



Good Business...Better Health

A comprehensive guide for smoke-free workplaces

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York Region Health Connection

Community and Health Services
Public Health

www.york.ca

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Smoking Cessation in the Workplace: A Guide to helping your employees quit smoking.

Health Canada, 2005

Towards a Healthier Workplace A Guide Book on Tobacco Control Policies. Health Canada, 2003

Employers' smoking cessation guide: Practical approaches to a costly workplace problem.

Second Edition, Date unknown

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Section I

Introduction

What is this guide about?

This guide provides relevant, practical information and materials to help workplaces advance their smoke-free efforts. The information and tools provided will assist in implementing the three part approach to a smoke-free workplace; support for smoking cessation, protection for all employees in every work setting and a tobacco control policy.

Who is this guide for?

This guide is for employers, union representatives, workplace health promotion or occupational health representatives, human resource managers and employee assistance program representatives who want to create a smoke-free environment and help employees quit smoking.

Why should workplaces be concerned about smoking?

A smoke-free enclosed workplace is legislated in Ontario by the Smoke-Free Ontario Act. Employers can go beyond existing legislation by creating a smoke-free workplace policy that includes smoke-free grounds, cessation tools and supports for employees who want to quit smoking. Smoking is associated with losses in productivity related to unsanctioned smoke breaks, absenteeism, and disability, directly impacting the profitability for employers¹ (Appendix 1). Subsequently, there is strong financial incentive for workplaces to provide cessation supports to employees wanting to quit.

Smoking is the primary cause of premature, avoidable death and disease in Ontario killing approximately 13,000 people yearly. Three quarters of current smokers are employed and the majority would like to quit smoking¹. The highest proportion of smokers is found among 20 to 44 year olds, who constitute a large portion of the workforce. For these reasons, the workplace serves as an ideal setting and opportunity to offer programs and services to help individuals quit smoking.

Furthermore, scientific evidence has established an indisputable link between exposure to second-hand smoke (SHS), the smoke from the burning end of a cigarette and serious health consequences. SHS contains more than 7,000 chemicals and about 70 have been identified as cancer-causing compounds. There is no safe level of exposure to SHS; all involuntary exposure to tobacco smoke should be considered harmful and therefore eliminated.

Workplaces that promote cessation and protect non-smoking employees from involuntary exposure to SHS, can have a huge impact on employee health and associated business costs.

¹ The Conference Board of Canada (2013). Smoking Cessation and the Workplace; Benefits of Workplace Programs. Retrieved from the Conference Board of Canada Website: http://www.conferenceboard.ca/temp/d2fb69f9-97a7-40f9-a3df-0a70a2184131/14-175_smokingcessation-brief3_cashc.pdf

Why should employers get involved?

Seven main reasons employers should create a totally smoke-free environment and provide support to smokers who want to quit are:

1. ***Improved employee health***
Employees who do not smoke:
 - Take fewer sick days
 - Go on disability less often
 - Are less likely to retire early because of poor health
2. **Increased productivity**
 - Life insurance premiums are lower
 - Non-smokers are more productive because they do not take unscheduled smoking breaks
3. **Reduced costs**
 - Smoking is associated with significant losses in productivity related to frequent breaks, absenteeism, and disability
 - Supporting employees to quit smoking is an investment worth its return; if employees who smoke are helped to quit, employers will see a reduction in loss of skills, knowledge and corporate memory due to premature death and early retirement
 - According to the Canadian Lung Association, smoking cessation support is a sound economic investment and is especially profitable when offered over the long term (five or more years)
 - Reduce maintenance and cleanup costs related to littering of and damage caused by discarded cigarettes
4. **Enhanced job satisfaction**
 - The majority of people who smoke want to quit
 - Many smokers would welcome smoking cessation programs offered by their employers
 - Several studies show a large majority of both smokers and non-smokers prefer to work in a smoke-free environment
 - In smoke-free environments, improvement in morale, overall quality of the work environment, employee productivity and sense of loyalty have been shown
5. **Effective setting**
Workplaces are an ideal setting to help people quit smoking for several reasons:
 - Many people spend a good part of their time at work
 - Workplaces are convenient places for people to get information and support
 - Workplaces can provide the supportive social environment necessary for quitting smoking
 - Smokers can get support from employees and others who promote health in the workplace
 - Smoke-free workplaces encourage employees who smoke to cut down or quit, and help those who are already smoke-free to stay that way

