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Towards a

Healthier Workplace:



A Guidebook on Tobacco Control Policies

Canada



Towards a Healthier Workplace:
A Guidebook on Tobacco Control Policies

Our mission is to help the people of Canada maintain and improve their health.

Health Canada

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Introduction

Controlling Tobacco in the Workplace

Tobacco smoke is the single most significant source of indoor air pollution in work environments. Second-hand smoke — which comes off the burning end of a cigarette or is exhaled by someone who is smoking — exposes employees and customers to cancer-causing pollutants. It can also interact with other occupational hazards, further increasing the danger to health still more.

A comprehensive tobacco control policy is an effective way to protect employees, property and revenues. It costs more to allow smoking at work, than it does to restrict it.

How to Use This Guidebook

This guidebook is designed to help employees and employers who are preparing to create or strengthen tobacco control policies in their workplaces.

There are five sections:

- Section I presents the policy options, the benefits and rationale for a workplace tobacco control policy, a step-by-step process for developing and implementing a policy, and other helpful information.
- Section II provides a series of tools for workplace leaders and five handouts for employees.
- Section III provides some concrete examples of how tobacco control policies were implemented in six diverse worksites across Canada, as well as an overview of some of the lessons learned in these "case stories".
- Section IV provides a presentation with speaker's notes that can be used to make the case for workplace tobacco control policies, and to explain the process of development and implementation.
- Section V contains a contact list of organizations that can provide further information and assistance.

Workplace Tobacco Control: Effective Policies and Programs

1

This section provides an overview of workplace tobacco control, including:

- the rationale for, and benefits of, tobacco control policies in the workplace.
- policy options and samples.
- some overall and specific considerations to think about.
- a step-by-step plan for preparing, implementing and evaluating a tobacco control policy.

References are made throughout this section to the tools and handouts in Section II of this guidebook that complement the information in this section. You may choose to photocopy these and share them with others in your workplace.

Some Important Concepts

Second-hand smoke, which is sometimes referred to as "environmental tobacco smoke" or "ETS", is a mixture of the smoke that comes from the tip of a burning cigarette, pipe or cigar, and what a person who is smoking exhales.

Workplaces or **worksites** include indoor buildings as well as outdoor property and business vehicles.

Employees include all full- and part-time workers at all levels, as well as cleaning and security staff that may work overnight.

Workplace tobacco control policies, in the context of this guidebook, include efforts to help employees who wish to cut down or quit smoking.

The Rationale: Why We Need Workplace Tobacco Control Policies

There are five key reasons for introducing smoking restrictions in the workplace:

1. Better health.
2. Better business.
3. Complying with legislation.
4. Employee satisfaction.
5. Avoiding litigation.

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1. Better Health

Many reliable studies have shown that exposure to second-hand smoke causes heart disease, lung cancer and nasal sinus cancer. It is closely linked to respiratory problems, stroke, breast cancer, cervical cancer, miscarriages, sudden infant death syndrome and low birthweight babies. Second-hand smoke aggravates existing heart, lung and allergic conditions. It can worsen asthma and cause eye irritation, sore throat and headaches.^{1, 2}

More than 1,000 non-smokers die in Canada each year due to heart disease and cancers caused by second-hand smoke.³ Some researchers believe that these numbers may be far higher. In a report entitled *Lost Lives*, the British Columbia Workers Compensation Board concludes that second-hand smoke is a significant cause of workplace deaths, and has paid claims for compensation in that regard.⁴

In some workplaces, tobacco smoke places workers in double jeopardy. When combined with tobacco smoke, other chemicals can become even more dangerous. For example, exposure to tobacco smoke multiplies the danger of exposure to asbestos. It can also transform existing chemicals into more harmful ones.⁵

Smoking restrictions encourage employees who smoke to cut down or quit, and help prevent relapse among those who have become smoke-free. A study published in the *American Journal of Public Health* reported that more than 26 percent of employees who smoked quit when smoking was prohibited in their workplace, compared with a 19 percent quit rate in a workplace that did not have a policy restricting smoking.⁶

Employees are an organization's most important asset. A comprehensive workplace tobacco control policy is an effective tool for promoting, protecting and improving their health.

Did You Know?

Second-hand smoke is a recognized workplace hazard. It contains over 4,000 chemicals, including:

- 50 chemicals that are known to cause cancer;
- carbon monoxide, the deadly gas that comes out of the tail pipe of your car;
- formaldehyde, a chemical used to preserve dead animals;
- arsenic, a chemical used to kill bugs and weeds;
- cyanide, a gas used in warfare.⁷

According to several provincial health and safety acts, 26 of the chemicals found in tobacco smoke are "known toxic agents" which are so dangerous that "any exposure should be avoided".⁸

2. Better Business

Smoking restrictions at the worksite makes good business sense. Employers that protect the health of their employees project a positive image in the community. Workplaces that restrict smoking and help employees change their smoking behaviours also receive a financial benefit. The amount of saving depends on a variety of factors, including the size of the business and the number of employees who smoke.

The Cost of Smoking

The costs associated with employee smoking are significant. Conservative estimates show annual costs per smoking employee can be up to \$2,565 per year in 1995 dollars (see table below).⁹

Annual Estimated Cost of Employing People Who Smoke Per employee in 1995 dollars	
Cost	Cost Factor
Increased absenteeism	\$ 230
Decreased productivity	\$ 2,175
Increased life insurance premiums	\$ 75
Smoking area costs	\$ 85
TOTAL	\$ 2,565

Source: *Smoking and the Bottom Line*, The Conference Board of Canada (1997).

Increased absenteeism (\$230).

People who smoke tend to miss an estimated 1.8 more sick days each year than non-smokers.

Decreased productivity (\$2,175).

Employees who smoke may take cigarette breaks at non-designated break periods. The Conference Board's calculations assume people who smoke take 30 minutes of non-designated break time per day in order to smoke two cigarettes.

Increased life insurance premiums (\$75).

Businesses with staff who smoke have higher life insurance premiums over time because of an increased level of claims submitted on behalf of smoking employees. Fewer claims associated with non-smoking employees will reduce a company's life insurance premiums over time. The Conference Board's calculations are based on applying the average discount for individual policies taken from a sample of Canadian life insurance companies. This figure does not include disability, medical or dental insurance.

Smoking area costs (\$85).

Workplaces that have a separately ventilated smoking room incur costs related to constructing, operating and cleaning the smoking area. The Conference Board's calculations assume a set-up cost of \$11,000 amortized over 10 years, plus annual operating costs of five percent of the initial capital cost. In 2002, the City of Ottawa estimated these costs to be much higher (see "Problems with Ventilation and Designated Smoking Rooms").

More Financial Benefits

In addition to the cost/benefits discussed above, studies show that smoke-free policies reduce costs for cleaning and fire insurance, and there is less damage to equipment and furniture.¹⁰

It is often argued that service industry businesses such as restaurants, bars and hotels will suffer if smoke-free policies are introduced. However, studies in Canada, the United States and Australia all show that smoking bans do not result in lost business.¹¹ Indeed, every objective study using official sales tax data shows that smoke-free policies have a neutral or positive benefit in the long-term for businesses such as hotels and restaurants.¹²

Smoking cessation programs in the workplace may also achieve substantial cost savings, as well as productivity benefits. Workers who have stopped smoking for at least one year lose significantly fewer days of work and have fewer admissions to hospital than those who continue to smoke.¹³

3. Complying With Legislation

Many workplaces implement smoking policies in response to new legislation. In Canada, a growing number of federal, provincial/territorial, and municipal laws are now in place to limit workplace smoking.

Here are some examples:

- The 1988 federal *Non-smokers' Health Act* restricts smoking to separate smoking rooms in workplaces under federal jurisdiction.¹⁴
- Smoking is now banned in provincial government workplaces in British Columbia, Saskatchewan, Ontario, New Brunswick, Nova Scotia and Newfoundland. The other provinces restrict smoking in government workplaces by administrative rules, at least to some degree.¹⁵
- Smoking is prohibited in some private sector workplaces under provincial jurisdiction in British Columbia, Quebec and Newfoundland. In British Columbia, the Workers' Compensation Board has adopted regulations banning smoking in 85 percent of workplaces in that province.¹⁶

- A growing number of municipalities are introducing by-laws to control smoking in public places and workplaces. In Canada over 300 municipalities have enacted by-laws to restrict or ban smoking in the workplace.^{17,18} For specific information about by-laws in your community contact your public health department.

In addition to federal, provincial and municipal legislation, some policy makers are now looking at regulating exposure to second-hand smoke through occupational health and safety legislation. According to Physicians for a Smoke-Free Canada, strict compliance with health and safety legislation would require smoking to be banned in virtually all workplaces across Canada.¹⁹

4. Employee Satisfaction

Several surveys have found that a large majority of both smokers and non-smokers favour smoke-free workplaces. In the 1996/97 National Population Health Survey, 88 percent of smokers and 95 percent of non-smokers said that non-smokers should have a non-smoking work environment.²⁰ Thus, workplaces that are smoke-free are more likely to attract and keep valuable employees. According to the Canadian Tobacco Use Monitoring Survey (2001), people are less supportive of smoking restrictions in bars and restaurants; however, the majority still favours severe restrictions in these establishments.²¹

Many employees who smoke welcome workplace restrictions because it constrains their smoking and supports their efforts to cut down or quit. The majority of people who smoke would rather be non-smokers. In fact, about half say they would like to quit smoking in the next year.²² Employers can help them achieve this goal.

5. Avoiding Litigation

By providing a smoke-free environment, employers protect themselves from liability charges related to exposure to an identified workplace hazard.

Legislation in every province and territory requires employers to ensure that the workplace is safe. Employees who wish to work in a non-smoking environment have an increasingly convincing case that any exposure to second-hand smoke is unsafe and that it is both reasonable and practical for the employer to prohibit smoking as a way of ensuring a safe work environment.²³

The especially high risk of developing cancer or heart disease faced by non-smoking employees in the service industry has recently caught the attention of the national media. The chemical concentration of second-hand smoke is, on average, four to six times higher in bars and up to two times higher in restaurants where smoking is permitted.²⁴ In one high profile case involving a non-smoking waitress, the Ontario Workplace Safety and Insurance Board agreed that her terminal lung cancer was an occupational disease linked to long-term exposure to second-hand smoke.²⁵ Similarly, the British Columbia Workers' Compensation Board allowed a recent claim from a woman who filed for disability because she developed breast cancer working in a smoky workplace.²⁶

Workers and unions in the hospitality industries are more and more likely to ask for compensation for illnesses resulting from second-hand smoke and to demand a smoke-free, safe working environment.

On the other hand, employees who oppose smoke-free policies may find that the judiciary goes against them. Canadian courts and labour tribunals have firmly established that employers have the right and authority to create and maintain a smoke-free work environment. The courts have also decided that smokers' rights are not violated by a smoking ban under the *Canadian Charter*.²⁷

Use the tool in Section II entitled "Tobacco Control in the Workplace: Why We Need It" to provide the rationale for a smoke-free policy and the presentation in Section IV to help make your case.

Policy Options and Samples

Effective workplace tobacco control policies have two components:

- restrictions or bans on smoking;
- support for smoking cessation.

Options for Banning or Restricting Smoking

Option 1: A total ban on smoking inside any building or company vehicle and on outside property.

Option 2: Allowing smoking only in designated areas outside — within a specified distance from doors, windows and intake vents (at least nine metres) or in designated areas outside, preferably sheltered overhead.

Option 3: Restricting smoking to certain areas outside and designated areas inside, that are separately ventilated to the outside.

Options 1 and 2 are the most effective way to protect employees from the hazards of second-hand smoke. Research has shown that the third option fails to provide 100 percent protection to workers and may not satisfy occupational health and safety laws, if they were rigorously enforced.²⁸

Sample policies are provided later in this section.

Problems With Ventilation and Designated Smoking Rooms

Many experts have concluded that attempts to use ventilation to overcome contamination from smoke are futile, since the required ventilation rates are far in excess of what is practical or even possible. There is a growing consensus that, while adjustments to workplace ventilation systems may reduce tobacco smoke pollution, the effectiveness of this approach is limited.²⁹

Designated smoking rooms (DSRs) are expensive. The City of Ottawa estimated that a medium-sized DSR (holding 20 people) would cost about \$70,000 plus maintenance (about \$3,500 per smoker for only the capital cost).³⁰

Workplaces that opt for DSRs need to be fully aware of the requirements for these facilities in their particular jurisdiction. For example, the British Columbia Workers' Compensation Board (WCB) has established that a DSR must be structurally separate to ensure smoke does not migrate into non-smoking areas. The smoking room must have a separate non-recirculating exhaust ventilation system with a minimum ventilation rate of 35 cubic feet per minute per person. Workers, such as those in the hospitality industry, may not be discriminated against for choosing not to enter a DSR. When workers choose to enter a DSR,

exposure must not exceed 20 percent of the worker's time during a 24-hour work period. The WCB also states that it is not aware of any air cleaning system that can by itself meet the regulation's air flow and exhaust requirements.³¹

In terms of designated smoking areas outside, the following requirements are suggested:

- The area should be equipped with ashtrays or non-combustible covered receptacles for the disposal of waste.
- The area should not be by the entrances to the building where non-smokers have to pass by to enter the building. It should be a separate area, sheltered overhead if possible, which is away from the building's air intake vents. Local weather conditions will play a role in determining what type of shelter is needed.³²

Did You Know?

The American Society of Heating, Refrigeration and Air Conditioning Engineers (ASHRAE) sets standards for ventilation rates in North America. ASHRAE maintains that there is NO acceptable ventilation process for second-hand smoke.³³

Support for Smoking Cessation

Providing support for employees who wish to cut down or quit smoking is an important part of a comprehensive tobacco control policy. Helping an employee become a non-smoker is good for the bottom line in terms of cost savings in health and life insurance, reductions in absenteeism and increases in productivity. More importantly, it demonstrates the employer's commitment to enhancing the health of all employees, and an understanding that smoking is an addiction that deserves help in the same way that employees who are addicted to alcohol or other drugs need support. This kind of corporate philosophy is one that can be shared by unions, employee groups and management.

Creating a supportive environment that enables smokers to quit will help to ease tensions between smokers and non-smokers, and between management and smoking employees. It also projects an image of a business that cares about the safety and health of all employees.

Did You Know?

Most adults cite health concerns as the main reason for wanting to quit smoking. Other reasons include changes in lifestyle, increased costs, pregnancy and a concern for the health of others.³⁴

Different Types of Interventions

In Canada, over half of all people who ever smoked have quit, and there are now more options than ever to help people succeed. Interventions vary from self-help resources to intensive small groups and one-on-one counseling, which may or may not include cessation medications.

Self-Help

Most people who quit smoking get help from family and friends or from self-help materials such as pamphlets or booklets. Call your local office of the Canadian Cancer Society, Heart and Stroke Foundation, Lung Association or public health department, or visit the websites listed in the Cessation Programs and Resources section. *On the Road to Quitting*, Health Canada's smoking cessation program, can be accessed on-line or in booklet form at www.gosmokefree.ca.

Brief, Professional Advice

A doctor, pharmacist or nurse can give some advice on quitting as well as some self-help material to take home. Telephone help-lines provide information and support, and callers can ask to have materials mailed to them. Check your phone book for the number of the Smokers Help-line, a free service available in all provinces or visit www.gosmokefree.ca and click on the list of toll-free quit lines organized by province. People living in the territories should contact their local public health unit or band council.

