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Banning Worksite Smoking

Smoking policies at worksites have a fairly long history, but virtually all policies to restrict smoking established before 1980 were adopted to avoid possible danger to products and equipment. Most policies applied primarily or exclusively to blue collar areas where smoking might ignite flammable equipment or contaminate a product. The only other rationale cited for smoking policies was concern about potential adverse impact of client contact with smoking employees, according to a 1980 survey by Bennett and Levey in Massachusetts.[1]

As recently as three or four years ago, virtually no employers would have been radical enough to ignore employee rights and institute a total ban on smoking in the work place.

Adoption of smoking policies to protect the health of workers is a phenomenon of the 1980s. In the early part of this decade, many employers adopted a formal smoking policy which applied to all employees. While details differ, many policies share:

- restriction of smoking in common areas e.g., cafeteria, elevators, halls, meetings,
- efforts to segregate smoking from nonsmoking employees, and
- giving primacy to the wishes of the nonsmoker in areas with both smokers and nonsmokers.

Smoking restriction policies are well chronicled in "A Decision Maker's Guide to Reducing Smoking at the Worksite," developed in 1985 by the Office of Disease Prevention and Health Promotion and Office on Smoking and Health (DHHS) and published by the Washington Business Group on Health.[2]

Today many employers are seriously considering more drastic options, including the total elimination of smoking at the workplace or even not hiring smokers. One of the first efforts to describe the process and assess the impact of instituting such a ban appears elsewhere in this Journal.[3]

What factors have led to such a rapid rethinking of both the importance of smoking to employers and their growing willingness to consider mandating the prohibition of smoking at the worksite? Conservative estimates of the excess annual costs of an employee's smoking habit are $300–800.[4] A 1985 Office of Technology Assessment study estimated the annual health care costs of smoking-related disease of $11–35 billion, or between 3 and 9 per cent of total US spending on health care. The same study estimated smoking-related lost productivity costs between $26.5 and $60.5 billion yearly, of which approximately 90 per cent was for those below age 65.[5] A significant portion of the costs of lost productivity and health care due to smoking are paid by employers. A number of employers have themselves documented higher absenteeism, disability, and health care costs for their smoking employees when compared to nonsmokers.

Another reason for increased employer attention to smoking is shifting social attitudes toward the acceptability of smoking in the workplace. A recent Gallup poll sponsored by the American Lung Association found that 85 per cent of nonsmokers, and a surprising 62 per cent of current smokers, agreed that smokers should refrain from smoking in the presence of nonsmokers. Eighty per cent of nonsmokers and 76 per cent of smokers believed that employers should assign certain areas for smoking. Although only 12 per cent of nonsmokers and 4 per cent of smokers, supported a total ban on smoking at work,[6] serial responses to questions in the Gallup poll and anecdotal evidence from many worksites confirm that the percentage of employees

who feel strongly that they should not have to be exposed to smoke is growing. A survey by Pacific Telephone of their employees reported that eight out of 10 nonsmokers felt bothered by smoking while at work with little if any difference between the responses of management and non-management.[7] Publicity about the number of worksites that have initiated prohibitions on smoking and the apparent success of these programs is likely to generate increased employee requests for policies which severely limit or eliminate smoking opportunities at the worksite.

Increased militancy of nonsmokers, bolstered by recent case law, leave employers who have not developed a very restrictive smoking policy susceptible to employee relations problems and possible legal action. Unwillingness of an employer to accommodate a nonsmoking employee in a smoke-free environment can lead to disruption of work, create a hostile atmosphere within the organization between smokers and nonsmokers, and even spawn unfavorable publicity for the employer in the local community. Growing evidence of the adverse health effects of passive smoking may herald nonsmoking employees with smoking-related diseases becoming more militant and prone to sue their employers for not protecting them from the hazard associated with the work environment. Set against this background, a smoking ban may be good preventive medicine for employers against the possibility of large contingent liabilities at a time when liability awards are skyrocketing.

The 1985 Surgeon General's *Report on Smoking and Health* concluded that: "for the majority of American workers, cigarette smoking represents a greater cause of death and disability than their work place environment."[8] Such statements from credible public health officials help employers to appreciate the opportunities to reduce controllable health problems attributable to smoking, based on both self-interest and concern for employees.

Few executives who are deciding smoking policy are themselves smokers. One benefits manager at a large corporation describes how he went to the corporate boardroom to present his suggested smoking policy to find open cigarette packs and ashtrays on the table. Waiting for his turn to present, however, he saw that not one member of the top management team smoked. When he asked why the cigarettes were on the table, a senior corporate officer replied that it was a tradition, although obviously anachronistic, and the counter-example was abolished at the same time that the new smoking policy was approved.