6. Better corporate image

- Workplaces that are committed to the health of their employees portray a positive image and are respected within the workplace and the larger community (a better image may help to attract and retain talented workers)

7. Complying with legislation

- The Smoke-Free Ontario Act came into effect on May 31, 2006, making all enclosed public places and enclosed workplaces 100 per cent smoke-free
- This provincial legislation protects employers and employees from SHS exposure inside their workplaces and workplace vehicles
- By providing a smoke-free environment, employers protect themselves from liability related to the exposure of employees to an identified workplace hazard
- Creating a smoke-free outdoor policy, including an appropriate disciplinary policy can ensure a smoke-free environment for all

Section II

Smoking cessation in the workplace

Understanding the process of quitting smoking

Quitting smoking is a difficult process. Cigarettes have a higher dependence potential than heroin, cocaine, alcohol and marijuana. This means it is more difficult to stop using cigarettes than any of the other substances. Most people make five to seven quit attempts and may use a variety of methods before they quit for good. Smoking relapses should not be seen as failures, but rather another step in the process of becoming smoke-free. Each attempt increases the chances of eventually quitting for good.

Workplaces who wish to support staff quitting should consider:

- Smokers who wish to stop smoking will be most successful with access to high quality treatment (education, counselling, and drug therapies), assistance in paying for treatment, a supportive work environment and workplace policies
- Smokers who are not ready to stop smoking can be motivated by providing information, incentives and workplace policies
- Recent ex-smokers often require support to prevent relapse
- Non-smokers do not wish to be subjected to SHS
- Supervisors and managers may need practical guidelines for implementing smoking policies, resources to which they can refer employees who wish to quit smoking and addressing conflicts between smokers and non-smokers

Smoking cessation approaches and options

Workplaces have a variety of approaches and options to help employees quit smoking. Smoking cessation supports can be offered as part of a workplace wellness program or on their own (Appendix 2).

Basic approaches

Comprehensive: This approach involves a variety of programs and activities at the workplace. Employees can access cessation supports on-site and often during work hours. It includes incorporating tobacco prevention messaging into all wellness programs and activities.

Facilitated: This approach involves working with outside agencies to deliver: programs and activities, provide self-help materials, links to appropriate websites and on line support (Appendix 3).

Education and Information: This approach involves providing employees with information including self-help materials.

Options

Self-help: Workplaces can provide a variety of self-help material which many people will use. Most people who quit smoking get information from self-help materials, pamphlets or websites. Success rates are enhanced when they choose a “buddy” to help them quit.

Brief contact intervention (BCI) training: BCI training is available to workplace employees who would like to provide BCI to smokers who want to quit. It consists of a three or four minute discussion that includes asking smokers about their smoking, advising them to quit, assessing their smoking and assisting them to obtain appropriate help.

Individual counselling: Provided by a physician, nurse, addictions specialist, employee assistance program provider or quit-line counsellor. Individual counselling can help people who smoke adapt to life without cigarettes. Services can be offered at the workplace or employees may be referred to services off-site. Smokers’ Helpline (1-877-513-5333) provides no cost, one-on-one telephone counselling, support and information to smokers who want to quit.

Group programs: The workplace, EAP program, or community group can provide group programs. Group programs include a number of weekly sessions and can take place during work or after hours. Workplaces can subsidize these programs and/or allow employees to attend during work hours. Many smokers benefit from inviting spouses and other family members to participate.

Nicotine replacement therapy (NRT): This can be purchased over-the-counter and comes in various forms: patch, gum, lozenge, and inhaler. It replaces some of the nicotine in the bloodstream, reducing withdrawal symptoms and cravings. Using NRT can double the chances of quitting.

Prescription medications: These medications assist with withdrawal symptoms and cravings. Workplace benefit plans can cover the cost of these medications for employees and family members.

Tips for success

Develop a plan

- Identify the organizers and who you want to reach
- Establish goals and objectives
- Compile an inventory of available resources
- Determine budget and staff availability
- Conduct a needs assessment survey to ask employees what they want (Appendix 4)
- Decide on activities – what you are going to do and when
- Develop a communication strategy – including to whom and how often
- Obtain approval
- Implement
- Evaluate

When deciding on your organization’s approach:

- **Recruit leaders and champions.** Include the health and safety committee, the Employee Assistance Program (EAP) and human resources. Build commitment by including staff and management, union representatives and both smokers, ex-smokers and non-smokers.

