

Content developed jointly with the American Lung Association and StayWell.



How to build a case for a tobacco-free workplace policy

Choosing to make your organization tobacco-free is one of the most important decisions you can make for your workplace(s) and your employees. Employees who don't smoke are healthier, more productive, and more present at work.



Research has shown that effective tobacco-free policies can help users quit and positively impact an organization's bottom line. To build a case for implementing a new policy—or adjusting an existing smoke-free policy to a more comprehensive tobacco-free policy, you can argue that:

1. Tobacco-free policies improve the health of your employees and your visitors.

Tobacco remains the No. 1 cause of preventable disease, disability, and death in the United States, killing nearly a half million people each year.¹ For every American who dies from smoking, at least 30 are living with a serious smoking-related illness. People who smoke cigarettes are 15x to 30x more likely to get or die from lung cancer than those who don't smoke; and cigarette smoking is linked to 80% to 90% of all lung cancer deaths.²

Further, the effects can extend beyond the lungs—to nearly every organ in the human body. Tobacco users are at an increased risk for a long list of health conditions, including:

- Stroke
- Coronary heart disease
- Vision loss
- Aortic aneurysm
- Pneumonia
- Chronic obstructive pulmonary disease (COPD)
- Tuberculosis
- Asthma
- Reproductive health issues
- Diabetes
- Immune dysfunction³

Nonsmokers who are exposed to cigarette smoke can also suffer serious health issues. Secondhand smoke causes more than 40,000 deaths each year from lung cancer and heart disease. Nonsmokers who are exposed to secondhand smoke in particular work environments are at a much higher risk. For example, levels of secondhand smoke in restaurants and bars are 2x to 6x times higher than in office workplaces.⁴



Benefits of quitting smoking

When smokers quit, after:

20 minutes	heart rate drops
12 hours	the carbon monoxide level in the blood drops to normal
2–12 weeks	the risk of heart attack decreases, and lung function begins to improve
1–9 months	coughing, sinus congestion, fatigue, and shortness of breath decrease
1 year	the increased risk of coronary heart disease is cut in half
5 years	the risk of stroke is that of a nonsmoker's
10 years	the rate of death from lung cancer is cut in half; the risk of mouth, throat, esophagus, bladder, kidney, and pancreatic cancers decrease
15 years	the risk of coronary heart disease is that of a nonsmoker's

Chemicals from tobacco products also cause thirdhand smoke, which occurs when cancer-causing residue sticks to surfaces like carpets and walls, potentially lingering for weeks. Employees who take smoke breaks and return to the workplace can also expose co-workers to the deadly mix of chemicals.

2. Smoke-free policies reduce costs to organizations.

Absenteeism

Smokers miss about 2.6 more days of work each year compared to their nonsmoking colleagues. The average smoker also takes two 15-minute smoke breaks per day in excess of regularly scheduled or allowed breaks. These extra breaks ultimately amount to five days of paid time—that they aren't working—per year.⁵