Intensive Counseling and Group Support

This type of intervention includes:

1. Individual counseling usually by a physician, nurse, or helpline specialist that lasts longer than 10 minutes and helps people who smoke adapt to life without cigarettes. Ask your physician about a limited number of counseling sessions that may be covered by your provincial health plan.
2. Group programs usually include weekly sessions over a period of time, provided by the public health department, a voluntary health agency or a community group.

Contact your public health department for information about local organizations offering group programs or visit the websites listed in the Cessation Programs and Resources section of this guide.

Medications for Quitting Smoking

Nicotine gum and nicotine patches have been shown to help smokers quit and stay smoke-free. They are available without a prescription at your local drugstore. Bupropion is a prescription medication (brand name is Zyban) that may help reduce withdrawal symptoms and cravings. The likelihood of success increases when these products are used along with behaviour modification advice in self-help booklets, or with individual or group counseling. People who smoke fifteen or more cigarettes per day, who smoke soon after waking, and who report substantial withdrawal symptoms in previous quit attempts may be especially good candidates for nicotine replacement therapy.³⁵ Employees and unions may wish to negotiate to have cessation medications covered under employee medical insurance plans. They are a cost-effective way to help people quit smoking and thus reduce costs related to absenteeism and lost productivity time due to smoking in the workplace.

Cessation Programs and Resources

Health Canada provides a guide called *Tobacco Use Cessation Programs: An Inventory of Canadian Tobacco Cessation Programs and Resources* (2000 Update) that lists all types of programs (national and provincial/territorial). Health Canada also has an interactive, web-based smoking cessation program called *On the Road to Quitting*. *On the Road to Quitting* is also available as a booklet. To access this program or the resource guide, visit www.gosmokefree.ca and click on "quitting". You can also visit the following websites for information on getting materials for all types of interventions:

- www.cancer.ca (click on "risk reduction", then "tobacco") (Canadian Cancer Society)
- www.lung.ca/smoking (Canadian Lung Association)
- www.cpha.ca/english/hrc/hrcpubs/titles_e.htm (Canadian Public Health Association)
- www.ptcc.on.ca (Program Training and Consultation Centre)
- www.quitnet.com (Quit Net)
- <http://tobacco.aadac.com> (Alberta Alcohol and Drug Abuse Commission)

Other Cessation Activities

Here are some other workplace activities that support cessation:

- Explore opportunities to implement cessation programs with partners such as the Lung Association, the Canadian Cancer Society and the Heart and Stroke Foundation, the local public health department, a community health centre, local offices of provincial/territorial addiction agencies, and local interagency council on tobacco and health.
- Gather and share testimonials from successful quitters.
- Use contests to see which site or department has the most people quit in a four-week period. Prizes, weekly quizzes and a high profile kick-off enhance participation.
- Host power breakfasts, barbecues and other special events tied in with theme weeks such as National Non-Smoking Week and Weedless Wednesday (January), World No Tobacco Day (May 31) and Healthy Workplace Week (October).
- Tailor the program to fit a particular site or group by establishing employee steering committees to provide advice and feedback.
- Encourage informal social support (e.g., buddy systems, and encouragement from fellow workers).

Copy and distribute the employee handouts in Section II to inform employees about the health benefits of quitting, different quit methods and how to help a friend quit smoking.

Sample Policy #1

ABC Company Non-Smoking Policy

ABC Company is committed to providing a healthy, comfortable and productive work environment for our employees.

In order to eliminate hazards and ensure a safe, healthy workplace, the ABC Company shall be entirely smoke-free, effective _____.

All forms of tobacco use will be strictly prohibited within company buildings including but not limited to offices, hallways, waiting rooms, washrooms, lunch rooms, stairwells, elevators, meeting rooms and all enclosed facilities. Smoking is also prohibited on all outdoor property belonging to the company.

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

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

This policy is being announced in advance to facilitate a smooth transition. Those employees who smoke and would like to take this opportunity to quit smoking are invited to participate in the cessation supports being offered by ABC.

The success of this policy will depend on the thoughtfulness, consideration and cooperation of smokers and non-smokers. All of us share in the responsibility for adhering to and enforcing this policy.

Signature of CEO or President

Sample Policy #2

XYZ Company Non-Smoking Policy Except in Designated Areas Outside

XYZ Company is committed to the health and safety of our employees and everyone visiting our premises. Therefore, effective _____ smoking is prohibited throughout all company indoor facilities and in all company vehicles, including rental cars used for company business.

Additionally, smoking shall be prohibited within nine metres of all building entrances, windows and ventilation systems. To discourage smoking around doorways, all ashtrays and garbage receptacles will be placed beyond the nine metre limit.

This policy applies to all employees, visitors and customers.

To complement this policy, assistance will be offered to employees who want to quit smoking. Information about this is available from the Human Resources Department.

The success of our policy will depend upon mutual consideration and cooperation. Please join me in clearing the air in our workplace.

Signature of CEO or President

Some Important Considerations

The Best Approach

Workplace tobacco control policies may be initiated on their own; however, it is best if they are integrated with other efforts to promote health, safety and wellness among all employees. Thus when applicable, it is important to involve representatives of unions and programs such as occupational health, health and safety committees, and employee assistance from the outset, and to move through the networks and processes that these groups already have in place, when it is appropriate.

A comprehensive approach to workplace health considers all of the following components:

- healthy employees;
- healthy environments;
- policies and procedures that support healthy behaviours and minimize workplace risks; and
- an organizational culture that values health, safety and wellness.

The approach in this guidebook builds upon the principles and methods outlined in Health Canada's Workplace Health System. This system suggests that workplaces need to recognize and respect the needs, preferences, attitudes and lifestyles of different groups of employees and to adapt to the unique features of each workplace environment.³⁶

The case stories in Section III point to the importance of building a foundation of underlying values for successful health promotion in the workplace, including respect, openness and full participation, plus providing an overview of "lessons learned" in six diverse workplace settings.

Involvement of Organized Labour

As the evidence of the danger of second-hand smoke continues to escalate, organized labour is getting more and more involved in efforts to protect their members from the hazards of second-hand smoke.

When unions have opposed smoke-free policies, their opposition has generally focussed on the process by which the policy was adopted, rather than the content of the policy. Their concern has been that management had breached its duty to bargain with the union regarding the adoption and implementation of the policy.³⁷

Two other tensions identified by unions include:

- inappropriately making employees act as enforcers or peace officers in their workplaces.
- ignoring other workplace hazards instead of adopting an approach that integrates health, safety and environment issues.

Recently, the Canadian Labour Congress (CLC) adopted a seven-point position statement in the interest of public health and the CLC affiliate membership. It specifies labour's support for government smoking restrictions in public workplaces and public facilities to prevent the public's involuntary exposure to second-hand smoke. Where no legislation is in place, smoke-free workplaces are to be achieved through discussion and negotiation between workers and employers.

This position is based on the employer's duty to eliminate *all* chronic health hazards in the workplace and the right of workers to not be exposed to any toxic hazards. Affiliates are also encouraged to negotiate employer-paid smoking cessation and education programs, separate and effectively ventilated rest areas, and employer-paid treatments for addicted workers.³⁸

Developing and Implementing a Workplace Tobacco Control Policy

The process for developing and implementing a workplace tobacco control policy involves a series of steps. These can be divided into three phases: 1) preparation, 2) implementation and 3) follow-up and maintenance.

Phase I: Preparation

1. **Build commitment with management, labour groups and other influential individuals and groups. Recruit leaders and champions in unions, the health and safety committee, the employee assistance program and the human resources department. In small workplaces, you can involve all employees.**

Copy and distribute "Tobacco Control in the Workplace: Why We Need It" (Section II) at key gatherings and use the presentation in Section IV to build support and commitment.

2. **Establish a Working Group on Tobacco Control with representatives from all parts of your workplace. Include smokers, former smokers and non-smokers, men and women and members of different cultural groups. Make use of existing structures when appropriate. Decide how you will develop a plan and the values and principles that will underlie your approach. Develop terms of reference for this working group – see examples at end of section.**
3. **Provide employees with information on second-hand smoke and smoke-free policies.**

Copy and distribute "Facts About Second-Hand Smoke" in Section II.

4. **Build a case in terms of health and economics. Calculate costs and potential savings.**

Use the tool "How to Estimate the Cost of Smoking in Your Workplace" in Section II.

5. **Gather information on employee attitudes, beliefs and preferences related to a smoke-free workplace. Analyze and share the results with management and employees and feed them into your plan to implement a tobacco control policy.**

Use the survey provided in Section II. Provide a prize or incentive for employees who turn in a completed survey.

6. **Develop the plan, including the objectives of the policy, the type of policy, how you will help with smoking cessation, timing, and procedures for implementation, enforcement, and evaluation. Refer to the information earlier in this section on different ways to assist with cessation and contact local agencies for assistance.**

Use "Tobacco Control: Policy and Program Options" and "Going Smoke-Free: A Step-by-Step Summary" in Section II to help your committee draw up a plan.

7. **Present your plan to management and employee representatives and get agreement to proceed. Order signs to inform people that your workplace is smoke-free and where they may smoke (e.g., outside) if applicable.**

Sample Terms of Reference for the Working Group on Tobacco Control

Purpose: To develop and implement a policy to eliminate exposure to second-hand smoke in the workplace of XXX Inc.

Tasks:

- To learn more about second-hand smoke, workplace tobacco control policies and smoking cessation.
- To gather information on employee and management needs and wishes related to smoking in the workplace, and to analyze the results.
- To provide employees with information on second-hand smoke and smoking cessation.
- To build commitment and support for a tobacco control policy.
- To develop a plan for a tobacco control policy that includes assistance for employees who wish to cut down or quit smoking, enforcement procedures, resource requirements and timelines for implementation.
- To implement the policy with full support from management.
- To monitor and evaluate compliance with the policy and participation in smoking cessation activities.
- To monitor and record outcomes and impacts such as number of employees who quit smoking for one year, reductions in absenteeism, and employee satisfaction with the policy.

Duration: It is expected that the policy will be in place by [month, day, year]. After that time, selected members of the working group will work with the Health and Safety Committee to monitor the implementation and evaluate the initiative for a period of one year.

Meetings: Every second Monday at 3:00 pm.

Phase II: Implementation

8. Set the launch date (spring or summer preferred). Circulate the policy to all employees and tell them when it will be implemented. Present and explain the policy at meetings, provide information in the cafeteria or coffee area. (See sample policies in this Section.)

Copy and distribute "Tobacco: The Toxic Soup" and "Health Benefits of Quitting Smoking" in Section II.

9. Begin supporting employees with smoking cessation activities.

Copy and distribute "10 Ways to Help a Friend Quit Smoking" and "Butting Out for Good" in Section II.

10. Train middle managers and other employees who interact with the public and are involved in enforcement, health and safety, human resources and employee assistance programs. Role play scenarios such as how to advise visitors of the policy and what to do with non-compliance and complaints.
11. Launch the policy and support smoking cessation. Hold a kick-off event such as a barbecue. Consider holding a quit smoking contest beginning on launch day. Contact your public health department for information that employees can take home for their families.

Dealing with Enforcement

- Remember, tobacco is highly addictive. Provide support for smokers.
- Ensure fair and equal enforcement of the policy in all areas and among all employees.
- Decide who will enforce the policy, handle complaints and address infractions. These can be the same employees who address other drug or alcohol-related problems. Often, the task is assigned to departmental managers. In small businesses, it is usually handled by the manager or owner.
- Use the same enforcement procedures for a smoke-free workplace policy as are used to handle other policies on alcohol and drug use, or put new procedures in place. Usually this involves progressive disciplinary measures (e.g., warning, loss of pay, suspension) combined with counseling and help.
- Distribute the policy and the enforcement procedures well in advance of implementation.
- Train the designated staff in enforcement procedures, conflict management and how to handle complaints. Do not force employees to take on this role if they do not want to do so.
- Problems, if they happen at all, are most likely to occur early on. Most workplaces experience few compliance issues.

* Adapted from *Clearing the Air in Workplaces: A Guidebook for Developing Effective Tobacco Control Policies*, Program Training and Consultation Centre (2001).

Phase III: Follow-Up and Maintenance

12. Monitor the policy implementation and evaluate compliance, employee satisfaction, participation in cessation activities, and complaints and praise.
13. Evaluate the success of any activities or initiatives offered to help employees quit smoking.
14. Evaluate long-term outcomes such as changes in absenteeism, cost reductions (maintenance, productivity improvements), employee and customer satisfaction, changes in revenues or number of customers (if your business involves the public).
15. Revise your policy if necessary. Re-enforce the change and celebrate your success!
16. Continue to include smoking cessation activities in ongoing health promotion activities for all employees.

Tailor Your Policy and Program	
WORKPLACE SITUATION	TAILOR YOUR PLAN
High proportion of unionized employees	<ul style="list-style-type: none"> • Involve labour representatives from the outset in addressing smoking as a workplace health, safety and environmental issue. • Focus awareness activities on the effects of second-hand smoke on health. • Involve family members.
High percentage of employees are women	<ul style="list-style-type: none"> • Involve family members. • Offer weight management activities and programs (healthy eating and physical activity) together with female-only cessation activities. • Provide information on pregnancy and second-hand smoke.
High proportion of smokers are skilled tradespeople or labourers	<ul style="list-style-type: none"> • Increase emphasis on cessation assistance. • Provide nicotine replacement therapy and other cessation medications as part of extended health-care benefits.
High percentage of smokers identify addiction as their main reason for smoking	<ul style="list-style-type: none"> • Offer cessation assistance, including nicotine replacement therapy and other cessation medications. • Encourage non-smokers to help others quit.
Low percentage of smokers identify a desire to quit	<ul style="list-style-type: none"> • Emphasize the personal and family health consequences of continued smoking. • Emphasize benefits of quitting.
Workers identify stress as their main reason for smoking	<ul style="list-style-type: none"> • Identify causes of stress in the workplace. • Work to remove or modify major sources of stress. • Offer workplace stress management seminars together with cessation help. • Work with managers to provide assistance to workers during the quitting process.
Employees express concerns about enforcement of the policy	<ul style="list-style-type: none"> • Develop a fair enforcement policy similar to how businesses deal with alcohol or other drug infractions. • Do not force employees to act as enforcers or peace-makers.

About Evaluation³⁹

Why Evaluate?

There are a number of good reasons to evaluate your workplace tobacco control initiative:

- to collect information on the effectiveness and impact;
- to be accountable to your employer and employees;
- to identify ways to improve the program; and
- to assess the efficiency of the initiative (cost-benefit analysis).

Three Types of Evaluations

It is useful to employ three types of evaluations when developing and implementing a workplace tobacco control policy.

1. **Formative Evaluations** are used in the planning stage to help you develop an effective policy that suits a particular workplace.
 - An employee survey (see Section II) is the most important measure at this stage.
2. **Process Evaluations** focus on programs and processes that are underway. The results help you determine if you are on-track or if you need to make adjustments.
 - Evaluate your efforts to assist with smoking cessation: how many participate, description of participants, quantity and types of activities provided, number of participants who completed a set program, participant satisfaction with the activities, etc.
 - Evaluate the implementation process: employee satisfaction, number and kinds of complaints, number and kinds of non-compliance events, how complaints and infractions were dealt with, reactions of customers and visitors, any initial change in number of customers or sales.
3. **Summative Evaluations** seek to answer two questions: "Did the policy make a difference?" (impact) and "Did the policy meet its stated goals and objectives?" (outcome).
 - Have you achieved your stated objectives?
 - Has the initiative affected employee attitudes, beliefs and behaviours?
How?