- **Use an integrated approach; policies, health plans and workplace programs, for maximum impact.** Comprehensive programs are those that combine coverage for medication and counselling, as well as inclusion of workplace policies.
- **Interweave smoking cessation initiatives with other on-site or off-site employee health programs.** Investigate other programs that will support a non-smoking lifestyle (e.g., stress management, weight management and exercise activities). Involve and educate on-site nursing staff in assessing and referring smokers, consider training them in BCI.
- **Develop a strategy based on an understanding of smoking as an addiction.** Avoid an approach that stigmatizes smokers.
- **Determine the level of support to provide.** Smoking cessation support ranges from comprehensive (e.g., on-site, extensive communication) to facilitated (e.g., health plans provide counselling and some medication, the employer provides self-help materials, available websites, and extensive communication) to referral-based programs (e.g., referrals to community providers, self-help materials). Smaller organizations with limited resources and staffing may want to focus on referral-based programs or work with community-based organizations.
- **Use a systematic long term approach.** Assess the cost impact of smoking on your organization (Appendix 1). Identify and speak with everyone in the workplace via surveys and/or focus groups. Research available resources and decide on a philosophy and general approach.
- **York Region Public Health staff are available to assist workplaces to develop a comprehensive smoke-free workplace strategy.** Consultation and support is currently offered to develop and implement a needs assessment for staff, develop key messages for a communications plan regarding the implementation of tobacco control policies and availability of tobacco cessation tools. BCI training is offered to interested workplace staff and support is available to any workplace interested in developing a group cessation program.

For more information or to obtain a consultation, contact

York Region Public Health at 1-800-361-5653 or visit www.york.ca/health

Activities

Activities employers may include as a part of the plan will depend on how motivated employees are to quit smoking. This information can be gathered from the needs assessment and be incorporated with the available resources (Appendix 4).

Activities to consider

Health plan (reimbursement and plan design)

- Coverage of drug therapies
- Counselling by healthcare providers
- Risk rating of health insurance
- Health-plan sponsored counselling in the community or via internet or telephone

- Flexible benefit credits to finance cessation interventions
- Subsidize quit-smoking medications if not covered in your benefit plan
- Extend cessation benefits and activities to partners and family members

Smoking policies

Smoking is prohibited in the enclosed workplace as legislated by the Smoke-Free Ontario Act. Workplaces can also develop a smoke-free outdoor policy to prohibit smoking at entrances or on the entire property (see Section III).

Workplace-based smoking cessation initiatives

- Self-help materials such as educational pamphlets, cessation guides or websites
- Newsletter articles on the benefits of quitting
- Health risk appraisals and other workplace health promotion/wellness activities
- Special events (e.g., Quit contests, health fairs and other events)
- On-site or community, intranet or telephone-based counselling services (Appendices 3 and 5)
- Allow employees to participate in activities and access quit-smoking medications
- Tailor the program to your workplace, accommodate shift workers and make sure written materials are language-appropriate

Addressing barriers

- Some employees won't have any intention of quitting smoking. They can still be supported to start thinking about quitting
- Non-smoking policies in the workplace help people cut down by providing fewer opportunities to smoke
- Cessation information, self-help material that is readily available can encourage people to start thinking about quitting smoking
- Peer support can be encouraging to smokers
- Consider offering the same cessation supports and benefits to other household family members
- Ensure management support

Communication is the key

Open communication is a key component. Keep employees informed at all times of any policies or activities that are being introduced or changed. Explain why and how policies are changing. Encourage employees to get involved and participate in discussions and listen to their opinions. Provide a forum or venue to receive feedback (Appendix 4). A well formulated communication plan is extremely important for generating interest and encouraging employee participation.

Use a variety of channels including:

- Word-of-mouth
- Managers
- Staff meetings
- Posters
- Written materials in staff and lunch rooms
- Email

- Employee newsletters
- Workplace intranets

Evaluate

An evaluation plan is important to assess the effectiveness of programs and activities, identify ways to improve and to help guide future plans. Employers should evaluate both short-term impact (policy awareness, morale, conflict reductions, quality of work, job satisfaction) and long-term outcomes (number of employees who smoke, reduction in absenteeism, reduction of healthcare and maintenance costs).

