutes. CJ45121

## Hazards of Smoking Demonstration Units

### Smokey Sue

Smokey Sue has a cute face, but she has a deadly habit of smoking cigarettes. As she smokes, a transparent demonstration tube traps the tars present in tobacco smoke. The doll comes with a plexiglas stand, five collection tubes (which can be cleaned and reused) and a carrying case. CJ79206





### Mechanical Smoker

This mechanical smoker actually "smokes" a cigarette and collects its dangerous tars in a clear plastic bag upon which is printed a chest X-ray of a lung cancer victim. The bag may then be given out as a vivid reminder that every cigarette puts cancer-causing agents into the body. Each smoker comes with 100 printed lung cards and bags. CJ79202

### Mini-Lung™

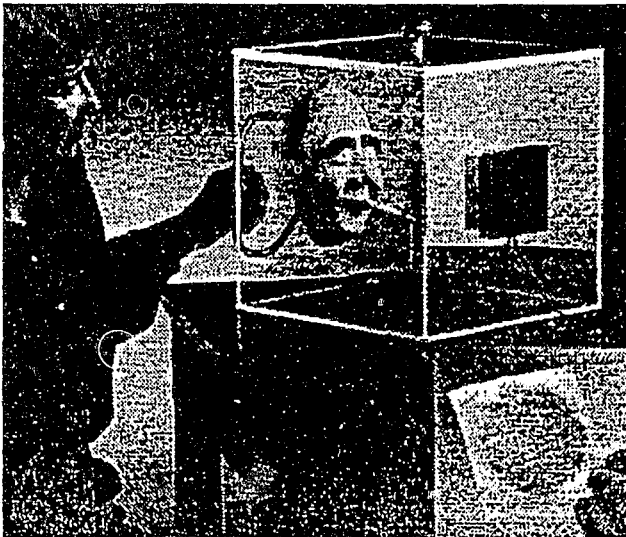
Remind smokers of the consequences of their habit with this miniature lung. The model replicates a lung diseased by cancer and emphysema, both caused by smoking. The Mini-Lung™ is an effective aversion-therapy device for smokers to carry with them. Volume discounts available. CJ26910

### Emphysema and Cancer Lung Model

Show your employees just what smoking does to lungs! When the top of this realistic model is opened, a grayish-white, fibrous-feeling cancer is revealed. Made from soft BIOLIKE™ synthetic tissue, this model of a right lung with emphysema and cancer is great for individual and group instruction. CJ26813

### Smoke-Filled Room Demonstrator

Watch this one cubic foot of air fill with thick, gray smoke – see how much pollution one cigarette produces. Using a special one-way valve, this model "smokes" a cigarette in a transparent chamber for a truly effective exhibit. Made of durable acrylic with a removable top, and includes an ashtray. CJ79245

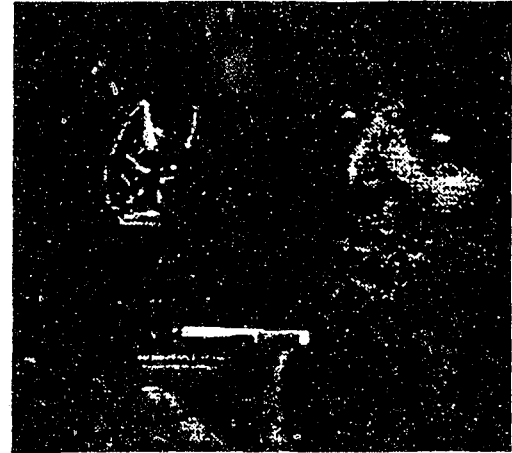


### Secondhand Smoke Demonstrator

As the mechanical smoker smokes a cigarette in its acrylic chamber, an electric fan pulls the smoke through a filter representing the lungs of a nonsmoker. The dirty filter shows how much smoke a nonsmoker's lungs take in from a smoker's cigarette. With a removable top, the model includes an ashtray. CJ79246

### Lung Ashtray

This ashtray gives smokers something to think about! Cigarette smoke rises up through one of the clear lungs on top of the ashtray, leaving tars that turn it dirty brown. Because the other lung stays clear, smokers will get the point! CJ15000



### Smokey Sue Smokes for Two

Pregnant women who smoke have a higher risk of miscarriage, and their babies have a higher risk of premature birth, low birthweight, and Sudden Infant Death Syndrome (SIDS). As Smokey Sue smokes, smoke passes to a lifelike model of a 7th-month fetus. The tars collect at the surface of the water that represents the placenta, showing the poisons that reach the developing baby. CJ79219



←  
Filter  
represents  
nonsmoker's  
lungs!

## Posters

(available plain, laminated or framed)

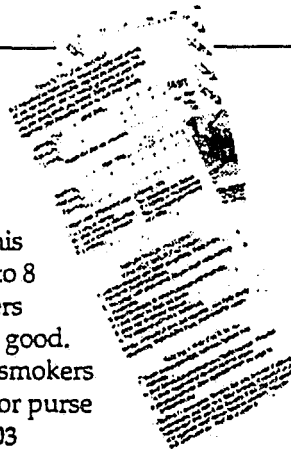
CJ89221 Smoking Stinks  
CJ89230 Ban the Butt  
CJ89294 Smoke Choke Croak  
CJ89224 Old What's His Name Smoked

CJ89226 Smokers Have Everything (cancer, etc.)  
CJ89303 Second Hand Smoke Is No Joke  
CJ89302 Ashes to Ashes  
CJ89227 What Leafy Green is Bad For You? (tobacco)  
CJ89331 Smoking Stamps Out Life  
CJ89335 Butts Are For Sitting On . . . Not Smoking!  
\*\*\*\*\* Other posters are available - Please call!