- Actual reductions in the number of employees who smoke, the amount they smoke and the intentions to quit (at 6 months and 12 months).
- Longer-term acceptance, satisfaction and compliance with the policy (employees and customers).
- Cost benefit analysis: changes in absenteeism, reductions in maintenance costs, productivity improvements, reduced staff turnover, changes in revenues or number of customers (if your business involves the public).

This information was adapted from material prepared by the Health Communication Unit, Centre for Health Promotion, University of Toronto.

Analyze and share your evaluation results. Revise the policy if necessary. Celebrate your success!

Tobacco Control Policies A Recipe for Success

1. Mix together

- a representative planning group
- an employee survey
- support from senior management
- the hazards of second-hand smoke
- support for employees who want to quit
- a commitment to respect and full participation.

2. Add a dash of special events.

3. Bake for 4 to 6 months.

4. Enjoy your clean air!

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Tools for Organizers

These tools are designed to assist employees and employers who are developing a tobacco control policy. You may adapt them to suit your particular needs.

Tobacco Control in the Workplace: Why We Need It

This handout summarizes both the health and business benefits of implementing a workplace tobacco control policy. It can be distributed when making an initial "pitch" to employee representatives, management teams and committees.

Tobacco Control: Policy and Program Options

This tool describes the nature of recommended policies and ways that workplaces can support those who want to quit smoking or cut down.

Going Smoke-Free: A Step-by-Step Summary

This handout provides a step-by-step plan for going smoke-free.

Employee Survey: Smoking at Work

This is a sample employee survey for gathering information on employee attitudes, beliefs and experiences regarding second-hand smoke. It is also meant to gauge the level of support for non-smoking policies in the workplace and includes questions for smokers who want to quit.

How to Estimate the Cost of Smoking in Your Workplace

This worksheet enables workplace representatives to calculate the cost associated with employing people who smoke.

Tobacco Control in the Workplace: Why We Need It

There are five key reasons for introducing a workplace tobacco control policy:

1. Better Health

- Second-hand smoke causes heart disease, lung cancer and nasal sinus cancer. It is also linked to respiratory problems, stroke, breast cancer, cervical cancer, miscarriages, sudden infant death syndrome and low birthweight babies.
- Second-hand smoke aggravates existing heart, lung and allergic conditions. It can worsen asthma and cause eye irritation, sore throat and headaches.
- Second-hand smoke can mix with other chemicals and materials in the workplace and multiply the damaging health effects.
- Workplace policies and support for cessation help employees who smoke to cut down or quit.

2. Better Business

- Tobacco control policies save money. Workplaces can spend up to \$2,565 annually (in 1995 dollars) for each employee who smokes. Smoke-free policies and cessation support can help reduce absenteeism and medical, disability and life insurance costs. Smoke-free workplaces save money on cleaning and maintenance, and enjoy a reduced risk of fire and accidents.
- Studies in several countries show that smoking bans in hotels, restaurants and bars have no long-term adverse effects on sales and may prove beneficial for some businesses. Overall, customer satisfaction with smoke-free policies is favourable, even in public workplaces such as restaurants and bars.
- Protecting workers from a known toxic hazard shows that employers care. A positive image is projected to the community and to customers.

3. Complying with Legislation

- A growing number of laws and by-laws restrict smoking in workplaces. Most require employers to have written policies and ensure that they are followed.

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4. Employee Satisfaction

- In a recent national survey, 95 percent of non-smokers and 88 percent of smokers said that non-smokers should have a non-smoking work environment.
- Tobacco control policies help those employees who want to quit or cut down.
- A smoke-free workplace may reduce employee turn-over and help attract new employees.

5. Avoiding Litigation

- Second-hand smoke is a known carcinogen and a recognized workplace hazard. Liability charges related to exposure to second-hand smoke are increasing.

A workplace tobacco control policy protects employees, property and the business investment.

This information sheet was adapted from material prepared by the Program Training and Consultation Centre.

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Tobacco Control: Policy and Program Options

Effective workplace tobacco control initiatives have two components:

- a tobacco control policy.
- support for smoking cessation.

Policy Options

Policy options include:

1. A total ban on smoking inside any building or company vehicle and on outside property.
2. Allowing smoking only in designated areas outside — within a specified distance from doors, windows and intake vents (three to nine metres) or in designated areas outside, preferably sheltered overhead.
3. Restricting smoking to certain areas outside and designated areas inside that are separately ventilated to the outside.

Options 1 or 2 are the most effective way to protect employees from the hazards of second-hand smoke. Research has shown that the third option fails to provide 100 percent protection to workers and may not satisfy occupational health and safety laws, if they were rigorously enforced. Designated, separately ventilated smoking rooms are expensive and the employer must ensure that employees are not required to enter this area to perform any normal work activities.

Support for Smoking Cessation

Helping employees who want to cut down or stop smoking is both cost-effective and worthwhile. The health benefits of quitting begin immediately and can lead to a longer life with less disability and better overall health.

Here are some of the ways to support smoking cessation:

- Provide information about quitting and encourage non-smoking workers to support friends who are in the process of cutting down or quitting.
- Provide self-help cessation materials. These are available from your local public health department, Canadian Cancer Society or other volunteer health agency.
- Provide counseling for people who smoke, combined with self-help materials through the Employee Assistance Program (EAP) or occupational health personnel.
- Provide group programs on-site or subsidize participation in community cessation programs.
- Encourage people who smoke to speak with a doctor, nurse or pharmacist about smoking cessation medications. Cover the cost of nicotine replacement therapies and other cessation medications to an appropriate limit in supplementary health insurance plans.
- Offer worksite contests and special events tied to National Non-Smoking Week and Weedless Wednesday every January, or on World No Tobacco Day on May 31.

Going Smoke-Free: A Step-by-Step Summary

This handout provides a step-by-step plan for going smoke-free. More details are provided in the first section of the guidebook. You can modify the schedule to suit your workplace but experience has shown that it is best to be open about the process, to implement the policy in stages, and to involve key people from all parts of the workplace.

Phase I: Preparation

1. Build commitment with management, labour groups and other key influential individuals (use the tools and presentation provided in this kit).
2. Establish a Working Group on Tobacco Control with representatives from all parts of your workplace.
3. Provide employees with information on second-hand smoke (use the tools provided in this kit).
4. Gather information on employee needs and wishes (use the sample survey provided in this set) and analyze the results.
5. Develop your plan, including the type of policy, how you will help with smoking cessation, costs, funding and procedures for implementation, enforcement, and evaluation.
6. Present your plan to management and employee representatives and get agreement to proceed.

Phase II: Implementation

7. Set the launch date. Circulate the policy to all employees and tell them when it will be implemented.
8. Begin help with smoking cessation.
9. Train middle managers and other employees who interact with the public and are involved in enforcement, health and safety, human resources and employee assistance programs (EAPs).
10. Launch the policy.

Phase III: Follow-Up and Maintenance

11. Monitor the policy implementation and evaluate compliance, employee satisfaction, participation in cessation activities, and complaints and praise.
12. Evaluate the success of any activities or initiatives offered to help employees quit smoking.
13. Evaluate long-term outcomes such as changes in absenteeism, cost reductions (maintenance, productivity improvements), employee and customer satisfaction, changes in revenues or number of customers (if your business involves the public).
14. Revise your policy if necessary. Re-enforce the change and celebrate your success!

Employee Survey: Smoking at Work

Part A – About Smoking in Our Workplace

1. Please rate the degree to which you agree with the following statement:

"I believe that second-hand smoke is a serious threat to the health of employees in our workplace."

- Strongly agree
- Agree
- Neither agree or disagree
- Disagree
- Strongly disagree

2. Are you bothered by other people smoking in our workplace?

- Yes
- No (go to question 4)

3. If yes to the above, how does second-hand smoke affect you?

(Check all that apply.)

- I have physical reactions (headaches, stinging eyes, nausea, etc.).
- I have medical/health complications affected by second-hand smoke (heart disease, respiratory disease, allergies, etc.).
- I feel the need to get away from my work area for a breath of fresh air.
- I have difficulty sleeping at night due to smoke-related symptoms (nasal congestion etc.).
- I have difficulty concentrating on my work because I am annoyed by the presence of second-hand smoke.
- I feel that my productivity at work is negatively affected by the presence of second-hand smoke.
- I feel uncomfortable asking people who smoke not to smoke around me.
- I sense tensions between smokers and non-smokers.
- Other (please explain).

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Part B – About a Smoke-Free Policy for Our Workplace

4. Are you aware of existing policies that deal with smoking in our workplace?
- Yes
 - No (go to question 6)
5. If yes to the above, are you satisfied with the existing policies concerning smoking?
- Yes
 - No, explain _____
6. Are you in favour of reducing exposure to second-hand smoke in our workplace?
- Yes
 - No
7. What is the strongest policy you would support? (Please check one only.)
- Complete ban on smoking in our workplace (including inside buildings, vehicles and outside property).
 - No smoking inside and smoking restricted to certain areas outside.
 - Smoking restricted to certain areas outside and designated areas inside that are separately vented to the outside.

Note: Enclosed areas inside do not provide full protection from second-hand smoke. Some smoke does escape and re-circulate.

8. Please provide other comments or observations about a smoke-free policy for our workplace.

Part C – About Me

9. I am
- male
 - female
10. My age is _____
11. Which of the following describes you best? (Check one only)
- I am a non-smoker. This completes your questionnaire. Thank you.
 - I am an ex-smoker. This completes your questionnaire. Thank you.
 - I am a smoker who would like to quit.
 - I am a smoker who does not want to quit.

Part D – About Supporting People who Smoke

12. Would you like to cut down on the amount you smoke?

- Yes
- No

13. How many times in the past year have you quit smoking for at least 24 hours?

- None
- 1 to 5
- 5 or more

14. Have you used any assistance in your previous attempts to quit smoking?

- Yes
- No (go to question 16)

15. If yes, please describe the types of supports you have used (self-help materials, group cessation programs, toll-free help-line, doctor's advice, counseling from a pharmacist, use of nicotine gum, use of the patch, prescription for Zyban, etc.).

What type of supports would you consider using if you attempted to quit again?

16. If our workplace were to become smoke-free indoors, how likely would you be to seriously consider quitting smoking?

- Definitely
- Very likely
- Somewhat likely
- Not at all

17. Would you participate in smoking cessation assistance that was offered through our workplace?

- Yes
- No
- Not sure (please explain) _____

Thank you for taking the time to complete this survey. This information will assist us with our plans to increase protection from second-hand smoke in our workplace and to support smokers who wish to cut down or quit.

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How to Estimate the Cost of Smoking in Your Workplace

Several formulas have been developed to estimate the cost of smoking to a business or organization. In 1997, the Conference Board of Canada estimated the annual cost as up to \$2,565 for each employee who smokes (the formulas used are explained in detail below.) You can use it to more accurately calculate the actual costs specific to your company. Obviously, implementing a smoke-free policy will help avoid these costs.

Annual Estimated Cost of Employing People Who Smoke Per employee in 1995 dollars	
Cost	Cost Factor
Increased absenteeism	\$ 230
Decreased productivity	\$ 2,175
Increased life insurance premiums	\$ 75
Smoking area costs	\$ 85
TOTAL	\$ 2,565

Source: *Smoking and the Bottom Line*, The Conference Board of Canada (1997).

How the Costs Are Calculated

1. Increased Absenteeism

To calculate cost due to increased absenteeism, the difference between the annual number of sick days taken by smokers and non-smokers is multiplied by the average daily payroll cost. The annual cost of increased absenteeism per employee is based on the following formula:

$$\text{COST ABSENT} = (\text{DAYS EVER} - \text{DAYS NEVER}) \times \text{DAILY WAGE} \times (1 + \text{BENEFITS})$$

Legend	
COST ABSENT	= annual cost due to increased absenteeism (in dollars per employee).
DAYS EVER	= average number of sick days taken annually by "ever" smokers (estimated to be 13.5 days).
DAYS NEVER	= average number of sick days taken annually by "never" smokers (estimated to be 11.7 days).
DAILY WAGE	= average daily wage (industrial composite: divide average weekly wage by five working days).
BENEFITS	= benefits paid by the employer on behalf of the employee (ratio: estimated at 15 percent of wages).

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2. Decreased Productivity

The annual loss in productivity that results when employees leave their work area to have a cigarette is calculated by multiplying the time taken for cigarette breaks by the average wage.

The average smoker consumes up to 19 cigarettes per day. It is assumed that one-quarter of the cigarettes smoked during the course of a day (about five cigarettes) will be consumed during working hours. With one cigarette consumed during each of two breaks and one during lunch hour, this leaves two cigarettes smoked at times that are not designated break periods. In total, 15 minutes are required for each cigarette break. With two cigarettes smoked in non-designated break periods, a total of 30 minutes is lost to the smoking ritual each day.

The annual loss in productivity that results when an employee leaves his work area to have a cigarette is calculated by the following formula:

$$\text{COST PROD} = \text{CIGS} \times \frac{\text{TIME}}{\text{MINUTES}} \times \text{WAGE AVERAGE} \times (1 + \text{BENEFITS}) \times \text{DAYS WORKED}$$

Legend	
• COST PROD	= annual loss in productivity (in dollars per employee).
• CIGS	= average number of cigarettes smoked per day at work during non-designated break periods (2 cigarettes).
• TIME	= time taken to smoke cigarette in minutes (15 minutes).
• MINUTES	= number of minutes in an hour (60 minutes).
• WAGE AVERAGE	= average hourly wage (industrial composite: divide average weekly wage by five working days).
• BENEFITS	= benefits paid by the employer on behalf of the employee (ratio: estimated at 15% of wages).
• DAYS WORKED	= number of days worked per year (days).

3. Increased Life Insurance Premiums

Employees who smoke file more claims, and over time this drives up the premiums employers pay; non-smoking employees file fewer claims and therefore reduce premiums. The speed at which the premiums increase or decline depends on the size of the organization.

The higher cost of life insurance premiums due to the smoking employee is calculated by applying the average discount for individual policies (35 percent) taken from a sample of Canadian life insurance companies.

The formula for calculating the annual incremental life insurance premium between employees who smoke and non-smoking employees is:

$$\text{COST LIFE} = \frac{\text{PREMIUM AVERAGE} \times \text{EMPLOYER} \times \text{DISCOUNT}}{1 - \text{DISCOUNT} + \% \text{ SMOKE} \times \text{DISCOUNT}}$$

Legend	
COST LIFE	= annual loss in life insurance premiums (dollars per employee).
PREMIUM AVERAGE	= average group life insurance premium per employee — including both employer and employee contributions (dollars per employee).
EMPLOYER	= percentage of group life insurance premium paid by employer (ratio).
DISCOUNT	= average discount for non-smokers on individual life insurance (ratio).
% SMOKE	= percentage of the population that smokes (ratio).

4. Smoking Area Costs

The increased cost of a smoking area is divided into two items: the cost of constructing and operating a separately ventilated smoking area, and the cost of cleaning and maintaining the smoking area.

a) Capital and Operating Costs for a Separately Ventilated Smoking Area

The cost of constructing and operating a separately ventilated smoking area will depend on a number of design factors. Estimates in 1995 ranged from between \$11,000 and \$20,000 and higher.