The evaluation should measure whether initial goals have been met and need not be costly or complex. At a minimum, employers can survey employees to determine the perception and impact of the smoking cessation strategy.

Section III

Tobacco control policies

The Smoke-Free Ontario Act and your workplace

Smoke-free workplaces benefit employee health in many ways. By banning smoking in all enclosed workplaces the Smoke Free Ontario Act (SFOA) protects all employers, employees and visitors from second-hand smoke (SHS) exposure in all workplaces, including inside workplace vehicles. A smoke-free workplace also benefits staff by encouraging smokers to quit. One study found that smoking rates dropped by five per cent and daily consumption among smokers who continued to smoke dropped by 10 per cent when employers restricted or provided a smoke-free environment.

The Smoke-Free Ontario Act came into effect May, 31, 2006 making all enclosed public places and enclosed workplaces in Ontario 100 per cent smoke-free. The Act prohibits smoking or holding lighted tobacco in enclosed workplaces. It also prohibits enclosed workplaces from having ashtrays and similar equipment on the premises.

An enclosed workplace is defined as the inside of a building, structure or vehicle an employee works in or frequents during the course of their employment (whether or not they are acting in the course of their employment at the time). It includes common areas such as washrooms, lobbies and parking garages. Examples of an enclosed workplace include the inside of a trailer office on a construction site, the inside of a loading dock or the inside of a delivery truck. The ban on smoking in an enclosed workplace is in effect at all times, even during off-hours when people are not working.

As an employer you must:

- Ensure employees are aware smoking is prohibited in enclosed workplaces
- Remove ashtrays and any similar equipment
- Ensure no one smokes in the workplace
- Ensure a person who does not comply does not remain in the enclosed workplace

- Post No Smoking signs at all entrances, exits, washrooms and other appropriate locations to ensure everyone knows smoking is prohibited

An employer may not dismiss; threaten to dismiss, discipline, suspend, penalize, intimidate or coerce an employee who obeys or seeks compliance with the Act. If an employee experiences any of the above noted actions by his or her employer, the employee may direct complaints to the Ontario Labour Relations Board.

**To report a smoking violation in a workplace contact,
York Region Public Health at 1-800-361-5653.**

Beyond the Smoke-Free Ontario Act – Developing and implementing a smoke-free outdoor policy

While indoor smoking bans are important first steps, more can be done to protect employees at the workplace. SHS exposure is still a health threat where smoking is permitted outside, close to entrances and exits and where ventilation systems expose workers to hazardous chemicals.

Workplaces are encouraged to develop smoke-free policies that extend beyond current SFOA legislation to make outdoor grounds smoke-free. For example, your workplace may choose to develop a policy prohibiting smoking anywhere on workplace property, or within X feet from doors and windows. Workplaces that implement such policies demonstrate leadership and commitment to protecting the health of its staff and community.

Developing and implementing a smoke-free policy

The process for developing and implementing a workplace tobacco control policy involves a series of steps; these can be divided into three phases.

Phase 1: Preparation

- 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
- Strive to involve all employees. Contact York Region Public Health for consultation and support to develop an effective comprehensive strategy
- Establish a working group with representatives from all parts of the workplace
- Make use of existing committees for support
- Decide on how you will develop a plan including goals and objectives
- Provide employees with information on SHS and smoke-free policies (Appendix 6)
- Build a case for implementing the smoke-free policy; calculate costs and potential savings (Appendix 1)
- Gather information on employee attitudes, beliefs and preferences related to a smoke-free workplace. Analyze and share the results and incorporate them into your plan (Appendix 4)

- Develop the plan and the policy; include timelines and procedures for implementation enforcement and evaluation
- Present your plan to management and employee representatives

Phase 2: Implementation

- Give employees adequate advance notice before launching the policy so they can plan accordingly
- Keep employees informed every step of the way
- Ensure the smoke-free boundaries are clearly marked with signage
- Ensure enforcement procedures are clear and the policy is enforced consistently and fairly
- Select a person staff can go to for clarification and questions
- Support employees with smoking cessation resources (see Section II)
- Train all staff involved in the implementation and enforcement of the policy, include: managers, health and safety staff, human resources staff and employee assistance program staff
- Establish protocols on how to advise visitors of the policy and what to do with non-compliance and complaints
- Present and explain the policy, provide information to all employees (i.e. a letter including rationale for the policy from the CEO of the workplace)
- Launch the policy (link with a special event i.e., a BBQ, breakfast or contest)

Phase 3: Follow-up and maintenance

- Monitor the policy implementation and evaluate compliance, employee satisfaction, complaints and praise
- Evaluate long-term outcomes such as changes in absenteeism, cost reductions, employee and customer satisfaction
- Revise your policy as needed
- Celebrate your successes

Sample smoke-free outdoor policy template

(To be used as a guideline only)

Provided by York Region Public Health

Policy Statement

As of X date, smoking will be prohibited 1) inside X owned, funded or operated premises and facilities as per the Smoke-Free Ontario Act and on associated outside property or 2) within X feet of any door or window opening with no exceptions.