## Pocket Guide

### Crushing the (Smoking) Habit

Get a fast start on making yours a smoke-free workplace. This credit-card-sized guide folds out to 8 panels. It details smoking's dangers and tells how to stop smoking for good. Because of its convenient size, ex-smokers can carry it with them in a wallet or purse to help them stay on track. CJ37003



## Action Guide

### Questions and Answers About Smoking

Find out what smoking can do to a smoker and to those around him. Use this action guide to find out the consequences of smoking and to learn how to quit. CJ39031



## Other Products

### Smoker's Profile 1.0 (IBM-PC; compatible)

Evaluate a smoker's health status with software that will estimate life expectancy and likelihood of death within 10 years, and provide a risk analysis of various cancers, heart and respiratory diseases and more. After a smoker completes a short questionnaire, the program allows for rapid data entry and instant processing. An excellent tool for clients, workplace wellness programs, hospitals and health classes. Includes 100 questionnaires. CJ55107

### Smoker's Roulette Game

Show the risks smokers take when smoking by playing this upright roulette game. Players spin the wheel, answer trivia questions on tobacco, and accumulate points. The points reflect the relative chances of succumbing to different diseases associated with smoking. The game measures 20" x 28" and includes a teacher's guide. CJ79139

### Smoking Stinks - Box of 50 Balloons

Balloons with anti-smoking messages make ideal giveaway promotions for your workplace. This balloon has a cartoon dragon with its fire-breathing snout plugged up. CJ85069

### Ban the Butt - Box of 50 Balloons

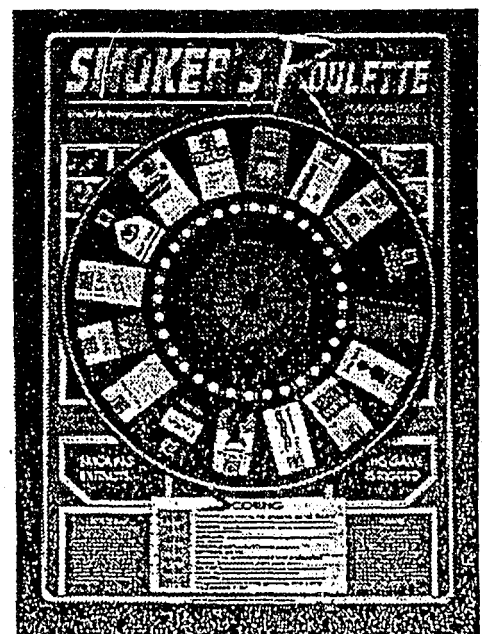
This has a frowning cigarette butt. CJ85070

### Assorted Anti-Smoking Balloons

Five messages provided: Give your lungs air . . . not tar!; Smokers die one breath at a time; Smoker's breath kills romance; Smoking stamps out life; Skip the dip. CJ85062

### Assorted Anti-Smoking Buttons

Ten messages provided: Give your lungs air . . . not tar!; Nicotine is a drug; Smoking clouds your lungs; Smoker's breath kills romance; Smokers suck tar; Stamp out life - Smoke; Bad breath finishes conversations; Skip the dip; Junk food is just that; Be the best you can be. CJ85037



# Sample Forms

Employee Survey	19
No-Smoking Policy Proposal for Management	20
No-Smoking Policy Introduction for Employees	23
Policy Statement	25
Follow-up Questionnaire for Ex-Smokers	26
Certificates of Encouragement for Smokers as They Stop Smoking	27 et. seq.

# Sample Employee Survey

## *What Do You Think?*

Dear Employee:

Many companies today have a no-smoking policy for all their employees. There are good reasons:

- ✓ Nonsmokers have fewer health problems. This results in fewer absences from work and less of a burden on co-workers to cover for the absent person.
- ✓ Smokers more frequently file medical claims, which means everyone has to pay higher insurance rates.
- ✓ Nonsmoking employees working alongside smokers may develop many of the same illnesses that affect smokers.
- ✓ Offensive cigarette smoke detracts from good morale.
- ✓ Office equipment exposed to cigarette smoke is more likely to fail than is equipment in a nonsmoking environment.
- ✓ Maintenance and cleaning costs are higher for workplaces which tolerate smoking.

We are considering a no-smoking policy for our workplace. First, we want your thoughts on the matter. Place a check beside the kind of no-smoking policy you'd be most in favor of. Tear off the questionnaire portion and return it to \_\_\_\_\_ by no later than \_\_\_\_\_.

Thank you!

I am a:      smoker                  nonsmoker      (circle one.)

I would most like to (check all that apply):

- Leave things as they are - have no policy at all.
- Allow smoking in most areas, but have smoke-free areas for nonsmokers.
- Prohibit smoking in most areas, but set aside areas for smoking.
- Not allow smoking anywhere on the job at any time.
- Participate in a program to help me quit smoking.