The formula for calculating the annual cost of constructing and operating a separately ventilated smoking area is:

$$\text{COST ROOM} = \frac{\text{CAPITAL} \times \left(\frac{1}{\text{AMORTIZATION}} + \text{OPERATING} \right)}{\text{SMOKERS}}$$

Legend	
COST ROOM	= annual cost of constructing and operating a separately ventilated smoking area (dollars per employee).
CAPITAL	= capital cost of constructing a separately ventilated smoking area (dollars).
SMOKERS	= maximum number of smoking employees accommodated by the smoking area (number of employees).
AMORTIZATION	= the amortization period for the smoking area (years).
OPERATING	= the annual cost of operating the smoking area expressed as a percentage of the initial capital cost (ratio).

b) Cost of Cleaning and Maintaining the Smoking Area

The cleaning costs are based on cleaning the areas where smoking takes place. The time taken to clean the ashtrays is estimated at five minutes per day for every 25 smoking employees. For weekly cleaning of the smoking area, the time required is estimated at half an hour for every 25 smoking employees. The average hourly wage for janitors is used to convert the time to a dollar amount. The benefits paid by the employer on behalf of the employee are also included in calculating the actual payroll cost to the employer.

The formula for calculating the annual cost of cleaning and maintaining the separately ventilated smoking area is:

$$\text{COST CLEANING} = \frac{\left(\frac{\text{DAILY} + \text{WEEKLY}/5}{\text{MINUTES}} \times \text{WORKDAYS} \right) \times \text{WAGE}_{\text{JANITOR}} \times (1 + \text{BENEFITS})}{\text{SMOKERS}}$$

Legend		
COST CLEANING	=	annual cost of cleaning and maintaining a smoking area (dollars per employee).
DAILY	=	time spent cleaning ashtrays in the smoking area each day (minutes).
WEEKLY	=	time spent cleaning the smoking area each week (minutes).
MINUTES	=	number of minutes in an hour (60 minutes).
WORKDAYS	=	number of working days per year (days).
WAGE JANITOR	=	the average wage for janitorial employees (dollars per hour).
SMOKERS	=	number of smoking employees accommodated by the smoking area (number of employees).
BENEFITS	=	benefits paid by the employer on behalf of the employee (ratio).

Source: *Smoking and the Bottom Line, Conference Board of Canada (1997).*

Handouts for Employees

These handouts are designed to provide employees with key information on second-hand smoke, smoking cessation and the benefits of a tobacco control policy. They can be distributed at meetings or through internal mail, posted on notice boards or put in payroll envelopes.

Facts About Second-Hand Smoke

This handout answers questions about the health effects of second-hand smoke, the benefits of a tobacco control policy and how individual employees can get involved. Space is provided to add a contact name at your worksite so employees will know whom to see about getting more information.

Health Benefits of Quitting Smoking

This handout spells out the immediate and longer-term benefits of quitting smoking. It can be used to help motivate employees to take advantage of on-site or community-based smoking cessation programs and resources.

10 Ways to Help a Friend Quit Smoking

This handout describes 10 ways to help people who are in the process of becoming smoke-free. It is intended to help increase support for employees who want to quit smoking.

Butting Out for Good

This handout describes different ways to quit smoking. It can be linked to information about smoking cessation programs and resources provided at the workplace or in the community. Space is provided to add a contact name at your worksite so employees will know whom to see about getting more information.

Tobacco: The Toxic Soup

This handout describes the dangerous chemicals that are in tobacco smoke and emphasizes the increased danger when they are mixed with other substances that may be present in the workplace.

Facts About Second-Hand Smoke

Q. What is second-hand smoke?

A. Second-hand smoke is the smoke that comes from the tip of a burning cigarette, pipe or cigar and when a smoker exhales. It contains over 4,000 chemical compounds, 50 of which are associated with, or known to cause cancer.

Q. How does second-hand smoke affect my health and the health of others?

A. Second-hand smoke causes heart disease, lung cancer and nasal sinus cancer. It is also linked to respiratory problems, stroke, breast cancer, cervical cancer, miscarriage, sudden infant death syndrome and low birthweight babies. People exposed to second-hand smoke may experience headaches, worsened asthma, and eye, nose and throat irritations. More than 1,000 non-smokers die in Canada each year due to heart disease and cancers caused by second-hand smoke.

Q. How can a workplace tobacco control policy help?

A. Tobacco control policies that eliminate smoking in all indoor areas of the worksite (including vehicles) help to protect workers from the harmful effects of second-hand smoke. Enclosed, separately ventilated smoking rooms do not offer 100 percent protection. They will dilute the smoke but will not make it safe, since there is no known safe level of exposure to cancer-causing agents. These rooms are also expensive to build and maintain. They may be used as a transitional arrangement, but are not the best solution.

Q. What about employees who smoke?

A. Many smokers welcome workplace smoking restrictions because it helps them cut down or quit. Providing support for smoking cessation at the workplace makes it easier to implement tobacco control policies and increases the benefits for employees and employers.

Q. What can I do to help clear the air in my workplace?

- A.** You can:
- Support friends at work who want to cut down or quit smoking.
 - Speak to other workers, occupational health personnel and management about implementing a tobacco control policy and cessation programs to help people who smoke.
 - Join or form a smoke-free workplace committee.

For more information, please contact:

Health Benefits of Quitting Smoking

What a difference a smoke-free day makes! Quitting now means immediate benefits to your health. And it just keeps getting better.

The **day** you have your last cigarette, your body begins to heal itself ...

20 minutes after quitting, your blood pressure drops to your pre-cigarette level.

8 hours after quitting, the carbon monoxide in your blood drops to normal.

24 hours after quitting, you lower your chances of having a heart attack.

48 hours after quitting, your sense of smell and taste improve and begin to return to normal.

In the months and years to come, your body continues to recover ...

2 weeks to 3 months after quitting, your circulation improves and your lungs work better. (Try taking the stairs now!)

9 months after quitting, you experience less coughing, sinus congestion, fatigue and shortness of breath.

1 year after quitting, your risk of heart disease is about half of what it would have been if you had continued to smoke.

5 years after quitting, your risk of stroke is greatly reduced. Within 5 to 15 years after quitting, it becomes about the same as a non-smoker's risk.

10 years after quitting, your risk of dying from lung cancer is about half of what it would have been if you had continued to smoke. Your risk of cancer of the mouth, throat, esophagus, bladder, kidney and pancreas also decreases.

15 years after quitting, your risk of heart disease is the same as a non-smoker's risk.

Over half the people who have ever smoked in
Canada have quit. You can too!

This information sheet was adapted from material prepared by the Program Training and Consultation Centre, the Alberta Tobacco Reduction Alliance and information from www.gosmokefree.ca (Health Canada).

10 Ways to Help a Friend Quit Smoking

People who smoke need support and understanding when they are struggling to become smoke-free. Here are 10 ways you can help.

1. **Ask how you can help.** Make yourself available as much as possible, especially during the first few days.
2. **Be patient.** Most people who quit smoking experience physical and psychological withdrawal symptoms. These symptoms usually peak within 48 hours, but might last as long as four weeks. Be especially understanding during this time.
3. **Listen.** Don't preach or counsel; just listen. Hostility and irritability can be a normal — and temporary — part of the withdrawal process. Encourage him to talk about his feelings.
4. **Encourage her to seek help.** Suggest she participate in smoking cessation activities at work or in the community and that she ask her doctor or the workplace nurse for help. Encourage her to use self-help materials available at work or from community agencies such as the Lung Association or the Canadian Cancer Society.
5. **Help him avoid smoke and others who smoke as much as possible.** Invite him to join you in activities that are not associated with smoking, such as walking, swimming, or going to theatres, libraries and department stores.
6. **Offer practical support. Quitting can be very stressful.** Offer to help minimize other pressures by taking her kids for a few hours or helping with difficult work situations.
7. **Keep a supply of smoking substitutes on hand.** People who quit smoking miss the satisfaction of handling and inhaling a cigarette. Keep a supply of gum, mints, toothpicks and straws on hand.
8. **Be supportive if your friend has a relapse.** Sometimes it takes five or more attempts before a smoker quits for good. Encourage your friend to build on what he has learned and to try again.
9. **Celebrate success.** Help mark significant milestones such as three days, one week, or one month of being smoke-free. Send her a note of congratulations, take her out to lunch, send flowers.
10. **Reinforce the benefits of staying smoke-free.** Encourage your friend to use the money he has saved to purchase something special. Celebrate the health benefits by participating in a charity walk or run.

This information sheet was adapted from material prepared by the Program Training and Consultation Centre and the Alberta Tobacco Reduction Alliance.

Butting Out for Good

Tobacco is addictive and quitting smoking may not always be easy. But over half of Canadians who smoked have managed to quit and stay smoke-free. Today, there are more options than ever to help you quit smoking.

Help Is Available

Support for smoking cessation varies from informal self-help materials to intensive counseling and cessation medications.

Self-Help Aids: Most people who quit smoking get help from family and friends or from self-help materials such as pamphlets or booklets. Call your local office of the Canadian Cancer Society, Heart and Stroke Foundation, Lung Association or public health department or visit the following websites for information on getting self-help materials:

- www.gosmokefree.ca (Health Canada)
- www.ptcc.on.ca (Program Training and Consultation Centre)
- www.quitnet.org (Quit Net).

Brief, Professional Advice: A doctor, pharmacist or nurse can give you some advice on quitting as well as some self-help material to take home. Telephone help-lines provide information and support, and you can ask to have materials mailed to you. Check your phone book for the number of the Smokers Help-line, a free service provided in all provinces or visit www.gosmokefree.ca for a list of quit lines. People in the territories should contact their local public health unit or band council.

Intensive Counseling and Group Support: Ask your doctor about counseling sessions that are covered under health insurance plans. Consider joining a group program provided by your public health department or a voluntary community group.

Medications for Quitting Smoking: Nicotine gum and nicotine patches have been shown to help smokers quit and stay smoke-free. They are available without a prescription at your local drugstore. Or ask your doctor about bupropion, (Zyban™) a prescription medicine that will help reduce withdrawal symptoms and cravings.

For more information, please contact:

Tobacco: The Toxic Soup

Tobacco products and the smoke they produce harm the health of smokers and people around them.

Tobacco Is Deadly and Addictive

The compounds and chemicals in tobacco put people who smoke at high risk for developing heart disease, stroke, cancer, emphysema and bronchitis. The nicotine in tobacco products is highly addictive. It produces a physical dependency that makes men and women who smoke crave tobacco, regardless of the damage it does to their health.

Toxic Chemicals in Tobacco Smoke

Non-smokers who are exposed to second-hand smoke are also exposed to a host of deadly chemicals.

Second-hand smoke contains over 4,000 chemicals, including:

- 50 chemicals that are known to cause cancer.
- carbon monoxide: the deadly gas that comes out of your car's tail pipe.
- formaldehyde: a chemical used to preserve dead animals.
- arsenic: a chemical used to kill bugs and weeds.
- cyanide: a gas used in warfare.

According to several provincial health and safety acts, 26 of the chemicals found in tobacco smoke are "known toxic agents" which are so dangerous that "any exposure should be avoided".

Double Jeopardy in Some Workplaces

When combined with tobacco smoke, other chemicals can become even more dangerous. For example, exposure to tobacco smoke multiplies the danger of exposure to asbestos. It can also transform existing chemicals into more harmful ones.

Protecting Workers' Health

Smoke-free workplace policies create safer workplaces. They protect and improve workers' health by eliminating exposure to the harmful effects of tobacco smoke and helping those who smoke to cut down or quit.

Introduction

This section contains:

- An overview of some of the lessons learned from six case stories of workplaces that successfully initiated tobacco control policies. Taken together they represent the diversity of workplaces in Canada — both small and large, unionized and nonunionized, public and private, facilities that are used solely for businesses and those that are open to the public.
- Six stories of policy development and implementation in the following workplaces:
 - **Alcan Inc., Province of Quebec**
 - **Boeing Canada, Arnprior, Ontario**
 - **Lakeland College, Vermilion and Lloydminster, Alberta**
 - **Q94 FM Radio Station, Winnipeg, Manitoba**
 - **Red Shoe Pub, Cape Breton, Nova Scotia**
 - **Royal Ottawa Hospital, Ottawa, Ontario**

Health Canada would like to sincerely thank the above sites for sharing their stories. They provide a practical way for all of us to learn about how best to initiate workplace tobacco control policies and programs.

Overview of Lessons Learned

All six case stories demonstrate the need for an open, participatory approach that involves all parts of the workplace — employees, unions, management and representatives of health and safety structures. Each of these groups, but particularly employees, must be given a "voice" and be respectfully heard. While Alcan Inc. is most clear about the need to be guided by a set of values (including respect, integrity, mutual aid and self-help), all of the sites demonstrate a process based on honesty and respect for people's choices and concerns. Everyone is treated as an equal and the policy is equally applied to all.

When it comes to timing, the lessons learned reflect the importance of understanding your specific workplace. In a small business, a policy may or may not be quickly implemented; in large unionized worksites and facilities where people live, it is essential to allow adequate lead time after the policy is announced to prepare for successful implementation. In Canada, the time of year and weather considerations are also important, when a new policy dictates that employees must smoke only outside.

Several cases demonstrate the value of making tobacco control and help with cessation part of an ongoing health promotion or health and safety program. All suggest that while protecting the health of workers should be the primary reason for bringing in a policy, a strong business case can also be made to implement a policy. A cleaner facility, reduced insurance premiums, and reductions in absenteeism are some of the cost-saving outcomes experienced in these stories. In the case of the Red Shoe Pub, a smoke-free policy did not result in any loss of business or customer loyalty.

Lastly, the six stories provide some rich ideas for innovation, such as involving family members and constructing specially built shelters as designated outdoor smoking areas.

Alcan Inc.

Province of Quebec

Alcan Inc. is a Canadian corporation that specializes in aluminum and packaging. It is a multicultural, multilingual organization with 52,000 employees and operations in 38 countries. Maison Alcan, the corporate headquarters, is located in Montreal and operations exist in Quebec, Ontario, Alberta and British Columbia. Taking advantage of its size and diversity, as opposed to letting it complicate and hinder matters, the Alcan sites in Quebec banded together to create a joint union-management committee to address smoking issues.

Since 1995, Alcan in Quebec has been working to reduce tobacco in the workplace to prevent disease and to improve the health and well-being of its employees.

From the beginning a comprehensive, integrated approach using a multi-pronged strategy that included promotion, prevention and cessation support was used. All activities rested on the fundamental values of respect, integrity, mutual aid and self-help. A community animator was hired to guide the process and ensure that the approach and values were respected.

The committee, with representatives from all areas and levels within the company and health professionals, met from two to three times per year. This eventually led to the creation of a provincial roundtable on tobacco control in the corporation. It was this multidisciplinary, multisectoral group that set the objectives for the strategy and ensured all perspectives and expertise were included. The main objective was identified as the elimination of tobacco exposure for employees and their families (including children), whether or not they were smokers.

It was truly a cooperative effort. Employees were not divided. Unions insisted for example, that there be no pitting of smokers against non-smokers and that the initiative be carried out in a non-coercive manner. This approach was broadened to include the families of Alcan employees. Spouses were invited to participate and take advantage of the cessation activities. Prevention and cessation activities were also directed toward the children of employees.