Purpose

Research shows second-hand smoke (SHS) contains many carcinogens and is a preventable cause of many major diseases in smokers and non-smokers alike. X is committed to ensuring a safe and healthy environment for staff and visitors to X by implementing a smoke-free outdoor policy. The purpose of this policy is to protect those who work and visit X from the harmful effects of SHS while inside X owned, funded or operated premises and facilities and on associated outside property, with no exceptions.

Application

This policy applies to all persons working at or visiting X owned, funded or operated premises and facilities located at (address) with no exceptions.

Description

X workplace name is required to be smoke-free effective (insert date). Smoking is not permitted: Inside X owned funded or operated premises or facilities and on associated outside property. Within X vehicles that are owned or leased for X business.

Responsibilities

X workplace name:

X is responsible for clearly posting no-smoking signs, prohibiting ashtrays and like paraphernalia. X will prohibit smoking on all X owned, funded or operated premises and facilities and on associated outside property.

Department Heads/ Directors/ Managers/ Supervisors:

Department Heads/ Directors/ Managers/ Supervisors are responsible for enforcing this policy without exception.

X Employees:

X Employees are expected to know and comply with this policy and to report any infractions of this policy.

Non-Compliance with Policy

Non-compliance with this policy could lead to disciplinary action up to and including dismissal. X will be the lead enforcers of the X smoke-free policy. The enforcement protocols are as follows:

Staff**Non-staff**

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Section IV

Appendices

1. Smoking and the bottom line: Updating the costs of smoking in the workplace
2. Smoking cessation in the workplace: Comparing the different approaches
3. Websites: Tobacco information and cessation support
4. Employee needs assessment: Smoking cessation in the workplace survey
5. Checklist for assessing smoking cessation programs
6. Websites: Information on tobacco control and workplace issues

Appendix 1: Smoking and the bottom line

Table 1: The Annual Costs of Employing Smokers

Cost Factor	Cost in 1997	Cost in 2006	Cost in 2012
Increased absenteeism	\$230	\$323	\$414
Decreased productivity	\$2,175	\$3,053	\$3,842
Increased life insurance costs	\$75	\$0	Not assessed
Smoking facilities costs	\$85	\$20	Not assessed

Source: The Conference Board of Canada 1997-2012

Calculating Additional Absenteeism Cost of Smoking Employees to Employers

COST Absent is the annual dollars each-employee cost due to increased absenteeism. DAYS LOST Smoker is the number of additional days in absenteeism taken by a smoking employee compared with a non-smoker. DAILY WAGE is the average daily wage.

$$\text{COST Absent} = \text{DAYS LOST Smoker} \times \text{DAILY WAGE} \times (1 + \text{BENEFITS and TAXES})$$

Source: The Conference Board of Canada, 2012

Calculating Lost Productivity Cost of Smoking Employees to Employers

COST Prod is the annual loss of productivity in dollars per employee. CIGS is the average number of cigarettes smoked per day at work during non-sanctioned break periods, the assumption is two. TIME is the time taken to travel to smoking area and consume cigarette the assumption is 20 minutes per break. MINUTES is the number of minutes in an hour. WAGE Average is the average hourly wage. BENEFITS and TAXES are the payroll taxes and benefits paid by employer (supplementary labour income) expressed as a percentage of payroll. DAYS WORKED is the number of days worked per year; this is calculated with 227 days.

$$\text{COST Prod} = \text{CIGS} \times \text{TIME}/\text{MINUTES} \times \text{WAGE Average} \times (1 + \text{BENEFITS and TAXES}) \times \text{DAYS WORKED}$$

Source: The Conference Board of Canada, 2012

CONCLUSION

It is clear that smoking does have an impact on the bottom line. Organizations seeking to remain competitive in today's global economy can see how addressing a key employee health issue can boost their organization's productivity. What is also apparent is that smoking is only one of a number of employee health issues that can increase employer absenteeism and productivity costs.