# Sample No-Smoking Policy Proposal for Management

## A No-Smoking Policy for Our Company

### Why We Need a No-Smoking Policy

More and more people are giving up cigarettes – and more companies are prohibiting smoking in the workplace. About one in three workers in the United States smokes; yet, workplace smoking restrictions are overwhelmingly favored by most employees. For the health of our employees and the health of our “bottom line,” our company needs a no-smoking policy and a stop-smoking program. A smoke-free workplace is a healthier, more efficient, safer and happier workplace!

Putting a no-smoking policy in place makes good sense: It would protect the health of our employees and of our company. It would reduce the drain on productivity, performance and morale. It would save money spent to clean up the damage from smoking. In short, there are no disadvantages to banning smoking in the workplace.

### Smoking: A Workplace Liability

How much of a liability is smoking in the workplace? Employees who smoke are less productive than employees who do not smoke. Each smoker can be expected to cost us more than \$300 a year due to accidents and poor performance. Smokers have twice as many job-related accidents as nonsmokers.

There are other losses. Smokers have more health problems which result in absences from work. On average, smokers have an absentee rate 50% higher than that of nonsmokers. Absences mean not only loss of worker productivity, but more frequent medical claims – and higher insurance rates for our company. Here are more statistics to consider:

- ✓ Smokers are 50% more likely to need hospital care than nonsmokers.
- ✓ Smokers have a lifetime average of \$6,000 more in healthcare costs than nonsmokers.
- ✓ Smokers can cost us nearly \$300 more in extra insurance claims per year.
- ✓ Overall, smoking costs the United States about \$65 billion each year in healthcare costs and lost productivity.
- ✓ Over their lifetime, U.S. residents who have ever smoked will have medical costs in excess of \$500 billion more than those of nonsmokers.

### Secondhand Smoke

Unfortunately, smoking harms more than just smokers. Because of secondhand smoke, nonsmoking employees who work alongside smokers may themselves develop many of the same illnesses that affect smokers. These illnesses include headaches, nausea, heart disease and lung cancer. Annoyance at having to deal with unpleasant cigarette smoke also lowers morale. Unhappy workers are less productive.

Cigarette smoke is bad for our equipment, too. Many office components can be damaged by it. For example, computers in an office of smokers fail more often than do computers not exposed to smoke. Maintenance and cleaning costs are higher for workplaces which allow smoking. And cigarettes are among the leading causes of fires. *In short, cigarettes are a drag on our employees and our company.*

## Costs and Benefits

Implementing a no-smoking policy can save us thousands of dollars a year. Of course, there are some costs involved in setting up a such a policy – the initial cost of any materials, the hiring of a smoking policy coordinator (if necessary), and the time spent implementing the program, for example. Further, long-term benefits may take a year to be realized. But the overall savings will far outweigh the cost of the program. Here's what we can expect:

- ✓ Smoking restrictions will lead to a healthier workplace.
- ✓ Direct healthcare costs will go down.
- ✓ Company insurance costs may go down.
- ✓ Smoking restrictions will lower absentee rates.
- ✓ Time formerly spent smoking will be used in more productive efforts.
- ✓ Equipment will suffer less without the damage from smoke, matches, cigarette butts and ashes.
- ✓ Office cleaning bills will be cut.
- ✓ The risk of fire will be reduced.

## Possible Goals

A no-smoking policy can take many forms. Such a policy may be intended to accomplish some or all of the following:

- ✓ Protect our property and equipment
- ✓ Comply with state laws and local ordinances
- ✓ Allow smoking, except in specific areas
- ✓ Restrict smoking, except for specific areas
- ✓ Totally prohibit smoking
- ✓ Prevent smokers from being hired.

Along with a no-smoking policy, we would want to offer a stop-smoking program for our employees who now smoke. Giving up an addiction to cigarettes is a difficult task, one that can be made easier with a good stop-smoking program and with our encouragement.

## Proposed Policy Development

We would assign a person within the company (or hire someone for this purpose) to head up a No-Smoking Policy Development Committee. Also, we would appoint a committee of employees to work with this person, with at least one employee from each major division in the company participating. Involving employees would give them a sense of ownership and help ensure their commitment. The committee would develop a no-smoking policy and then plan for its implementation.

As part of its work, the no-smoking committee would review the no-smoking policies of other companies. It would also check with union representatives to see whether a no-smoking policy violates any union contract. From the committee, we would expect a clear explanation of the no-smoking policy, reasons for the policy, how it will be implemented and enforced, and the consequences of noncompliance. The "first draft" stage would be a good time for us to get feedback from employees and management.

## Policy Implementation

After a policy has been set, we would design a program to implement the policy. This can be the job of the policy committee, or of a person hired for or assigned to the task. These issues would be covered:

- Introducing the no-smoking policy.
- Providing employees with information about the benefits of such a policy.
- Setting up a program to help employees stop smoking.
- Having incentives and support systems for employees who decide to quit smoking.
- Responding to those who refuse to cooperate.
- Appropriately recognizing employees who are already nonsmokers.
- Surveying employees about their smoking habits to determine the effectiveness of the policy and of the stop-smoking program.
- Evaluating the progress and cost savings of the program.