Once the group had finalized their objectives and approach, they met with company directors from across Quebec in all areas of the company. This included various plants and Maison Alcan, the corporate headquarters in Montreal. Each director was provided with a binder that explained the details of the proposed program including the objectives and the rationale. While initially hesitant, unions clearly supported the proposed program and policy

initiatives for controlling tobacco in the workplace. Important union demands did include that they not play a policing role, and that the company not use this important health promotion initiative as a way to absolve themselves from other workplace health issues. Because tobacco control is a health issue, existing workplace health and safety committees were encouraged to sensitize employees around the issues and promote the program. A steering committee with representatives from the various workplace health safety committees across the province was set up to get the process started and to ensure it would continue. This steering committee included upper managers, as they were critical to help lead the program to success. Union representatives were also included as were a mix of both smokers and non-smokers. Experiences were shared, issues were discussed and resolved, and program and promotion initiatives were developed.

Because the sites across the province were unique, the challenges they faced varied between them. For instance, Maison Alcan, the corporate headquarters is a significantly different workplace than the manufacturing plants. During the gradual implementation phase of the smoking ban, the most resistance from the employees at Maison Alcan came when smoking was no longer allowed in individual offices. Employees felt these spaces were their own; they were their private workspaces that often contained family photos and other personal items and some balked at being told they could no longer smoke in them. While today it is accepted that second-hand smoke does not respect artificial boundaries, at the time of the Alcan smoking ban this was not generally understood. As non-smoking policies become the norm at workplaces, resistance is less strong and employees are more accepting. Now at Maison Alcan there are rarely challenges to the policy. And while there was a need for enforcement when the policy was first implemented, through measures such as warnings and reports from security staff, enforcement is virtually no longer required.

Although the smoking ban is in place at all Alcan locations in Quebec, prevention, promotion and cessation activities continue to support employees. Alcan is also proud of the financial contribution they make to this initiative. While the cessation support component accounts for most of the ongoing cost, there is also a small but effective coordination budget to ensure the initiative remains active and viable. Thanks to these commitments, the program remains free for both employees and their families. Health promotion initiatives continue to be planned annually and have included public awareness campaigns, sponsor challenges, interactive displays, and the distribution of promotional material. Prevention activities include resources for both smokers and non-smokers in the workplace and educational workshops on tobacco cessation. One program is aimed at supporting those who are considering quitting. Work over the last two years has focussed on refining messages and approaches to reach those who have not expressed an interest in quitting smoking.

In the plant in Jonquière, Quebec, a location that employs 3,150 workers, smoking rates fell 40 percent, from 29 percent to 18 percent. This translates to 369 employees quitting smoking. During the first four years of the five-year program, 691 employees at the complex in Jonquière were part of an evaluation, including 511 spouses and 265 children and young adults. Between 68 and 75 percent of smokers participated in the program and at the end of the first year about 42 percent had successfully quit smoking. Of those who relapsed, 46 percent joined the program again at least once which resulted in an overall success rate of 54 percent for the program at the end of four years. The success rate for spouses and children were both over 40 percent.

Sharing Key Elements

The tobacco control policy process at Alcan was guided by a set of values: respect, integrity, mutual aid and self-help. Everyone had the chance to voice their views and all opinions were considered. For example, union representatives were able to lend their full support because their concerns were heard and respected. This open, participatory approach ensured that all employees were involved and had the opportunity to participate. This made it much easier to eventually implement the total smoking ban.

Alcan's story demonstrates the benefits of including family members in the initiative and of making tobacco control a part of an on-going health promotion program instead of a one-shot initiative.

Boeing Canada

Arnprior, Ontario

Boeing Canada's Arnprior division has a strong commitment to the philosophy of "working together." And working together at Boeing Arnprior means more than just the production of commercial airplane parts — it has also produced an innovative and effective non-smoking policy.

The plant is located in Arnprior, Ontario, a town about 40 minutes west of Ottawa. What began as a helicopter production and maintenance plant evolved into a production plant for a mix of commercial airplane parts.

The average age of the Boeing Arnprior workforce is 44, with 111 of its 700 employees having over 20 years of service and 390 over 10 years. This diverse group of skilled workers does specialized work and they are used to working in a cooperative environment. It is this cooperative spirit and team approach that helped a group of Boeing employees develop and implement a smoke-free workplace policy that works for everyone.

At one time smoking was allowed throughout the plant, with the obvious exception of the helicopter and fuelling areas. In the 1980s, when smoking was banned in the buildings, it moved outside — sometimes only just outside, in the building entrances. Learning from the experience of one of its sister locations in Winnipeg, where a total smoking ban was met with resistance and resulted in a host of other issues, Boeing Arnprior developed a smoking policy very carefully.

A situational target proposal (STP) team was put together that included unionized and non-unionized employees, management representatives, and both smokers and non-smokers, from all classifications, including production. Representatives from the facilities' organization as well as the Health and Safety Committee were also invited to participate.

As a team they decided the first step should be to survey their fellow workers. This uncovered some interesting facts, including that 50 percent of the employees were smokers (which may be an inflated number and say more about the number of smokers who responded to the survey than the percentage of actual smokers). But the survey responses also asked a lot of questions, revealing the complicated and multifaceted nature of the issue, and the effect it would have on the Boeing workforce.

Non-smokers wanted to be assured they could still socialize with their smoking colleagues during breaks. There were possible human rights and legal issues, as well as practical issues in terms of how the cigarette butts would be cleaned and by whom. The team was also concerned with ensuring that all employees be represented and their opinions considered.

The Labour Relations Department was then presented with the daunting task of finding appropriate responses for all of the concerns that were voiced. Some of the questions were more difficult to answer than others and legal opinions had to be sought and then communicated to employees. A whole consultation process began to evolve that included crew meetings, management

involvement, postings on bulletin boards and other communications with employees. Management wanted the policy to come from the ground up. They did not want to "push" the policy down on the employees, so the STP team was asked to develop the new policy, based on everything that had been learned over the past seven months.

What emerged was a restriction on smoking anywhere on the premises, including between buildings, but allowing smoking in specially built shelters. This not only restricted smoking locations, but now also restricted smoking times to official breaks only, as smoking used to occur as people moved from one building to another. Signs were posted that identified the designated smoking areas.

The design of the structures posed some challenges. A provincial specialist had to be contacted to ensure that the shelters would not be in contravention of the *Ontario Smoking in the Workplace Act*. Arnprior's by-laws were also reviewed. The collective agreement had to be consulted to ensure that policies and procedures in outside areas could be enforced. There were also issues to consider in terms of arbitration and the possibility of a grievance being submitted. To this end, the policy was tested to make sure it was clear, reasonable and consistent with the collective agreement and that it was communicated to all employees before it was implemented, and what the consequences of a breach would be. It was also clear that the policy also must be consistently applied, a possible challenge with a workforce of 700.

The new smoking policy supports other health promotion and employee wellness programs that Boeing already offers, including smoking cessation programs and benefit coverage, a blood pressure monitor station, a heart smart program, nutritious menu choices in the cafeteria, and an employee health newsletter.

Reaction to the policy has been very positive. As soon as the first shelter was erected, the smokers began using it on their own initiative. Claiming ownership almost immediately, their first concerns revolved around the need to keep it clean and the possibility of decorating it at Christmas. Non-smokers are pleased to enjoy a completely smoke-free workplace. To date no grievances have been filed and one of the STP members has quit smoking and several other employees have come forward to share their experiences about giving up smoking.

Sharing Key Elements

The Boeing story demonstrates the value of a careful and co-operative approach to tobacco control in the workplace that begins with defining boundaries by gathering data and information through surveys and legal consultations. Commitment and support from senior management combined with the development of a strong cross-functional team, which drew on a varied group of people with responsibilities from all levels of the organization was key to its success. Other businesses may also want to consider the innovative solution adopted by Boeing — specially built shelters as designated outdoor smoking areas.

Lakeland College

Vermilion and Lloydminster, Alberta

College and university residences are where many students spend a good part of their academic lives. They eat, sleep, study and socialize in their residence buildings. But these temporary homes to thousands of Canadian students are often workplaces for some student staff members. This raises some interesting issues about implementing non-smoking policies in residences.

Established in 1913, Lakeland College offers certificate, diploma, apprenticeship, and applied degree programs, university transfer courses and community education programs at its campuses in Vermilion and Lloydminster, Alberta. The college recently established a presence in Sherwood Park, Alberta and will open a campus there this decade. About 1,800 full- and part-time students attend Lakeland College each year and 150 faculty and 250 union and administrative workers are employed at the college.

Smoking was first addressed at the college in 1989 and designated smoking areas were established. Continued pressure and complaints from students and staff led the college to readdress the issue three years later. At that time, smoking was banned in all college vehicles and buildings, including the student residences. There are some family housing units regulated under the *Landlord and Tenant Act* that were not covered in the college non-smoking policy, but these units are converting to smoke-free as tenants turn over. The only other places where smoking is permitted are in the student-run, on-campus pubs where new "smoke-eater" air filters were recently installed.

Prior to the implementation of the non-smoking policy, the college found it difficult to attract staff and faculty to work in an environment that allowed smoking. Almost all staff members wanted smoke-free residences. The wishes of the staff, in addition to concerns over health, insurance, and fire safety all created the impetus to go entirely smoke-free.

During the development of the policy, installing filters in smoking areas was one of the options considered. However, the College's Board of Governors did not approve this expense. A survey was then circulated to all employees who ultimately voted for Lakeland College to go entirely smoke-free.

Smoking continued to occur indoors in certain areas for some time. The committee sent reminders to staff that the non-smoking policy was in effect and requested that the individual departments look after their areas in this regard. Using this approach instead of an enforcement method helped bring about the elimination of all smoking indoors.

The non-smoking policy has been well accepted and there have been no problems with staff and students smoking inside the college facilities. To reduce litter and prevent smoke from drifting into open doorways, large ashtrays and benches were placed off-to-the-side outside the doorways. The only time that cigarette butts litter the ground is in winter when the snow is so deep people have a hard time getting to the ashtrays and benches.

Support is available from the college for staff members who would like to quit smoking. A few years ago smoking cessation programs were offered. The on-campus nurse used a peak flow metre to help raise awareness of decreased lung volume resulting from smoking. Not many staff members participated as very few staff are smokers, and now that the patch and gum are available over the counter they are no longer covered by the plan. The staff health benefit program covers one-time usage of prescription nicotine patch or nicotine gum to provide incentive for quitting for those who do smoke.

The student Rodeo Club on campus supports a Chew Awareness event to profile the health effects of chewing tobacco and encourage students to quit using it. Unfortunately chewing tobacco is quite popular among some students and is sometimes viewed as a safer alternative to smoking tobacco due to the potential immediate and serious fire hazard on ranches and in barns in addition to longer-term health consequences.

Health and safety issues such as smoking are the responsibility of Lakeland College's Joint Occupational Health, Safety and Fire Committee. This committee is comprised of members from faculty, staff and management. During the past year the college created a full-time health and safety staff position. In addition, a health and safety audit is conducted every year to ensure equipment at the institution is well maintained, and all policies are enforced.

There are two committee levels that manage health and safety issues at Lakeland College at present, however this process is currently under review. Problems that arise are first discussed at the campus level with the Local Health and Safety Committee with employees from every department and faculty. Any issues that cannot be resolved then go to the Joint Occupational Health, Safety and Fire Committee. If problems are still encountered, the Executive Committee of the college is the final arbitrator.

Sharing Key Elements

Employees who work and live in facilities that are also residences are particularly vulnerable to exposure to second-hand smoke. In this situation, concerns about fire safety and insurance costs are also important for making the case for going smoke-free.

Lakeland College was successful in bringing in a smoke-free policy by involving everyone in the policy development process — employees, management and students — and by offering help to smokers who wanted to quit. They have a well-established, representative structure for handling health and safety issues that allows employees to voice concerns and ensures that all policies (including non-smoking policies) are in force. This has likely been a factor in both the smooth implementation of a non-smoking policy in residences at a time when supportive local legislation was not yet in place, and in the continuing respect for the policy.

While not an official part of the original smoke-free policy, action on chewing tobacco on campus is of interest. This is a reminder that we need to inform people that the use of all tobacco products is unsafe.

Q94 FM Radio Station

Winnipeg, Manitoba

Over a decade ago at the Q94 FM radio station in Winnipeg, Manitoba there was a whole lotta smokin'goin' on. The majority of staff members were smokers. With each of them smoking between one and two packs of cigarettes per shift, there was always at least one lit cigarette burning in an ashtray. Over the past 12 years however, the air has cleared at Q94 FM and employees now enjoy a smoke-free environment.

Q94 FM is part of CHUM Limited, one of Canada's leading media companies, owning and operating 28 radio stations, eight local television stations and 17 specialty channels, as well as an environmental music distribution division. About 70 people work at the Winnipeg station including announcers, but there are also clerical, promotional, and news writing positions. The offices are located in one long building with no windows that open. The announcer booths are approximately 4 meters by 4 meters (12 feet by 12 feet).

At Q94 FM, like most radio stations, there is a high-energy atmosphere. On a daily basis, staff experience the adrenaline rushes associated with meeting deadlines and preparing for and going "live" on air. Although always exciting, there is also some stress involved in working in such a charged environment. In the past cigarettes may have been used by staff and management as a coping mechanism to relieve workplace stress.

Before the smoke-free policy was implemented, the current general manager estimates that about 90 percent of all employees, including management, smoked. The general manager at the time had just suffered a heart attack and personally decided he wanted to stop smoking. As well, the cost of repairing and replacing sensitive electronic sound equipment at the station had become very high — hundreds of thousands of dollars over any five-year period. And although there were no formal surveys at the time, there was a sense that the employees were becoming increasingly open to the idea of a smoke-free workplace. Smoking was becoming restricted in the province due to the two-year-old *Non-Smokers Health Protection Act* that prohibited smoking in enclosed public spaces.

The implementation of the new policy took about three months to roll out. Although the decision had ultimately come from management, with no input from staff or union representatives, support was sought from local health agencies to communicate the benefits of the new policy. Speakers were invited to present on topics such as workplace health and second-hand smoke, and no-smoking stickers were distributed to staff members. Notices were posted around the station informing staff of the coming policy and the changes that would accompany it. Once the policy was in force, cessation support was offered to staff by assisting them in accessing programs in the community. This support continues to this day. Now the station is 100 percent smoke-free inside the building, but this does not extend to vehicles, and staff tends to smoke outside the front doors, protected by the overhanging roof.

Ten years later, it is easy to see many of the positive changes that have resulted, even without a formal evaluation. The station has seen major savings as a result of fewer repairs to the sensitive electronic equipment. The cost of cleaning the station has decreased, and staff members now take fewer sick days. As well, only about ten employees continue to smoke, although everyone's choice in this matter is respected.

Q94 FM, and all CHUM member stations, now boast a healthier, more productive workforce, and have gained considerable savings in cleaning and up-keep. The policy has stayed in place and there is never any question of it not being followed. One of the reasons that it was acceptable to staff at the time was because of its democratic nature — it applied to everyone all the time, including management, and there were never any exceptions.

Sharing Key Elements

In the case of Q94 FM, management made the decision to go smoke-free without consulting the staff. The policy was well accepted, however, because of how it was implemented — over time, with support for smoking cessation, with equal application to all, and with the support and involvement of community resources. In addition to the important benefits to the health of employees, protecting valuable electronic equipment was an important rationale for implementing the policy.

Red Shoe Pub

Cape Breton, Nova Scotia

Much of what makes the Red Shoe Pub special centres around music. Those who attended the pub's launch party were lucky to hear many accomplished musicians play and sing including John McDermott and Ashley MacIsaac. Every October the pub participates in Celtic Colours, an island-wide music festival that celebrates Celtic music and culture. And the name of the pub itself was chosen as a tribute to Cape Breton fiddler Dan Rory MacDonald who penned a tune of the same name, and contributed much to the music and culture of the island.