Reduced productivity

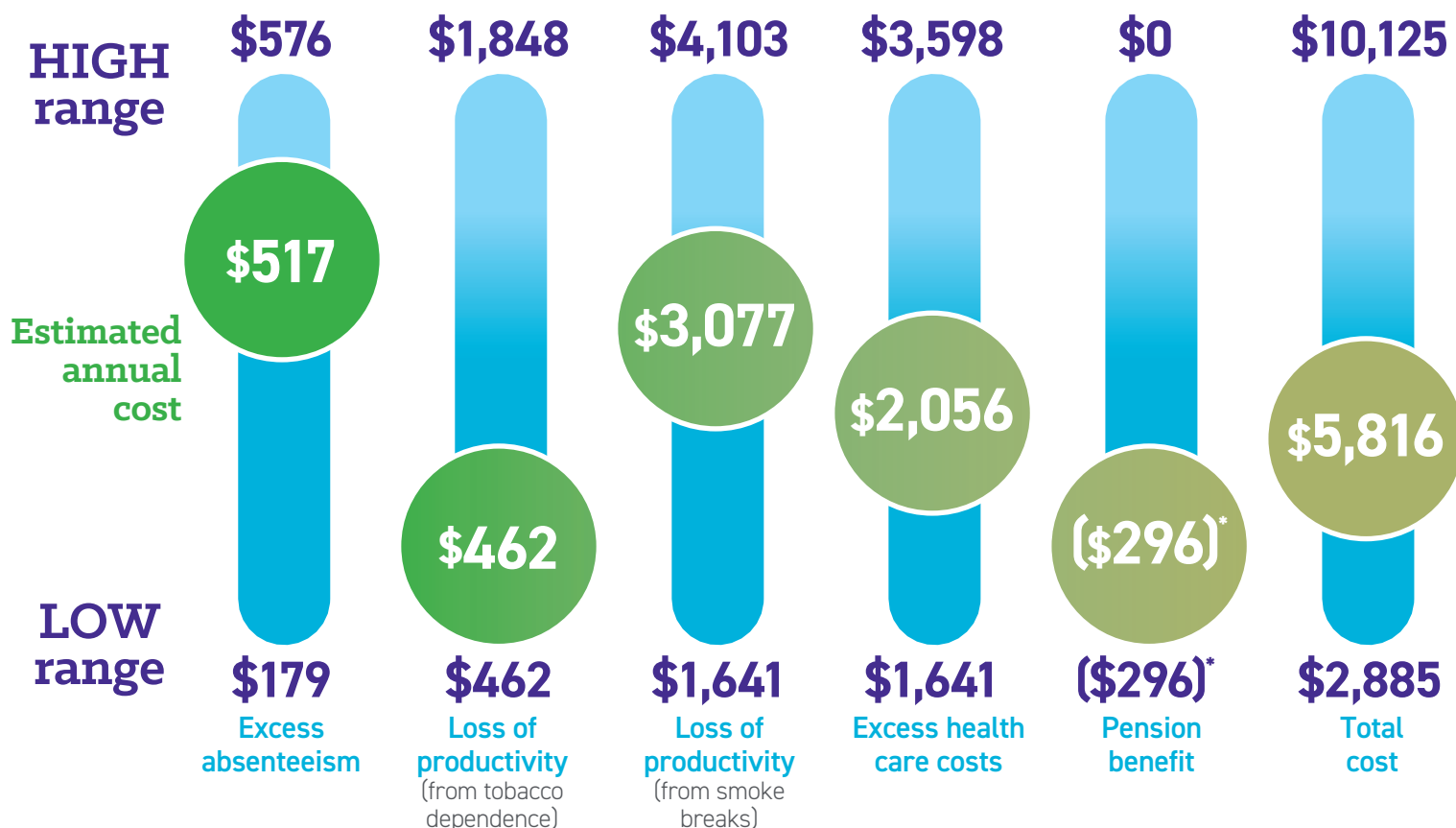
The average smoker begins to feel nicotine withdrawal within 30 minutes of their last cigarette, which can interfere with their ability to effectively perform their job. In fact, it's estimated that smokers are 1% less productive than nonsmokers, which can really add up in worksites that have a large smoking population.⁵

The financial numbers are even more staggering. Smoking-related illness in the United States costs more than \$300 billion per year, including \$156 billion in lost productivity. Secondhand smoke makes up \$5.6 billion of that total number.⁶ Employers who successfully help employees quit can save anywhere between \$2,885 and \$10,125 per employee annually.⁵