## Incentives for Participation

Our company can offer a variety of incentives to encourage people to comply with the policy and quit smoking. Such incentives might include:

- Offering lower insurance rates for nonsmokers.
- Paying for all or part of a stop-smoking program.
- Offering cash or other rewards for those who have not smoked for a predetermined period of time, like 6 or 12 months, or ever.
- Having disincentives (like withholding a reward) for those who go back to smoking.
- Conducting stop-smoking competitions among various divisions in the company.
- Having nonsmokers "buddy up" with smokers to support and encourage them as they quit.
- Offering rewards to both partners, perhaps even a smoke-free party or banquet for successful quitters and their buddies.

## Conclusion

A no-smoking policy in our workplace would be a win-win situation. Our employees would gain from improved health and reduced risks of cancer, heart disease and other problems. Our company would benefit from lower healthcare costs, better attendance, greater productivity and higher morale.

# Sample No-Smoking Policy Introduction for Employees

## A No-Smoking Policy For Our Company

### Why We Need a No-Smoking Policy

It's no secret – a smoke-free workplace is a healthier, more efficient, safer and happier workplace! As a group, employees who smoke are less productive than employees who do not smoke. Each smoker can cost us more than \$300 a year because of accidents and poor performance. Smokers have twice as many job-related accidents as nonsmokers.

There are other losses. Smokers have more health problems which result in absences from work. On average, their absentee rate is 50% higher than that of nonsmokers, and they are more likely to need hospital care than nonsmokers. This not only means loss of worker productivity, but more time spent covering for absent employees, more frequent medical claims – and higher insurance rates for you.

Unfortunately, smoking harms nonsmokers, too. Because of secondhand smoke, nonsmoking employees who work alongside smokers may themselves develop headaches, nausea, heart disease and lung cancer. Irritation at having to deal with unpleasant cigarette smoke also lowers morale.

Valuable office equipment can be damaged by smoke. Computers are especially vulnerable. Also, cleaning costs are higher. Air filters need changing more often. And the risk of fire is greater – cigarettes are among the leading causes of fires. *In short, cigarettes are a drag on all of us and our company.* That's why a no-smoking policy makes good sense.

### Benefits

- ✓ Smoking restrictions will lead to a healthier workplace.
- ✓ Direct healthcare costs will go down.
- ✓ Company insurance costs may go down.
- ✓ Smoking restrictions will lower absentee rates.
- ✓ Equipment will suffer less without the damage from smoke, matches, cigarette butts and ashes.
- ✓ Office cleaning and maintenance bills will be cut.
- ✓ The risk of fire will be reduced.

### Policy Development

To begin, we'll organize a No-Smoking Policy Development Committee with employees from all areas of the company. The committee will develop a policy just for us and then plan its implementation.



## Incentives for Participation

There are several possible incentives to encourage people to comply with the policy and quit smoking. We might be able to offer lower insurance rates for nonsmokers. Or perhaps we could pay for all or part of a stop-smoking program, or conduct stop-smoking competitions among various divisions in the company. The No-Smoking Policy Development Committee will, with your input, devise incentives that work for us.

## Conclusion

A no-smoking policy will be a win-win situation. You gain from improved health and reduced risks of cancer, heart disease and other problems. All of us will benefit from lower healthcare costs, better attendance, greater productivity and higher morale.

# Sample Policy Statement

## Statement on Workplace Smoking

### Introduction

It is our desire to have the kind of atmosphere at work that contributes to the health of each employee. Smoking in the workplace is not compatible with this goal. It has already been established that smoking not only causes serious health problems for the smoker, but it can also damage the health of nonsmokers nearby.

Our goal is to eliminate smoking at our company. For each employee, this will mean having cleaner air to breathe, fewer illnesses, fewer absences, fewer accidents due to smoking, improved morale, and a cleaner workplace. For the company, this will mean money saved on insurance premiums, greater employee productivity, fewer equipment breakdowns, and lower cleaning costs.

### Policy

The company seeks the safest possible working conditions for all its employees. Therefore, all smoking shall be prohibited in work areas, breakrooms, restrooms, halls, stairways and company vehicles.

Employees who smoke are encouraged to quit smoking. A stop-smoking program will be offered to help them. When hiring new employees, the company will give preference to nonsmokers.

### Implementation

This policy will be developed in four stages.

#### Announcement

The policy will be developed and made known to all employees. During this stage, each employee will have the opportunity to participate in discussions and meetings about specifics of implementation. The Announcement Stage will last four months.

Also, a stop-smoking program shall be made available for those employees who want to quit smoking. The program shall continue throughout all stages of the policy implementation.

#### Smoke-Free Areas

At first, smoking will be prohibited in a few specific areas (like the lunchroom or areas with computers). This stage will last four months.

#### Smoking Areas

In this stage, smoking will be prohibited in all areas except those set aside for smoke breaks. This stage shall last four months.

#### Totally Smoke Free

In the final stage, smoking will be prohibited in all areas of the company, without exception.

# Sample Follow-up Questionnaire for Ex-Smokers

## *How's It Going?*

As part of our effort to eliminate smoking in the workplace, you made a commitment to quit smoking. We'd like to know how you're doing! Please take a moment to answer the questions below about your progress in quitting smoking. (Circle your answers.)