Appendix 2: Smoking cessation in the workplace: Comparing the different approaches

As outlined in Section II: Smoking cessation in the workplace, there are three basic approaches for smoking cessation supports in the workplace and a variety of options. The chart below compares the various approaches by detailing the pros and cons associated with each approach. The gold standard for supporting smoking cessation in the workplace is to offer all three approaches and incorporate activities into a broader wellness initiative.

Comprehensive Approach (Offering programs and activities at the workplace)

Pro

- More accessible
- More flexible (e.g., can be offered at various times to accommodate shift and other workers)
- Sends a strong message of commitment and support from employer
- Demonstrates employer's leadership
- May provide additional motivation
- Can be offered to spouses and family members
- Easy to target hard-to-reach groups
- Supports ex-smokers
- Can provide follow-up and support
- Can integrate cessation supports into existing workplace wellness initiatives
- Can build on existing tobacco control policies

Con

- High costs, in terms of financial and human resources
- Group programs may not suit all employees
- Extensive training may be required
- Does not allow for anonymity
- May not accommodate different levels of addiction and readiness to quit
- There may be more and broader expertise and resources in the community
- Focusing on smokers in the workplace may stigmatize them and decrease success rates

Facilitated Approach (Working with outside agencies to deliver programs and activities off-site and providing self-help materials)

Pro

- Offers anonymity
- Makes use of external expertise, which means not “re-inventing the wheel” and ensures a level of expertise that may not exist within a workplace
- Employees can select the options that work best for them
- Some communities have a variety of options to choose from and many resources (especially larger centres)
- Sends a message of commitment and support from employer

Con

- Less accessible
- May be high cost in terms of human resources at the outset
- Less flexible
- Less easy to tailor to specific workplaces
- There may be fees
- Finding acceptable options may be difficult

Education and Information Approach (Providing employees with information including self-help materials)

Pro

- Low cost
- Better than no support at all if this is all that can be done
- All workplaces can take this approach
- Offers anonymity
- Good option for highly motivated smokers
- The quit rates are lower for self-help
- Education and information is not enough to change behavior

Con

- Lacks ongoing support
- Shows a lower level of support from employer
- Employees may not feel they are able to quit successfully on their own and this can be a barrier to action
- Follow-up is not possible

Adapted from: Health Canada, *Smoking Cessation in the Workplace: A guide to helping your employees quit smoking*

Appendix 3: Websites: Tobacco information and cessation support

Ministry of Health and Long-term Care

Smoke-Free Ontario

<http://www.mhp.gov.on.ca/en/smoke-free/quit-smoking.asp>

Canadian Cancer Society of Ontario

One Step at a Time: Self-help booklets are available in various languages

www.cancer.ca/en/prevention-and-screening/live-well/smoking-and-tobacco/?region=on

Centre for Addiction and Mental Health

Information on effects of tobacco smoking and cessation clinics

<http://www.cancer.ca/en/prevention-and-screening/live-well/smoking-and-tobacco/?region=on>

Health Canada

Smoking in the Workplace: A guide to helping your employees quit smoking

<http://www.hc-sc.gc.ca/hc-ps/pubs/tobac-tabac/cessation-renoncement/index-eng.php>

Heart and Stroke Foundation of Ontario

Resources available in print and online on topics including: healthy living, quitting smoking and talking with your kids

www.heartandstroke.ca

Lung Association

Quit strategies, facts about smoking, second-hand smoke, print resources

www.lung.ca

Smoker's Helpline

Telephone and online counselling is available; cessation support and online discussion forums are also available

1-877-513-5333 or www.smokershelpline.ca

Smoking and Pregnancy

Hospital for Sick Children-Mother Risk for health care providers

Research-based information on smoking during pregnancy, breastfeeding and postnatal Information

www.motherisk.org/prof/index.jsp

For consumers

Information on smoking during pregnancy, while breastfeeding and postnatal information for parents, community members

www.motherisk.org/women/index.jsp

Centre for Addiction and Mental Health

Smoking and Pregnancy: sites for health care providers and parents, online support group links to print resources

www.pregnets.org

Appendix 4: Employee needs assessment: Smoking cessation in the workplace survey

Part A: About you

1. I am Male _____ Female _____
2. My age is _____
3. My hours of work are: _____
4. Which of the following best describes you? (Please check one)
 - I am a non-smoker
 - I am an ex-smoker
 - I am a light smoker
 - I am a heavy smoker