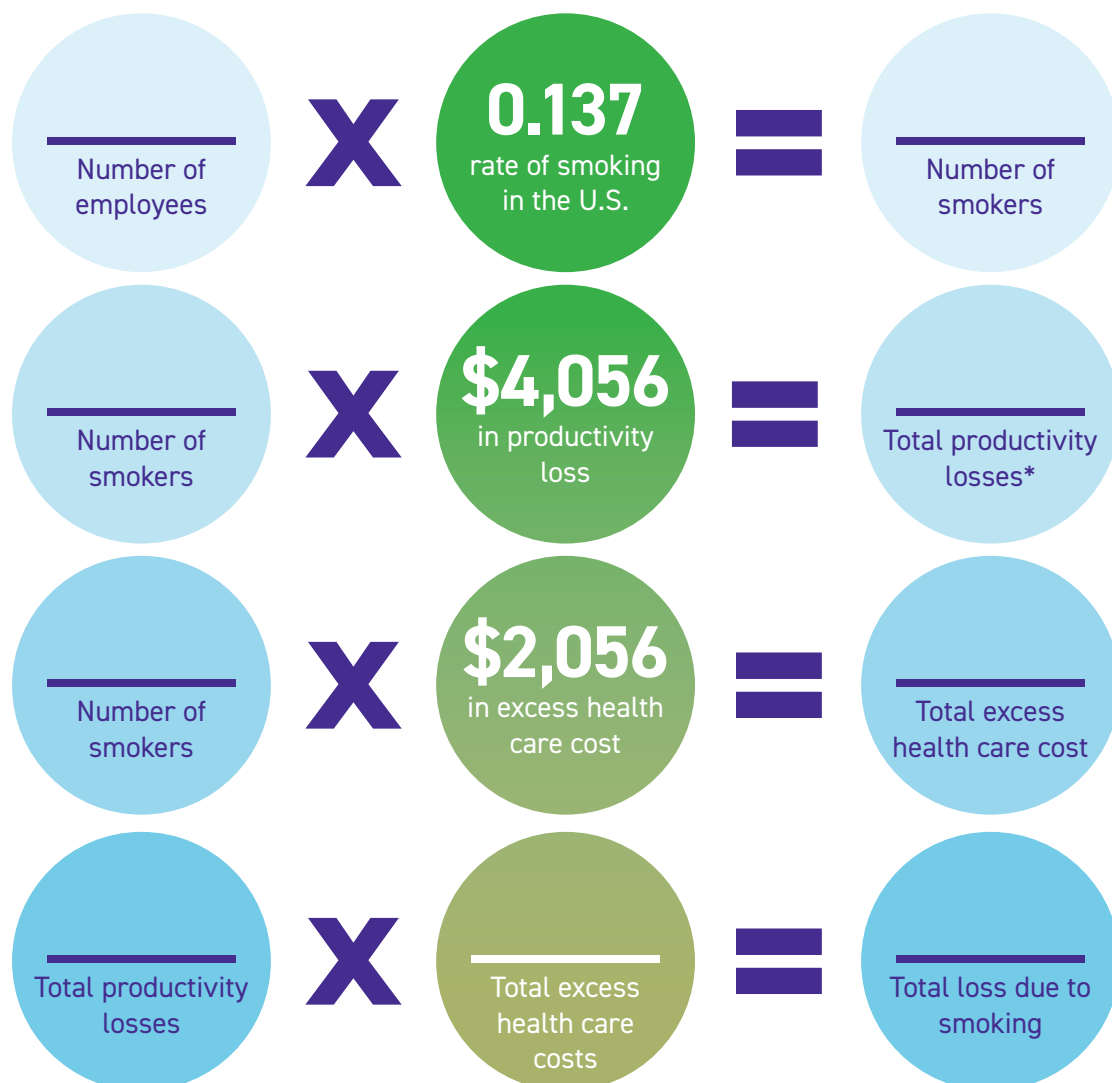
Increased health care expenses

Nearly 9% of all health care spending, or more than \$170 billion per year, is for illness caused by smoking.⁷ Health care expenses are 8% higher for smokers compared to nonsmokers,⁵ leading to higher premiums and a higher total cost for health care for employers.