1. How long has it been since you actually quit smoking?

1 week      1 month      2 months      3 months      4 months  
5 months      6 months      7 months      8 months      9-12 months

2. Have you had any cigarettes since you quit?

no              yes, a few              yes, I'm back to smoking again

3. If you are smoking again, how many cigarettes per day are you smoking?

less than 1 pack              1 pack              2 packs              3 or more packs

4. If you are smoking again, do you plan to try quitting again?

yes              no

5. Have you participated in the company's stop-smoking program?

yes              no

6. Has the company's stop-smoking program been helpful to you?

yes              somewhat              no

7. How may we help you in your effort to stop smoking?

Thank you for your answers!  
Please return this questionnaire to your stop-smoking coordinator.

# Congratulations!

You have made a commitment to give up smoking. When you snuffed out that last cigarette, you became a nonsmoker!

Think of all the good things that means:

- ✓ Your health will be stronger.
- ✓ Your lungs will feel better.
- ✓ Your cough will go away.
- ✓ Your savings will grow.
- ✓ Your clothes won't smell.
- ✓ Your family and friends will appreciate it!

Now comes the hard part: Staying a nonsmoker. Do not be discouraged — you can beat the cigarette habit. Remember, you deserve all the good things that nonsmoking brings.

\_\_\_\_\_  
*Nonsmoker*

\_\_\_\_\_  
*Official*

\_\_\_\_\_  
*Date*



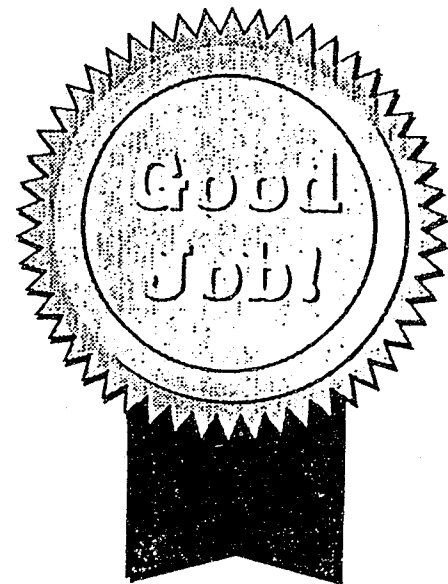
# One Week Smoke Free

Seven days ago, you put down your cigarettes for the last time. You might feel that this past week was the hardest one of your life. There's a good reason — you gave up a habit that had a death grip on you, one that won't let you go without a fight. Take heart — you *will* win the fight. You've quit smoking. Don't quit on yourself and your commitment to your health!

\_\_\_\_\_  
*Nonsmoker*

\_\_\_\_\_  
*Official*

\_\_\_\_\_  
*Date*



# One Year Smoke Free!

One year ago, you made the best decision you could have made to protect your health — you quit smoking. That's a year without coughing, stained teeth, bad breath and burned clothing. And think of the money you have saved by not buying cigarettes and lighters. After a year of breathing easier, would you now go back to smoking? Not on your life!

---

*Nonsmoker*

---

*Official*

---

*Date*



# Smoke Stopper Helper

You are performing a valuable service — helping your friend break the stranglehold of cigarette addiction. You provide the encouragement and the strength to help your friend make it through the tough times of craving “just one smoke.” Don’t let your friend give in! Your friend needs you to stand up for good health!

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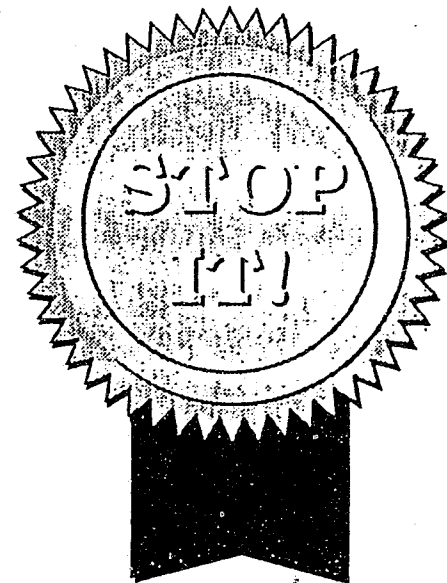
*Nonsmoker*

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*Official*

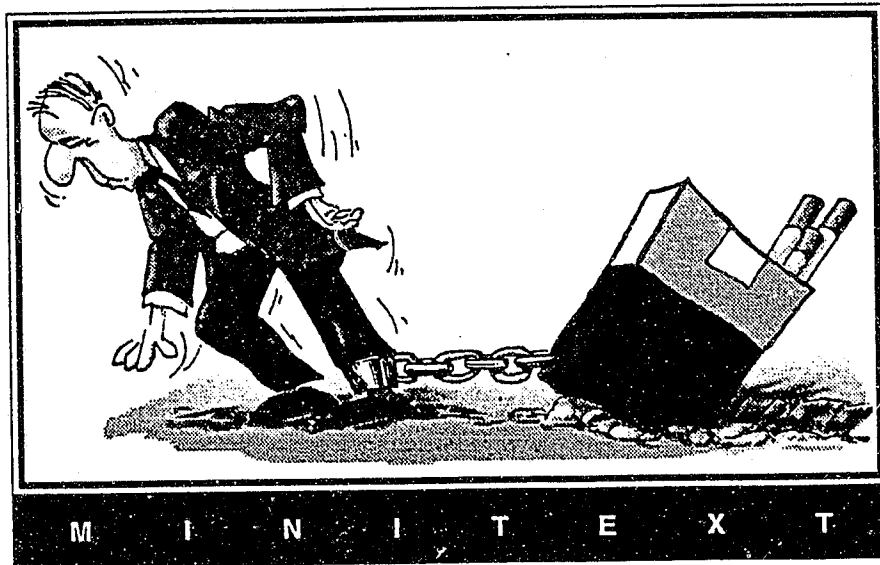
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*Date*