But of course, what really makes any pub special are the people — the employees and the patrons. A kind of "home away from home" for many Cape Bretoners, the Red Shoe is a casual establishment that serves light meals. Music — either the chance to play it or just enjoy it — is the big draw for the people of Mabou. With only 11 employees in peak season, the Red Shoe Pub is not a huge enterprise, but it is a going concern.

As special as the pub was as a meeting place and cultural focal point, both the owner and the employees were concerned about the second-hand smoke they were being exposed to on a regular basis. And they had good reason to be. According to the Cape Breton District Health Authority, the island's smoking rate is higher than the province's average, which is one of the highest in the country. Also, second-hand smoke levels in bars are between three and six times as high as those in other workplaces, and food service workers have a 50 percent higher rate of lung cancer than the general population according to the Genuine Progress Index for Atlantic Canada.

Rob Willson owns the pub. A warning from his doctor that just by working in the pub made him a smoker, and complaints from the employees about chest pain, shortness of breath, coughing and offensive smelling clothes underlined the need to take some positive action. At the time there was no legislation in effect in Nova Scotia that directly addressed second-hand smoke. The *Smoke-Free Places Act* that restricts smoking in most public places, but makes some exceptions for beverage rooms and lounges, came into effect on January 1, 2003. There were also very few businesses in town that prohibited smoking; a bakery being one exception.

Not setting out to be trailblazers or soapbox preachers, Willson and his employees held an informal meeting in November 2001 to discuss possible options. A majority decision was reached to go 100 percent smoke-free inside the pub. Only two months away, January 1 was chosen as the date to implement the new policy. This date would coincide with people's New Year resolutions, and not as many patrons would be affected as business typically drops off in the winter. A small, low-key advertisement was put in the local paper to inform the customers of the new policy.

The pub's customers have been very accommodating for the most part, and those few who were initially unhappy have returned. There have been no issues around the policy not being followed — the regulars know the pub is smoke-free and new customers see right away that there are no ashtrays on the tables.

Business has not changed — there have been no decrease in revenues. And in fact, Willson has observed that new patrons, who presumably stayed away earlier because of the smoke, are now making their way to the restaurant. Other benefits include premises that are now easier to clean, a small drop in insurance rates, and the national media attention this inadvertent yet precedent-setting business move has received.

Willson couldn't be happier with the results. A change he made for health reasons turned out to be a sound business decision as well.

Sharing Key Elements

This story from the Red Shoe Pub confirms what a number of studies in Canada and the United States have shown — pub, restaurant and hotel revenues and customer loyalty do not suffer in the long run from going smoke-free, especially when the establishment provides high quality service and a friendly atmosphere. With small businesses that are well known and liked in the community, the implementation of a policy to protect employee health can be undertaken in a short period of time.

Royal Ottawa Hospital

Ottawa, Ontario

Popular wisdom has held that asking people with mental illnesses to quit smoking was just asking too much. Real wisdom is now showing itself as staff at an Ottawa psychiatric hospital have pointed out that patients with mental illnesses deserve nothing less than a smoke-free environment and support to reach a maximum level of both physical and mental health.

The Royal Ottawa Hospital (ROH) is a centrally-located, 207-bed facility that also serves as a teaching hospital for the University of Ottawa. It offers both inpatient and outpatient specialized mental health services for people with serious, complex and recurring mental illnesses.

There are 790 employees at the hospital, including doctors, nurses, and other health professionals, as well as staff who work in the areas of housekeeping, facilities management, medical archives, information systems, human resources and food services. The hospital itself is a mix of newer and old buildings spread across the campus, connected by a series of tunnels.

As dictated by provincial legislation, the hospital has been smoke-free since 1994, except for designated smoking areas for patients. These areas were separately ventilated, but staff and the Joint Occupational Health and Safety Committee reported that smoke was still present in the indoor environment. The City of Ottawa itself went smoke-free as of August 1, 2001 and the hospital was one of the last places in the city that allowed smoking indoors. A smoke-free pilot project had been running on-site at the Geriatric Psychiatry Day Hospital and the Inpatient Geriatric Psychiatry Ward, and they had not received any complaints.

According to many sources, including the World Health Organization, Physicians for a Smoke-Free Canada, and the American Medical Association, people with psychiatric illnesses are significantly more likely to smoke than the general population. Staff at the ROH expressed their concerns around these issues — they felt that psychiatric patients were already at a disadvantage in their recovery and that they were further disadvantaged if they smoked. There were strong sentiments that the patients at the ROH deserved the same respect and support to achieve mental and physical health as patients anywhere else. And that offering a smoke-free environment at the hospital would help patients develop the life skills they would need to navigate the new smoke-free city of Ottawa. Further, it was pointed out that many mental health patients can and have already been successful in quitting smoking.

Helping to move the issue along, non-smoking staff members lodged formal complaints with the hospital. This spurred the Joint Occupational Health and Safety Committee, which includes representation from various unions, to make a strong recommendation to the hospital's board of directors for the hospital to go 100 percent smoke-free. Detailed proposals and documents were brought forward and input was sought from various groups, including the consumer representatives on the board. The board accepted the recommendation in March

2002, acknowledging the dangers associated with smoking, and implemented a complete ban on smoking inside the hospital to begin July 1, 2002.

Between the time the policy was approved and the date it would be implemented, an education campaign was carried out across the hospital. Presentations were made to staff to help them become more informed about the policy and possible impacts to patients. These sessions ranged from a general one for all staff, to more targeted presentations for doctors and nurses around specialized issues such as drug interactions. All nurses and orderlies received a two-hour training session that dealt with best practices on smoking cessation and the special needs of psychiatric patients. Pamphlets for both staff and patients were also distributed. On July 1, the designated smoking lounges were closed for cleaning and attractive and friendly signs stating "The Royal Ottawa Hospital is pleased to offer you a smoke-free environment" were posted throughout the facilities. Implementing the ban in the warm summer weather helped make the transition easier. And because space is always an issue in hospitals, the old smoking lounges have found new and more positive uses.

Now that the ban is in place there are support measures for patients who smoke. The nicotine patch and nicotine gum, and therapeutic activities are available to in-patients who do not have privileges to leave the ward. An on-site cessation drop-in program for patients has been established and a similar program for staff is also being considered. The hospital also works closely with the city around cessation programming. Cigarette butt boxes have been installed outside and shelters were erected for the winter.

Staff have been flexible regarding infractions. Sound clinical judgement is used when enforcement issues arise and each incident is dealt with on a case-by-case basis, as all patient issues are. One problem has been the issue of some night staff members smoking with patients on the wards. This further demonstrates the importance of supporting staff in their efforts to quit, as well as patients.

Initial reaction has been positive. Proof of this is the way individual programs have managed the issue in response to patient and staff needs. The committee did a follow-up to determine rates of compliance two weeks after the ban was in place and continues to monitor issues that arise. The organizers believe that evaluation is critical and plan to conduct a formal evaluation process in the winter, six months after the ban was put in place.

Sharing Key Elements

The Royal Ottawa story shows the importance of considering both staff and patient needs in the hospital environment. Seeking input from all including various unions and consumer (patient) representatives on the board was important to the acceptance of the policy. This story also demonstrates the value in allowing sufficient time between policy approval and implementation to allow for information and education activities that prepare people for when the smoking ban is set in place. The discovery that some night staff were smoking with patients highlights the need to help staff with cessation as well as patients.

Purpose of This Presentation

This presentation is designed to help employees and employers provide an overview on workplace tobacco policies, and to gain commitment and support for developing such a policy. You can use it with managers and groups of employees at your workplace.

It is adapted from *Clearing the Air in Workplaces: a Guidebook for Developing Effective Tobacco Control Policies*, developed by the Program Training and Consultation Centre.

How to Use This Presentation

1. This presentation was designed to be flexible — you choose the slides that suit your audience and the length of time you have. You may also choose to add slides that address your specific workplace needs and statistics, and the availability of resources in your community.

2. It can be used as a computer generated slide-show, or as overheads by transferring the printed slides to transparencies. The speaker's notes are included in the guidebook.

3. The presentation has three parts:

Part A: Making the Case for a Workplace Tobacco Control Policy — eight slides that describe the benefits of introducing a smoke-free workplace policy.

Part B: Understanding Smoking Behaviour — two slides that provide some basic information on smoking and smoking cessation.

Part C: Going Smoke-Free — ten slides that describe the policy options and a step-by-step process for developing and implementing a policy. Slide 14 is specific to restaurants, hotels and bars and may be only relevant to these kinds of workplaces. The concluding slide has a place for you to insert your contact information or personal message.

4. Test your timing by rehearsing your presentation. Allow between one and four minutes for each slide depending on the length of the speaking points, the complexity of the content and how you present.

5. It takes approximately 20 minutes to present all of the slides. If you only have 10 minutes to present, choose a maximum of 12 slides. A 10-minute presentation could include the following key slides: 1, 2, 3, 4, 8, 11, 12, 13, 15, 16 and 20. Always allow time for comments and questions at the end. One of the main purposes of this presentation is to invite further discussion.
6. Review the tools and handouts in Section II of this guidebook and choose those you want to copy and hand out at your presentation. Useful handouts include "Tobacco Control in the Workplace: Why We Need It"; "Tobacco Control: Policy and Program Options"; "Going Smoke-Free: A Step-By-Step Summary"; "Facts About Second-Hand Smoke" and "Tobacco: The Toxic Soup".
7. Consult with your public health department and local voluntary health organizations prior to the presentation to obtain information about smoking cessation supports in your community and examples of other similar businesses that have gone smoke-free. You may want to ask them to attend to help answer questions.
8. Be ready for emotional responses. Focus on smoke not smokers and on the health and business benefits of a smoke-free workplace.
9. Have fun; take your time. You are presenting because you are the expert!

Slide Overview

Part A: Making the Case

1. **Title Slide**
2. **Benefits of a Workplace Tobacco Control Policy**
3. **Better Health**
4. **Better Business**
5. **Complying With Legislation**
6. **Employee Satisfaction**
7. **Avoiding Litigation**
8. **Summary Slide**

Part B: Understanding Smoking Behaviour

9. **Who Smokes? Why?**
10. **How Do People Quit Smoking?**

Part C: Going Smoke-Free

11. **Policy Options**
12. **Problems With Ventilation and Designated Smoking Rooms**
13. **The Most Effective Options**
14. **No Smoking in Restaurants, Hotels and Bars**
15. **The Best Approach**
16. **Developing and Implementing a Workplace Tobacco Control Policy**
17. **Step-by-Step: Preparation**
18. **Step-by-Step: Implementation**
19. **Step-by-Step: Follow-Up and Maintenance**
20. **Concluding Slide**

Slides and Speaking Notes

1. Title Slide

Speaking Notes

- In the next 15 minutes or so I would like to give you a brief overview on workplace tobacco control policies:
 - why we need them
 - what the options are
 - a step-by-step process for how we can develop and implement a smoke-free policy in our workplace
- I plan to leave lots of time for discussion at the end of the presentation.
- Does this sound okay? [Audience nods agreement]
- Good, then let's begin.



Towards a Healthier Workplace: Workplace Tobacco Control Policies

Towards a Healthier Workplace: A Guidebook on Tobacco Control Policies

2. Benefits of a Workplace Tobacco Control Policy

Speaking Notes

There are five key reasons for restricting smoking in the workplace:

- **Better health.** A smoke-free policy is an effective tool for promoting and protecting the health of our employees.
- **Better business.** A workplace tobacco control policy can save money — in reduced absenteeism, increased productivity, lower health and disability costs, and lower maintenance costs.
- **Legislation.** Federal, provincial and municipal laws that restrict smoking in workplaces are becoming increasingly common. Most of these laws and by-laws require individual workplaces to develop, implement and enforce specific policies at their worksites.
- **Employee satisfaction.** A large majority of workers — both smokers and non-smokers favour workplace smoking bans.
- **Litigation.** Employers who provide a smoke-free environment protect themselves from liability charges related to exposure to tobacco smoke.



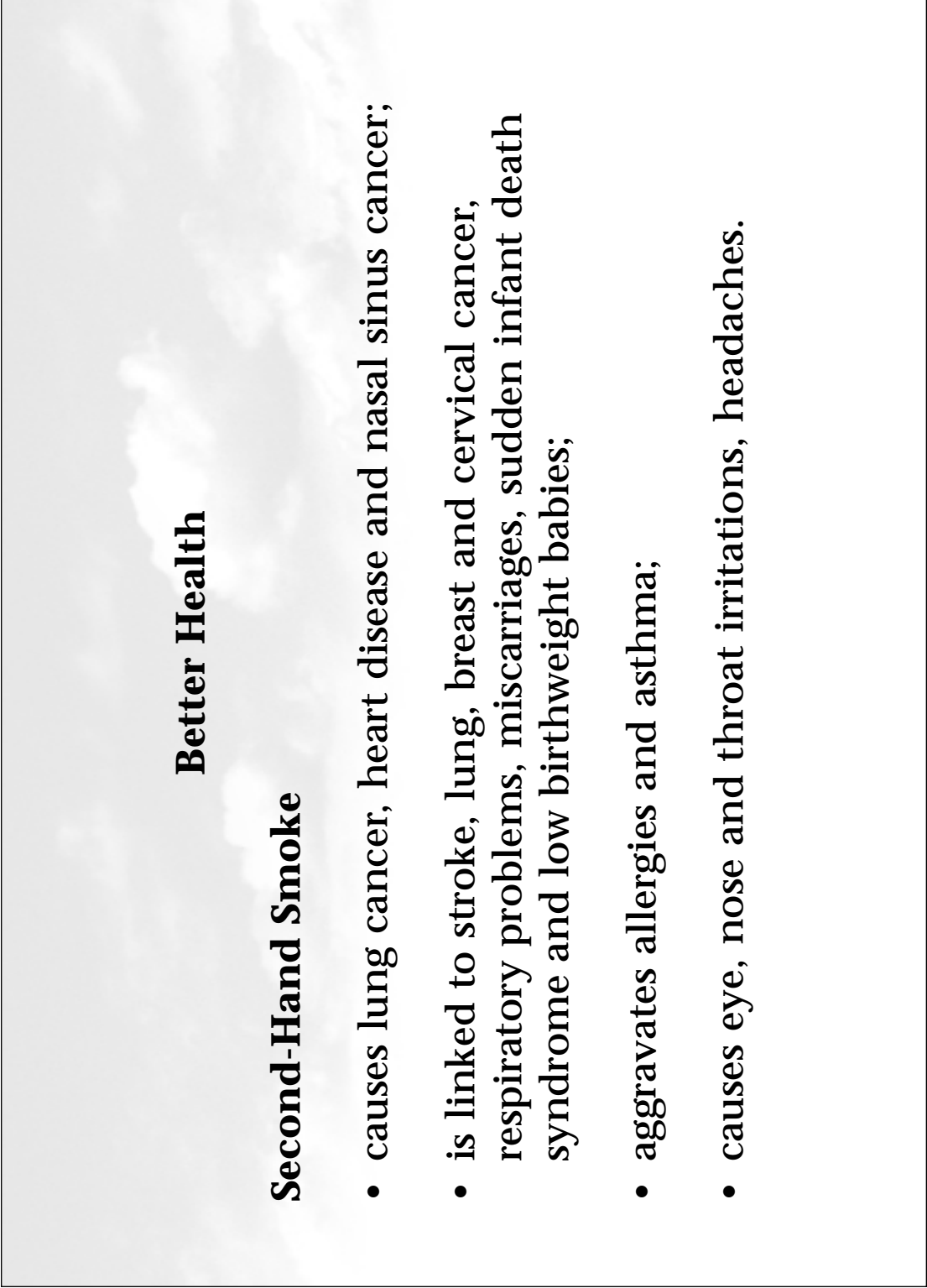
Benefits of a Workplace Tobacco Control Policy

- **Better health**
- **Better business**
- **Comply with legislation**
- **Employee satisfaction**
- **Avoid litigation**

3. Better Health

Speaking Notes

- Second-hand smoke is a toxic mixture given off at the burning end of a cigarette or exhaled by someone who is smoking.
- Second-hand smoke is a recognized workplace hazard and is classified by the U.S. Environmental Protection Agency as a Class A carcinogen, known to cause cancer in humans.
- Second-hand smoke stays in the air for a long time and circulates throughout buildings, exposing employees to chemicals that are associated with the serious diseases and health problems highlighted on this slide.