Part B: Non-smoking policies and supports in the workplace

5. Are you aware of the smoking policy in our workplace?
 - Yes
 - No
6. Do you know what quit smoking supports are available to employees at your workplace?
 - Yes
 - No

If yes, please list supports you are aware of:

7. Do you support a smoke-free environment including smoke-free grounds?
 - Yes
 - No

If you are a non-smoker, please stop the survey here Thank-you for completing this survey
If you are a current smoker please go to question #8

Part C: About supporting people who want to stop smoking and who want to stay quit

8. Would you like to quit smoking?

- Yes No Uncertain

If yes- how soon? _____

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

- None One More than once

10. Have you used any quit smoking supports such as counselling, nicotine gum, or other when you've tried to quit smoking in the past?

- Yes No

If yes, please describe the types of supports you have used such as; self-help materials, group cessation programs, quit-lines, doctor's advice, counselling from a pharmacist, use of nicotine gum, patch, prescription for Zyban, other.

11. Would you participate in smoking cessation assistance if it was offered through your workplace?

- Yes No Not sure (please explain)

12. What types of support and activities would you use to help you stop smoking or to help you stay smoke-free? (Check all that apply)

- Group quit smoking program offered at work
- Group quit smoking program offered off-site
- Brief, professional advice
- One-on-one counselling with a health professional
- Quit medications (nicotine patch, gum, lozenge, or inhaler, Zyban, Champix)
- Self-help information (brochures, websites, etc.)
- Telephone quit-line
- Quit smoking contests and challenges
- Health fairs
- Quit smoking workshops with a health professional over the lunch break
- 100 per cent smoke-free policy in the workplace including smoke-free grounds
- Peer support
- Other (please explain)

13. What times of the day would you be able to attend quit smoking supports and/or activities?
(Check all that apply)
- Lunch break
 - Before work hours
 - After work hours
14. What specific information on tobacco/ quitting smoking would you like to have?
15. What would stop you from participating in smoking cessation activities offered through the workplace? Please explain:

Thank you for completing the survey

Appendix 5: Checklist for assessing smoking cessation programs

If you are going to establish an in-house program or partner with an outside agency, there are some factors you may want to consider:

- Can the program be offered at times and in locations that are convenient for your employees?
- Will the program suit your employees' personalities and styles of learning?
- Do the program leaders recognize that not all smokers are at the same stage in the quitting process?
- Can they modify their approach accordingly?
- Has the program been evaluated and does it have a proven success rate based on a thorough three- and six-month follow-up?
- Is the program offered by or associated with a credible organization?
- Is there sufficient follow-up and support?

Consider asking the following questions about the program content and its leaders (the more “yes” answers the better). Does the program:

- Help the smoker deal with the physical addiction of smoking?
- Incorporate the use of quit medications?
- Help the smoker deal with the psychological addiction of smoking?
- Help the smoker deal with the social nature of smoking?
- Prepare the smoker for a future without cigarettes?
- Reinforce the smoker's motivation to quit?
- Provide tips to control urges to smoke?
- Make use of the special support systems and other wellness activities in the workplace?
- Provide information about stress management, physical activity and nutrition?

Are the program leaders:

- Knowledgeable about behaviour change in general and smoking cessation in particular?
- Supportive and genuinely interested in helping people quit smoking?
- Reputable. Call other organizations, ask about the program and speak with people who have participated in the program.

Source: *Smoking Cessation in the Workplace: A guide to helping your employees quit smoking*, Health Canada

Appendix 6: Websites: Information on tobacco control and workplace issues

Canadian Center for Occupational Health and Safety

www.ccohs.ca

Canadian Labour Congress

www.clc-ctc.ca

Conference Board of Canada

www.conferenceboard.ca

Health Canada Tobacco Control Program

www.gosmokefree.ca

Non-Smokers Rights Association

www.nsra-adnf.ca

Ontario Tobacco Research Unit

www.otru.ca

Physicians for a Smoke-Free Canada

www.smoke-free.ca

Program Training and Consultation Centre

www.ptcc-cfc.on.ca

Registered Nurses' Association of Ontario (RNAO)

www.rnao.org