# SMOKING

## ITS EFFECTS & HAZARDS



M I N I T E X T

By W. R. Spence, M.D.



# SMOKING IS ADDICTIVE



"Tobacco is an addicting substance . . . (It) causes more illnesses and deaths than all other dependency drugs, including alcohol, heroin, marijuana and cocaine."

- U.S. Public Health Service

People may smoke a cigar, cigarette or pipe for many different reasons.

Whatever method of smoking they use, the fact is that the tobacco in these products contains the drug nicotine. Nicotine is addictive and deadly.

## TOBACCO SMOKE IS POISONOUS

Tobacco smoke is made up of more than 400 poisons including the following:



### TAR

Tar is the oily matter left after tobacco smoke has gone through a filter. It contains more than 40 cancer-causing poisons. It sticks to lung tissue and blocks breathing.



### CARBON MONOXIDE

This gas is colorless, odorless, and very dangerous. It reduces the oxygen level in the blood. It also lessens night vision and hearing. Carbon monoxide is the same deadly gas that is present in auto exhaust.



### NICOTINE

Nicotine in tobacco is a very addictive drug. It harms the brain and nervous system, increasing blood pressure and heart rate. It also raises the blood's fatty acid levels, contributing to hardening of the arteries. One cigar has enough nicotine - if inhaled all at once - to kill two people. Gardeners use nicotine to kill insects.

## Within Three Seconds of Your First Puff:

- Your blood pressure goes up
- Your eyes become irritated
- Your heart rate increases
- Your throat becomes scratchy
- Carbon monoxide enters your blood
- Other cancer-causing poisons enter your lungs.



Arsenic	Formaldehyde	Pyrene
Barium	Formic acid	Pyruvic acid
Benzoic acid	Glyceridas	Quinic acid
Boron	Glycolaldehyde	Resin
Caffeic acid	Hydrocarbon	Silicon
Carbon	Isovaleric acid	Stearic acid
Cesium	Lactic acid	Strontium
Chromium	Lead	Tannin
Copper	Lithium	Titanium
Ethanol	Magnesium	Valeric acid
Ethyl acetate	Melhanol	Xanthine
Ferulic acid	Oxalic acid	Zinc

# SMOKING — ITS

## SMOKING CAN KILL YOU

If you think smoking is a cool thing to do, think again: Smoking kills! It begins with the first cigarette, and takes you slowly down the path to disease and death. Here's how:

### At First You Experience

Coughing	Headaches
Foul breath	Shortness of breath
Frequent illness	Sour taste in the mouth
Decreased energy	Stained teeth and nails
Bad smell on hands, hair and clothes	



### And Later Will Come

Ulcers	Cavities	Wrinkles
Infertility	Strokes	Heart attacks
Bronchitis	Emphysema	Birth defects
Congestive heart failure	Arteriosclerosis	

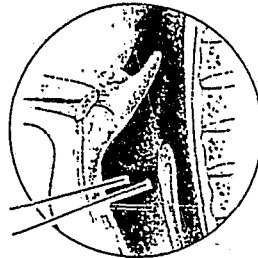
#### Cancers

- Bladder
- Kidney
- Voice box
- Brain
- Mouth
- Breast
- Throat
- Lung

#### VOICE BOX CANCER

This cancer looks like a warty growth. It begins with hoarseness in your voice and ends with surgical removal of your entire voice box.

VOCAL CORDS  
CANCER



#### MOUTH CANCER

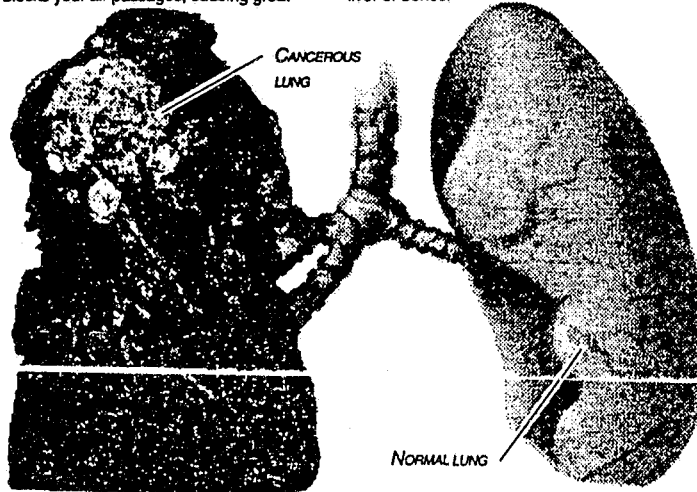
Because nicotine is absorbed through the membranes of the mouth, oral cancer affects the lips, tongue, gums, cheeks and throat. You may develop a sore that bleeds and won't heal, a lump, swelling, a red or white patch of tissue, trouble with chewing or swallowing, or difficulty in moving your tongue or jaws. Treatment includes radiation therapy and surgical removal of the affected area. If your jaw is affected, a section of your jaw may have to be cut out.