Better Health

Second-Hand Smoke

- causes lung cancer, heart disease and nasal sinus cancer;
- is linked to stroke, lung, breast and cervical cancer, respiratory problems, miscarriages, sudden infant death syndrome and low birthweight babies;
- aggravates allergies and asthma;
- causes eye, nose and throat irritations, headaches.

4. Better Business

Speaking Notes

- As shown in this slide, the Conference Board of Canada estimates that the annual cost of tobacco smoke in the workplace can be up to \$2,565 per employee who smokes. Today, these costs are higher than this estimate which is in 1995 dollars.
- This is actually an under-estimation since it does not take into account other costs such as health and disability insurance and fire hazards.

Better Business
Annual Estimated Cost
Per Employee Who Smokes
(in 1995 dollars)

Cost Factor	Cost
Increased absenteeism	\$ 230
Decreased productivity	\$ 2,175
Increased life insurance premiums	\$ 75
Smoking area costs	\$ 85
TOTAL	\$ 2,565

Source: Smoking and the Bottom Line, The Conference Board of Canada (1997).

5. Complying With Legislation

Speaking Notes

- Another important reason to implement a workplace tobacco control policy is to comply with existing legislation, or to get ready for impending legislation.
- Most provinces are bringing in legislation to restrict smoking in workplaces and public places. In British Columbia, for example, regulations now ban smoking in 85 percent of workplaces.
- A growing number of municipal by-laws also limit smoking. In Canada, over 300 municipalities have done so.
- Most by-laws require employers to have written policies, to take responsibility for compliance and to set up separately ventilated, designated smoking areas if smoking is not totally banned.



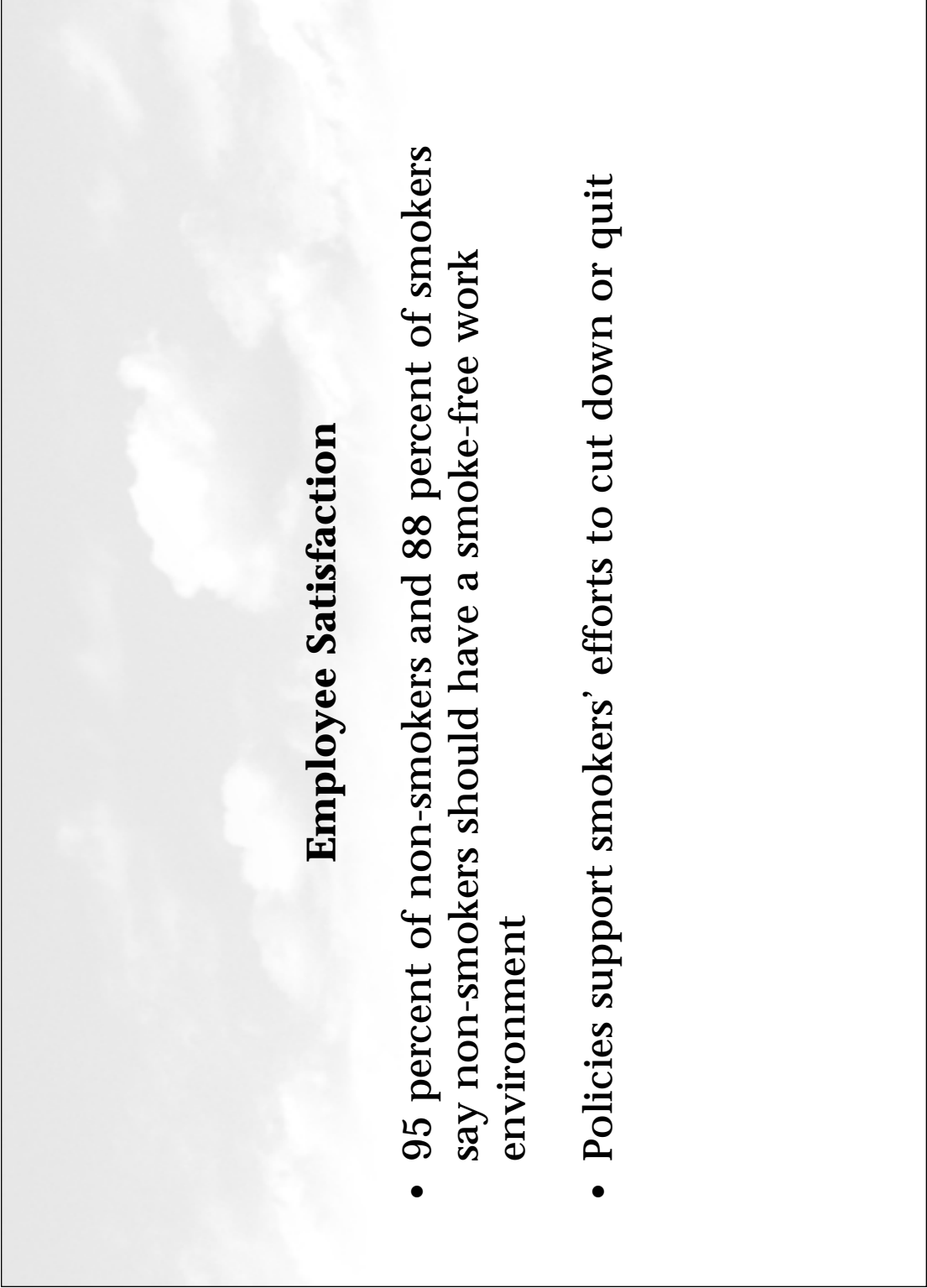
Complying With Legislation

- Provincial legislation
- Municipal by-laws
- Health and safety legislation

6. Employee Satisfaction

Speaking Notes

- Surveys show that 88 percent of smokers and 95 percent of non-smokers believe that non-smokers should be able to work in a smoke-free environment.
- The majority of smokers say they want to quit. Many employees who smoke welcome workplace restrictions because they constrain the number of cigarettes they smoke and provide an incentive to quit.
- Research has demonstrated that when workplace tobacco control policies are put in place, the number of employees who quit smoking increases, and those who continue to smoke tend to reduce their consumption.



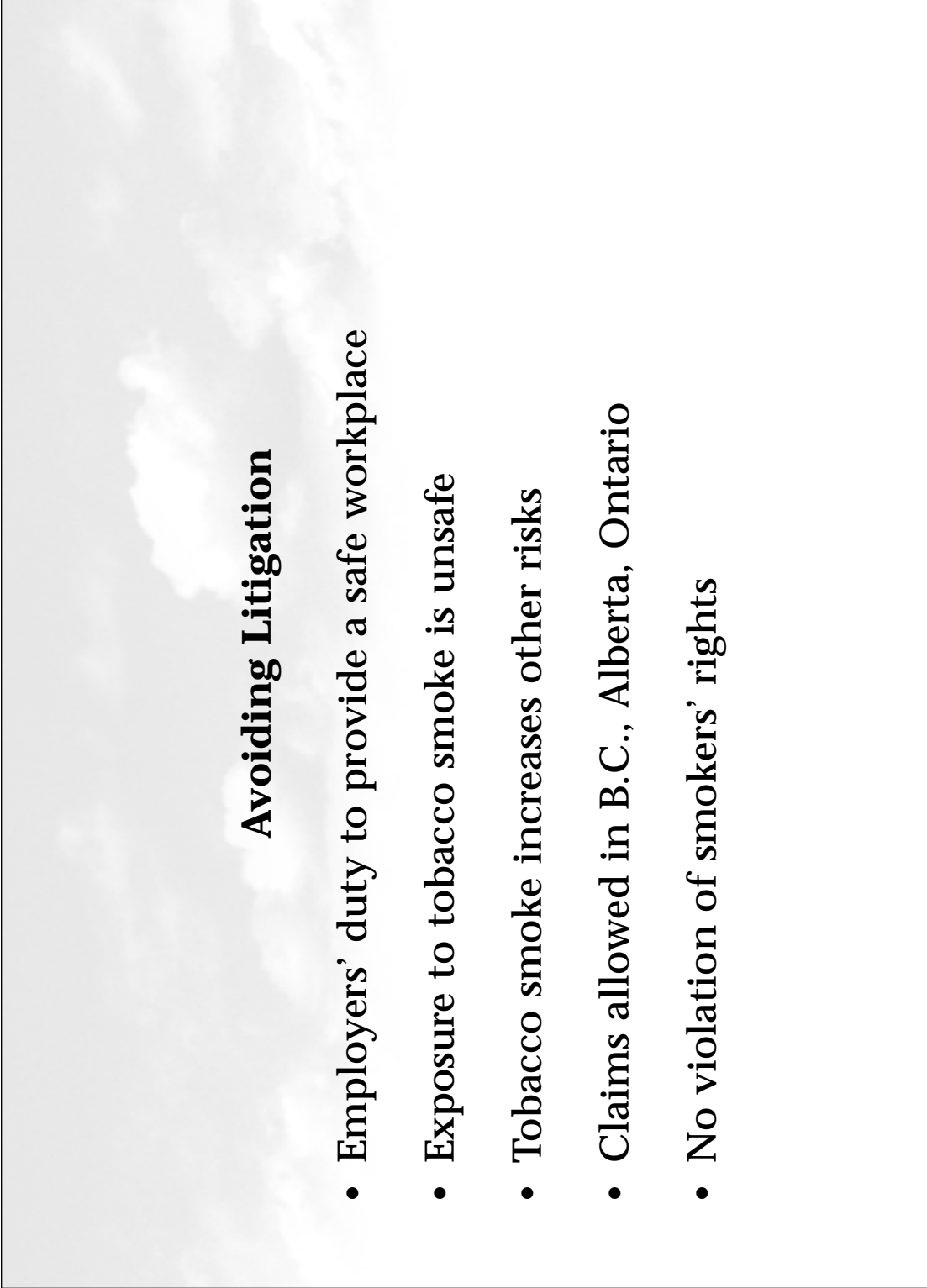
Employee Satisfaction

- 95 percent of non-smokers and 88 percent of smokers say non-smokers should have a smoke-free work environment
- Policies support smokers' efforts to cut down or quit

7. Avoiding Litigation

Speaking Notes

- All employers have a duty under provincial and federal laws to provide a safe workplace.
- The evidence is now clear: any exposure to tobacco smoke is damaging to health; and tobacco smoke can increase the danger of other chemicals when the two are mixed.
- Therefore, there is now a very strong case for employees to refuse to work in a smoke-filled environment, and to seek retribution for damage to health as a result of second-hand smoke.
- Employers who allow smoking in the workplace are increasingly vulnerable to litigation charges from employees and customers.
- For example:
 - In 1996, a pregnant worker at de Havilland Aircraft received pay for time-off that was approved by her physician when she was exposed to second-hand smoke.
 - In 2002, the Ontario Workplace Safety and Insurance Board upheld the claim of a never-smoking waitress that her fatal lung cancer was a result of working in smoke-filled restaurants for 30 years.
 - Similarly, the British Columbia Worker's Compensation Board allowed a recent claim from a woman who filed for disability because she developed breast cancer in a smoke-filled workplace.



Avoiding Litigation

- **Employers' duty to provide a safe workplace**
- **Exposure to tobacco smoke is unsafe**
- **Tobacco smoke increases other risks**
- **Claims allowed in B.C., Alberta, Ontario**
- **No violation of smokers' rights**

8. Summary Slide

Speaking Notes

- In summary, the benefits of a workplace tobacco control policy far outweigh the time and commitment required to develop and implement such a policy.
- It protects our property and investment, as well as our most important asset — our employees.



**A workplace tobacco control policy makes good sense.
It protects our employees, the property and
our investment.**

9. Who Smokes? Why?

Speaking Notes

- In the next two slides, I'd like to talk a bit about smoking and smoking cessation.
- Currently, approximately 21 percent of Canadian adults smoke (CTUMS, 2002).
- As you can see in this slide, smoking rates are higher in some industries and in the small business sector.
- Interestingly, these sectors are also less likely to have workplace tobacco control policies. Employees in these workplaces are more likely to be around others who smoke, which reinforces their smoking behaviour.
- However, addiction is the main reason people continue to smoke. Tobacco is a highly addictive product, despite the claims of the industry to the opposite.
- This has important implications for workplace policies:
 - First, it is important to focus on tobacco smoke — not smokers — as the problem.
 - Second, it is essential to offer support to employees who want to cut down, quit smoking or stay smoke-free.

Who Smokes? Why?

- **Over half of people who smoked have successfully quit**
- **21% of Canadian adults smoke**
- **Higher smoking rates in transportation, forestry, mining, construction, service industries and clerical jobs**
- **Higher rates in small business sector**
- **Why: addiction, peers smoke, lack of restrictions**

10. How Do People Quit Smoking?

Speaking Notes

- How do people quit smoking? We now understand that smokers go through a series of stages in their efforts to quit.
- They usually make numerous attempts before they eventually succeed and relapse is common.
- The good news is that over half of the people in Canada who ever smoked have successfully quit (you may be one of them!).
- Fortunately, there are a wide range of interventions that can help, ranging from the provision of self-help material to minimal contact interventions, group programs and intensive counseling, with or without cessation medications.

How Do People Quit Smoking?

- Repeated attempts
- Over half of Canadian smokers have successfully quit
- Helpful Interventions
 - self-help
 - minimal contact interventions
 - group program and intensive counseling
 - cessation medications
(e.g., nicotine replacement)

11. Policy Options

Speaking Notes

- Options to ban or restrict tobacco use include:
 1. A total ban on smoking inside any building or company vehicle and on outside property.
 2. Allowing smoking only in designated areas outside — within a specified distance from doors, windows and intake vents (three to nine metres) or in designated areas outside, preferably sheltered overhead.
 3. Restricting smoking to certain areas outside and designated areas inside, that are separately ventilated to the outside.
- Options 1 and 2 are the most effective way to protect employees from the hazards of second-hand smoke. Research has shown that the third option fails to provide 100 percent protection to workers and may not satisfy occupational health and safety laws, if they were rigorously enforced.
- Regardless of which of these options we choose, our policy should include support for employees who want to quit or cut down on the amount they smoke.
- I have more detailed information on smoking cessation resources and programs that I can give you, as well as handouts for employees on this topic.