• Total excess health care cost of a smoking employee*



● Total estimated annual cost of a smoking employee



3. Comprehensive tobacco-free policies go beyond traditional smoking.

Impactful tobacco-free policies do more than prohibit smoking. The most effective policies comprehensively prohibit the use of all tobacco and tobacco-like products in company buildings, on company grounds, and in company vehicles. Some of these products include chewing tobacco, snuff, dip, snus, and e-cigarettes.

Implementing a comprehensive policy is especially important considering the recent popularity of e-cigarettes. Many falsely believe that e-cigarettes are a “healthy” alternative to traditional cigarettes. Nearly 3% of American adults are e-cigarette users, and nearly 30% of adult e-cigarette users are former cigarette smokers. Even more concerning is how e-cigarettes have caught on with youth. More than 20% of high school students and nearly 5% of middle school students use e-cigarettes.⁸

Only 44% of employers include e-cigarettes and other vaporizers in their smoking policies.⁹ When creating or updating your policy, ensure you include a comprehensive definition of all tobacco products, not just traditional smoking products. As the American Lung Association puts it, encourage employees to “Quit, Don’t Switch.”

* Productivity losses include combined costs associated with increased absenteeism, reduced productivity as a result of nicotine addiction, and missed work time due to smoke breaks.

4. Tobacco-free policies help people quit.

Workplaces with tobacco-free and smoke-free policies reduce cigarette consumption among continuing smokers, increases successful cessation among smokers, and decreases tobacco use among youth.¹⁰ Tobacco-free environments also help maintain healthy indoor air quality and eliminates exposure to second-hand smoke.¹¹

Further, smoke-free laws and policies in workplaces are associated with a median 6.4% increase in tobacco use cessation and a 3.4% decrease in tobacco use prevalence.¹²

Example 1:

UNC Health Care implemented a tobacco-free worksite in 2007.

Nearly **70%** of tobacco users reported trying to quit in preparation for and after the policy was put in place—a much higher rate than the state average of 57% quit attempts.

60% of those who reported quit attempts or cessation success following the policy placement indicated the policy helped them make the life change.¹³

Example 2:

A New York-based hospital implemented a smoke-free campus policy in 2006.

Prior to policy implementation, **>14%** of employees reported smoking.

Following implementation, **only 9%** reported themselves as smokers.¹⁴



● Tobacco products 101

Cigarettes: tobacco rolled into a paper wrapping producing smoke that contains more than 7,000 chemicals, 70 of which have been proven to cause cancer

Light cigarettes (i.e., low-tar, mild, ultra-light cigarettes): cigarettes that were said to give off less tobacco tar than a regular cigarette; banned in 2010

Cigars, cigarillos, and little cigars: (sometimes-flavored) bundles of dried and cured tobacco rolled in a paper wrapping

Hookahs (i.e., water pipes): devices used to inhale smoke from flavored tobacco products

Menthol cigarettes: cigarettes that contain a minty flavoring

Snuff: A dry form of tobacco that can be inhaled through the nose

Electronic cigarettes (i.e., e-cigarettes, e-cigs, vapes, vape pens): products resembling cigarettes, cigars, and pens that produce an aerosol of nicotine and other chemicals when inhaled; not regulated by the U.S. FDA or approved for tobacco use cessation

Chewing tobacco: a smokeless tobacco typically held between the cheek and gums

Snus: moist snuff placed in a small pouch held between the cheek and gums

Dissolvable products: Orbs, strips, and sticks that are consumed like candy or similar food items

Employers have implemented additional measures to incentivize employees for quitting smoking. Nearly 20% of employers have a smoking surcharge for health care plans, and 16% offer a health care premium discount for not using tobacco and an additional 10% premium discount for participating in a smoking-cessation program.⁹

Help your employees become healthier and more productive with a comprehensive tobacco-free workplace policy.

Discover how the American Lung Association's Freedom From Smoking[®] is a breath of fresh air as a program that has already helped thousands of people make the change of a lifetime by quitting smoking.

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