#### LUNG CANCER

Smoking is the leading cause of lung cancer. The smoke's tars stick to the inside of your lungs, turning them black. The cancer appears as a grayish-white mass on the outside of your lungs. As it grows, it slowly blocks your air passages, causing great

pain. Lung cancer causes you to cough, spit up blood, and have repeated cases of pneumonia or bronchitis. Signs of lung cancer often don't appear until its advanced stages. By this time it may have spread to your brain, breasts, heart, liver or bones.



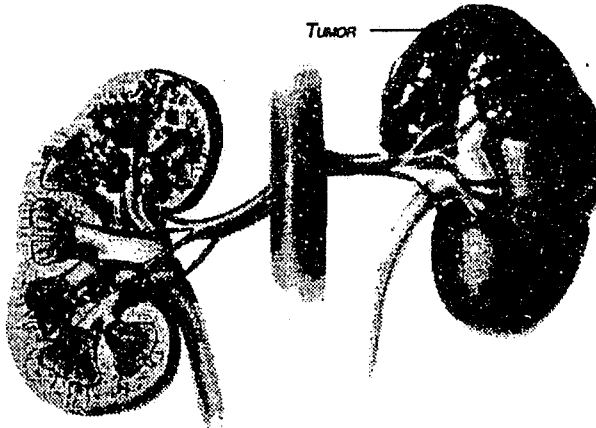
#### BRONCHITIS

Bronchitis is when your breathing tubes are congested and swollen. It reduces the amount of air you can breathe in and out. As a result, you are always short of breath. Bronchitis gives you a smoker's cough, which does not go away unless you quit smoking. Bronchitis also makes you spit up phlegm and mucus, and lowers your resistance to other diseases — including emphysema and pneumonia.

# EFFECTS AND HAZARDS

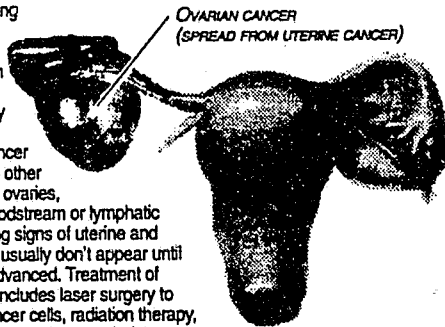
## KIDNEY CANCER

Tobacco smoke's ingredients break down and leave the body through your urine. This means that concentrated cancer-causing agents pass through your kidneys. Blood may start to appear in your urine. Surgical removal of a tumor or the loss of a kidney can result.



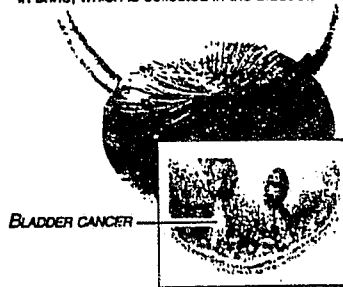
## UTERINE CANCER

This slow-growing cancer is most commonly found in women aged 55-60. Smoking greatly increases your risk. Uterine cancer can spread into other areas, like your ovaries, through the bloodstream or lymphatic system. Warning signs of uterine and ovarian cancer usually don't appear until the cancer is advanced. Treatment of these cancers includes laser surgery to burn off the cancer cells, radiation therapy, hysterectomy (surgical removal of the uterus and sometimes ovaries) and chemotherapy.



## BLADDER CANCER

This cancer is much more common among smokers than nonsmokers. In fact, smoking is the top risk factor for this kind of cancer. Bladder cancer develops because poisons from smoke build up in urine, which is collected in the bladder.



## CIRCULATORY PROBLEMS

The blood flow to your limbs slows, and may stop. Without blood supply, your hands, feet, toes or limbs will have to be surgically removed. Smoking also increases your risk of stroke.

*SIMULATION OF DECREASED BLOOD FLOW IN A FOOT*

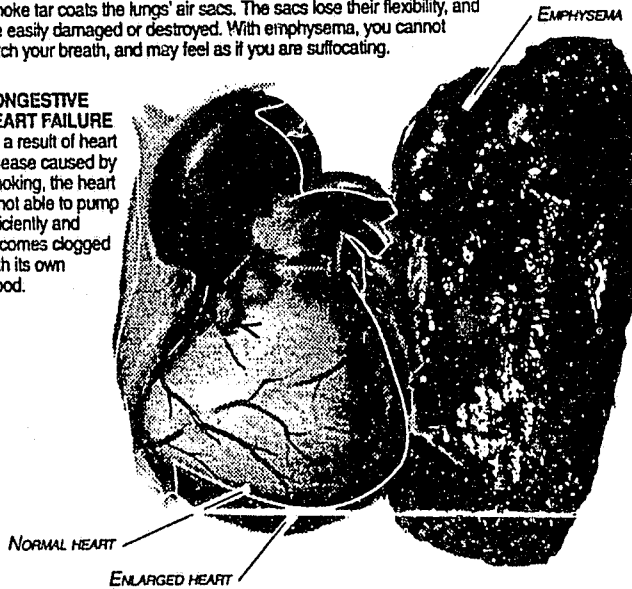


## EMPHYSEMA

Smoke tar coats the lungs' air sacs. The sacs lose their flexibility, and are easily damaged or destroyed. With emphysema, you cannot catch your breath, and may feel as if you are suffocating.