Workplace Tobacco Control Policy Options

- 1. Bans or restrictions on smoking**
 - A total ban on smoking inside any building or company vehicle and on outside property.
 - Allowing smoking only in designated areas outside — within a specified distance from doors, windows and intake vents (three to nine metres) or in designated areas outside, preferably sheltered overhead.
 - Restricting smoking to certain areas outside and designated areas inside, that are separately ventilated to the outside.
- 2. Support for cutting down or quitting smoking**

12. Problems with Ventilation and Designated Smoking Rooms

Speaking Notes

- Many experts have concluded that attempts to overcome tobacco smoking contamination by ventilation are futile, since they require ventilation rates far in excess of what is practical or even possible.
- Ventilation to the outdoors and non-smoking sections do not completely remove the toxic constituents of tobacco smoke from the air.
- In addition, the employer must ensure that no employee is required to enter the area as part of their duties and that cleaning is conducted only when no smoking is taking place.
- Designated smoking rooms (DSRs) are also expensive. The City of Ottawa estimated that a medium-sized DSR (holding 20 people) would cost about \$70,000 plus maintenance (about \$3,500 per smoker capital cost).

Problems with Ventilation and Designated Smoking Rooms (DSRs)

- Ventilation systems reduce exposure, but effectiveness is limited
- Does not eliminate all exposure to second-hand smoke
- Must ensure employee's right not to enter
- Cost = \$70,000 plus maintenance (\$3,500 per smoker capital cost)

13. The Most Effective Options

Speaking Notes

- Most businesses choose one of the policy options shown on this slide, combined with support for employees who want to change their smoking behaviour.
- If we choose the option of restricted smoking outside, we need to carefully consider where that will be. For health and safety reasons, it must be at least nine metres away from the entrance areas, windows and ventilation systems.
- I have some sample one-page policies I can share with you. They are simply written and clear.



The Most Effective Options

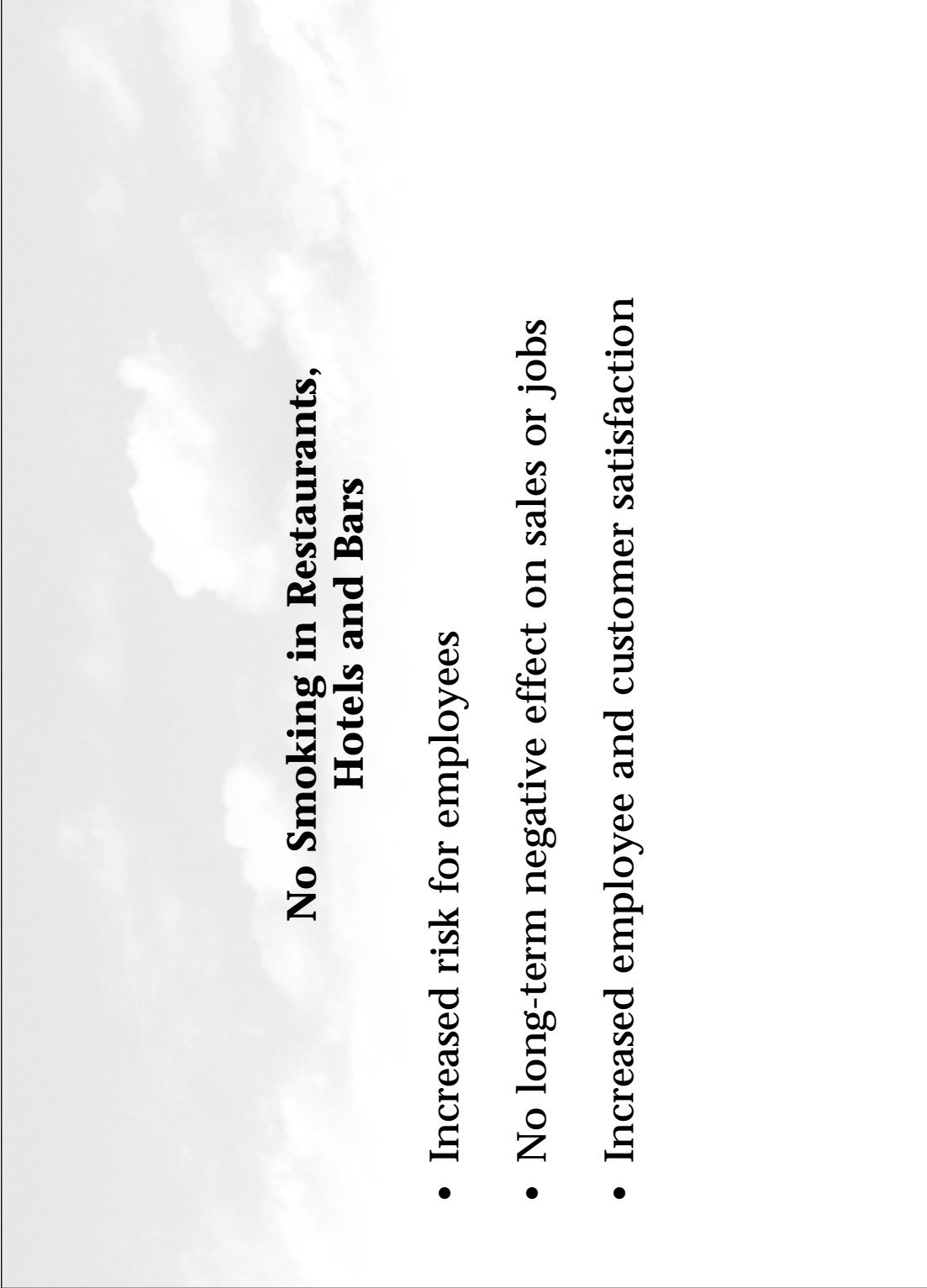
- A total ban inside, outside and in company vehicles, and support for cessation
- Support for cessation, a ban inside and restricted smoking outside to designated areas not by entrance area (at least nine metres away from windows and ventilation systems) ideally in a separate area with a roof overhead equipped with ashtrays

14. No Smoking in Restaurants, Hotels and Bars

Speaking Notes

- Non-smoking employees in the service industry have an especially high risk of getting cancer or heart disease. The chemical concentration of second-hand smoke is, on average, four to six times higher in bars and up to two times higher in restaurants.
- It is often argued that public businesses such as restaurants, hotels and bars will suffer if smoke-free policies are introduced.
- However, numerous studies in both the U.S. and Canada have shown that while there may be an initial, short-term reduction in sales, there is no long-term negative effect on sales or jobs.
- Indeed, a Conference Board of Canada survey of over 50 restaurants who had gone smoke-free found that overall, employee and customer reaction was favourable, and that new clientele were attracted to the business.

Source: "Conference Board of Canada, The Economics of Smoke-Free Restaurants (1996)"



No Smoking in Restaurants, Hotels and Bars

- Increased risk for employees
- No long-term negative effect on sales or jobs
- Increased employee and customer satisfaction

15. The Best Approach

Speaking Notes

- However, if we decide to develop and implement a policy, experience of others has shown that a few things are especially important to the overall approach:
 - Integrating the policy with other efforts to promote health, safety and healthy environments
 - Ensuring representation and full participation by all parts of the workforce
 - Respecting the needs and preferences of all
 - Focusing on smoke as the problem, not smokers



The Best Approach

- Integrate with other efforts to promote health, safety and healthy environments
- Ensure representation and full participation by all parts of the workforce
- Respect needs and preferences of all
- Focus on smoke, not smokers

16. Developing and Implementing a Workplace Tobacco Control Policy

Speaking Notes

- Developing and implementing a policy is a three-step process involving preparation time, implementation and follow-up.
- This systematic approach ensures that we will be effective. It usually takes about four months from beginning to end.
- It helps to identify one individual who will lead the initiative and ensure follow-through.



Developing and Implementing a Workplace Tobacco Control Policy

- **Preparation**
- **Implementation**
- **Follow-up and Maintenance**

17. Step-by-Step: Preparation

Speaking Notes

- In the next three slides I will briefly walk you through 14 steps for developing and implementing a workplace tobacco control policy:
- The first task is to build commitment with management, labour groups and employees.
- The second step is to establish a Working Group on Tobacco Control with representatives from all parts of the workplace.
- Next, we provide employees with information on second-hand smoke.
- We use a survey to gather information on employee needs and wishes related to the policy and help with smoking cessation.
- Then we are ready to develop a plan, including the type of policy, how to help with smoking cessation, costs, funding and procedures for implementation, enforcement, and evaluation.
- We present our plan to management and employee representatives and get agreement to proceed.



Step-by-Step: Preparation

- 1. Build commitment**
- 2. Establish a Working Group**
- 3. Provide employees with information**
- 4. Gather employee input**
- 5. Develop a plan: objectives, timing, procedures, roles**
- 6. Get agreement to proceed**

18. Step-by-Step: Implementation

Speaking Notes

- In step 7, we set the launch date and circulate the policy to all employees and tell them when it will be implemented.
- We begin help with smoking cessation.
- We develop a fair plan to deal with enforcement issues and train middle managers and other employees who interact with the public and are involved in enforcement, health and safety, human resources and employee assistance programs. It is especially important that these people understand the policy and how to deal with situations that might arise involving employees and visitors.
- Next, we post signage and launch the policy.



Step-by-Step: Implementation

7. Set the launch date and circulate the policy
8. Begin help with smoking cessation
9. Plan for enforcement and train key people
10. Launch the policy

19. Step-by-Step: Follow-Up and Maintenance

Speaking Notes

- Evaluation is important if we are to be accountable and to learn how we can improve things. Initially, we need to monitor compliance and assess employee satisfaction.
- We continue to support non-smoking with "quit days", information on how to help colleagues who are changing their smoking behaviour, cessation programs and recognition of employees who have successfully quit.
- We monitor adherence to the policy, employee feedback and participation in smoking cessation programs.
- Lastly, we evaluate our progress related to our stated objectives six months and one-year after the policy has been implemented. We share the results with management, labour and employees.

Step-by-Step: Follow-Up and Maintenance

- 11. Monitor implementation and evaluate employee satisfaction and compliance**
- 12. Support non-smoking**
- 13. Evaluate success of quit activities**
- 14. Evaluate long-term outcomes: employee and customer satisfaction, changes in sales, changes in absenteeism, etc.**

20. Concluding Slide

Speaking Notes

- This concludes my brief overview on workplace tobacco control policies.
- As I mentioned earlier, I have more detailed information as well as handouts and copies of this presentation.
- We will need a team effort that involves all areas of the company to make this work, so please let me know if you would like to be involved.
- Our reward will be a safer and healthier workplace, and healthier employees.
- And now, I welcome your questions and comments.



Let's Clear the Air in Our Workplace

Towards a Healthier Workplace: A Guidebook on Tobacco Control Policies

Contact List for Further Information

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For further information and resources on tobacco control and the workplace, please contact any of the following:

Canadian Cancer Society

Canadian Cancer Society, National Office
10 Alcorn Avenue, Suite 200
Toronto, ON M4V 3B1
Tel: 416-961-7223
Fax: 416-961-4189
Email: ccs@cancer.ca
Website: www.cancer.ca

National Clearinghouse on Tobacco and Health

75 Albert Street, Suite 508
Ottawa, ON K1P 5E7
Tel: 613-567-3050 or
toll-free: 1-800-267-5234
Fax: 613-567-2730
Email: info-services@cctc.ca
Website: www.ncth.ca/NCTHweb.nsf

Canadian Centre for Occupational Health and Safety

135 Hunter Street East
Hamilton, ON L8N 1M5
Tel: 1-800-668-4284
Fax: 1-905-572-2206
Email: clientservices@ccohs.ca
Website: www.ccohs.ca

Non-Smokers' Rights Association

130 Albert Street, Suite 1903
Ottawa, ON K1P 5G4
Tel: 613-230-4211
Fax: 613-230-9454
Email: ottawa@nsra-adnf.ca
Website: www.nsra-adnf.ca

Canadian Labour Congress

2841 Riverside Drive
Ottawa, ON K1V 8X7
Tel: 613-521-3400
Fax: 613-521-4655
Email: health&safety@clc-ctc.ca
Website: www.clc-ctc.ca

Ontario Tobacco Research Unit

33 Russell Street
Toronto, ON M5S 2S1
Tel: 416-595-6888
Fax: 416-595-6068
Email: otru@camh.net
Website: www.camh.net/otru/

Canadian Lung Association

3 Raymond Street, Suite 300
Ottawa, ON K1R 1A3
Tel: 613-569-6411
Fax: 613-569-8860
Email: info@lung.ca
Website: www.lung.ca

Physicians for a Smoke-Free Canada

1226 A Wellington Street
Ottawa, ON K1Y 3A1
Tel: 613-233-4878
Fax: 613-233-7797
Email: ccallard@smoke-free.ca
Website: www.smoke-free.ca

Heart and Stroke Foundation of Canada

222 Queen Street, Suite 1402
Ottawa, ON K1P 5V9
Tel: 613-569-4361
Fax: 613-569-3278
Email: No general mail box
Website: www.heartandstroke.ca

Health Canada Tobacco Control Programme

123 Slater Street
Ottawa, ON K1A 0K9
Tel: 613-957-8333
Fax: 613-954-2377
Website: www.gosmokefree.ca

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British Columbia Ministry of Health Services

5th Floor, 1515 Blanshard Street
Victoria, BC V8W 3C8
Tel: 250-952-1911
Fax: 250-952-1909
Website:
www.gov.bc.ca/healthservices

Alberta Health and Wellness

22nd Floor, 10025 Jasper Avenue
Edmonton, AB T5J 2N3
Tel: 780-422-0747
Fax: 780-427-1016
Website: www.health.gov.ab.ca

Saskatchewan Health

3rd Floor, East Wing, 3475 Albert Street
Regina, SK S4S 6X6
Tel: 306-787-3041
Fax: 306-787-4533
Website: www.health.gov.sk.ca

Manitoba Health

Room 330, Legislative Building, 450 Broadway
Winnipeg, MB R3C 0V8
Tel: 204-945-3771
Fax: 204-945-4564
Website: www.gov.mb.ca/health

Ontario Ministry of Health and Long-Term Care

10th Floor, Hepburn Block,
80 Grosvenor Street
Toronto, ON M7A 1R3
Tel: 416-327-4294
Fax: 416-327-8499
Website: www.gov.on.ca/health

Ministère de la Santé et des Services Sociaux

Édifice Catherine-de Longpré
14^e étage, 1075, chemin Sainte-Foy
Québec, QC G1S 2M1
Tel: 418-266-8989
Fax: 418-266-8990
Website: www.msss.gouv.qc.ca

New Brunswick Health and Wellness

7th Floor, 520 King Street
Fredericton, NB E3B 5G8
Tel: 506-453-2542
Fax: 506-453-5243
Website: www.gnb.ca/HW-SM/hw
Nova Scotia Department of Health
4th Floor, Joseph Howe Building, 1690 Hollis Street
Halifax, NS B3J 2R8
Tel: 902-424-7570
Fax: 902-424-0559
Website: www.gov.ns.ca/health

Prince Edward Island Department of Health and Social Services

2nd Floor, Jones Building, 11 Kent Street
Charlottetown, PEI C1A 7N8
Tel: 902-368-4935
Fax: 902-368-4974
Website: www.gov.pe.ca/hss

Newfoundland and Labrador Department of Health and Community Services

Confederation Building, West Block,
Prince Philip Drive
St. John's, NF A1B 4J6
Tel: 709-729-3125
Fax: 709-729-0121
Website: www.gov.nf.ca/health/
Yukon Health and Social Services
P.O. Box 2703, 307 Black Street
Whitehorse, YK Y1A 2C6
Tel: 867-667-5770
Fax: 867-393-3096
Website: www.hss.gov.yk.ca

**Northwest Territories Department of
Health and Social Services**

Centre Square Tower, 8th Floor, 5022
– 49th Street

P.O. Box 1320

Yellowknife, NT X1A 2L9

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