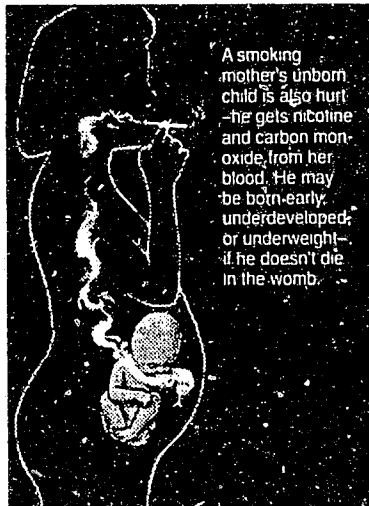
## CONGESTIVE HEART FAILURE

As a result of heart disease caused by smoking, the heart is not able to pump efficiently and becomes clogged with its own blood.



# NONSMOKERS ARE HURT BY A SMOKER'S BAD HABIT

Everyone around a person who is smoking breathes second-hand smoke which has all of tobacco's poisons. It can cause burning, watery eyes or bad headaches. It can also worsen asthma and allergies. Later, nonsmokers may develop some of a smoker's health problems, like lung cancer.

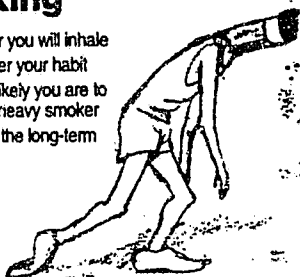


A smoking mother's unborn child is also hurt - he gets nicotine and carbon monoxide from her blood. He may be born early, underdeveloped, or underweight - if he doesn't die in the womb.

## THINK ABOUT THIS

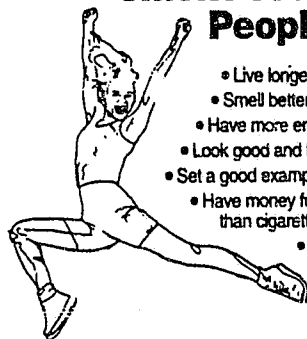
### The Younger You Start Smoking

- The deeper you will inhale
- The stronger your habit
- The more likely you are to become a heavy smoker
- The worse the long-term damage.



### Smoke-Free People

- Live longer
- Smell better
- Have more energy
- Look good and feel healthy
- Set a good example for others
- Have money for better things than cigarettes
- Keep blood pressure and risk of heart attack lower.



## SAVE YOURSELF FROM SMOKING

### Don't Start Smoking

- ✓ Respect yourself and treat yourself well.
- ✓ Make friends with responsible, smoke-free people.
- ✓ Learn better ways to deal with your problems.
- ✓ Don't get into situations where tobacco will be used.
- ✓ Commit yourself to avoiding all tobacco. Promise an important person in your life that you will not smoke.
- ✓ Develop interests that don't allow room for smoking.

### If You Smoke - Quit

If you smoke and want to quit, here's what to do:

1. Make a list of reasons for quitting. Keep it handy so you can look at it when you want to smoke.
2. Throw away all cigars, cigarettes, pipes, matches, lighters and ashtrays.
3. Drink lots of water to flush out the poisons from smoke.
4. Breathe deeply and exercise to relieve tension.
5. Chew gum as a substitute for tobacco.
6. Join a support group.
7. Talk with your doctor about stopping smoking.



**SMOKING - IT ISN'T WORTH THE REST OF YOUR LIFE!**

## TEST QUESTIONS

Take this exam before and after reading the text.

- |   |   |  |
|---|---|--|
| T | F | 1. Tobacco causes more illnesses and deaths than all other dependency drugs.   |
| T | F | 2. Nicotine is addictive, but by no means deadly.  |
| T | F | 3. Tobacco smoke contains carbon monoxide, the same gas that is present in auto exhaust.                             |
| T | F | 4. Smoking is the leading cause of lung cancer.  |
| T | F | 5. Bladder cancer is more common among nonsmokers than smokers.  |
| T | F | 6. Emphysema is a disease in which a person gets too much oxygen.  |
| T | F | 7. Smoking leads to heart disease which can cause congestive heart failure (when the heart is unable to pump blood). |
| T | F | 8. Tobacco smoke may annoy nonsmokers, but it can't harm them.   |
| T | F | 9. The womb shelters an unborn child from a mother's deadly habit of smoking.  |
| T | F | 10. The age at which you begin smoking has no effect on how deeply you inhale.                                       |

ANSWERS:

F (1) F (6) F (2) T (7) F (9) F (5) T (4) T (3) F (2) T (1)

Due to our ability to more frequently revise the Minitext than the Folding Display, data on the Minitext is more up-to-date. Should any discrepancies occur between the Minitext and the Display, please refer to the Minitext as the best source.

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