Some employers, especially those in health care and health-related industries, have concluded that smoking on their premises is inconsistent with both their corporate mission and public image. Many health care institutions are banning smoking (except for inpatients with a physician's "prescription"). Health and life insurance companies, which have collectively helped to document the higher mortality and morbidity of smokers, are also among the leaders in instituting smoking prohibitions. Most commercial insurers and Blue Cross-Blue Shield plans have severely restricted smoking, especially in common areas and meeting rooms. Several fairly large private insurers, including Northwestern National Life (Minneapolis) and Union Mutual (Portland, Maine) have implemented total smoking bans on their premises. It is very likely that others will follow suit within the next several years.

Of all possible approaches to smoking control nationally, banning smoking at the worksite has perhaps the greatest potential to support achieving objectives embodied in *Objectives for the Nation*. Prohibiting worksite smoking sends an unambiguous signal to current workers and to teenagers preparing to enter the workforce that a smoking habit may limit employment opportunities, affect job flexibility and limit their ability to achieve personal economic objectives. Anecdotal evidence from worksites that have instituted smoking bans, including Group Health of Puget Sound, suggests that reduction of smoking opportunities encourages quitting. Prohibition of smoking at worksites should also reduce recidivism, the most refractory problem in all smoking cessation programs.

The brief report in this Journal by Rosenstock[3] assesses the strengths and weaknesses of one particular strategy for implementing a ban and the processes for implementing that strategy. Announcing the ban well in advance is essential to provide ample opportunity for smokers to prepare for quitting or to decide that their smoking dependence is more important than their current job and to seek employment where smoking is permitted.

Providing or subsidizing a variety of smoking cessation options, including self-help materials, group smoking cessation classes, and individual counseling by physicians, psychologists, or health educators, with or without nicotine gum, is probably mandatory if the prohibition is to be perceived as motivated by the desire for health protection for all workers rather than as a punitive action targeted at smokers. The low participation rate in the smoking cessation classes organized by Group Health is disappointing. Reasons may include the unusually low percentage of smoking employees (13 per cent of survey respondents) and inadequate or ineffective recruitment techniques. Offering classes in weight management and stress management concurrent with smoking cessation is also an excellent idea, as it permits current smokers and ex-smokers to address barriers to smoking cessation and some of the most commonly reported reasons for recidivism.

The process of communicating a major policy change such as the abolition of smoking at the work site is critical. Despite open meetings and written communications to all employees, survey results at Group Health of Puget Sound suggest that many smokers were unaware that the decision to ban smoking had been finalized in advance of the announcement and that the role of the advisory committee was to discuss *how* to implement the policy. Unstated in the article is whether the very high approval rate (74 per cent) for going smoke free based on a random sample survey was communicated back to the workforce.

Letting employees know that only a very small percentage still smoke and that there is overwhelming support for a smoke free policy can help to portray the change as natural and evolutionary. A follow-up communication incorporating the even higher approval rate (85 per cent) after implementation and the perceived positive effect of the smoking ban on work performance by many employees can help complete the communication process and further encourage the remaining smokers to attempt quitting. While the article does not mention whether smoking cessation classes and support groups for ex-smokers were offered after the ban was introduced, these actions would appear desirable.

When trying to change social habits—whether expectoration in public, use of motor vehicle safety restraints, or smoking—public health objectives have often been achieved through successive redefinition of what is medically safe and socially unacceptable. With respect to smoking, this path to date can be summarized as follows:

- scientific demonstration and publicity regarding adverse health effects;
- growth of voluntary smoking cessation programs, warnings on cigarettes and elimination of advertising for smoking on electronic media;
- creation of social environment that discourages smoking and enactment of state legislation and local "clean air" ordinances limiting smoking in public places;
- increased evidence of effects of passive smoking and state legislation and employer initiatives that restrict smoking at the worksite;
- complete worksite smoking bans; and
- possibly not hiring smokers.

Adoption of these last three components requires an unusually broad public consensus on the hazards of smoking to both the smoker and nonsmoker. It also requires a shared perception by public and private interests that smoking saps productivity and wastes societal resources. Private employers are generally particularly reluctant to impose regulatory approaches which limit individual freedoms not directly related to employment. Therefore, increasing reports of worksites that have decided to prohibit smoking suggest that a national consensus is rapidly forming.

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New Publication Available from NHLBI: *Momentum Toward Health*

The National Heart, Lung, and Blood Institute has announced the availability of a new publication entitled *Momentum Toward Health,* prepared by the NHLBI Advisory Council.

Momentum Toward Health contains a series of articles which present important new medical findings and advances in heart, lung and blood research, with the goal of encouraging their practical use. Aimed at a variey of audiences, the articles bring new information to bear on planning and the policy making for government and private sector decision makers; new concepts for the health professional to adopt or pass ideas on to patients; and, for consumers, new knowledge to live healthier lives. Topics include the biomedical research spectrum, new technologies, improving the outlook for children, heart, lung and blood medicine in the year 2,000, and the economic consequences of these diseases.

The 90-page publication, *Momentum Toward Health* (NIH Pub. No. 85-2353) contains many color photographs and illustrations. It is available upon written request for a single copy only from Department M, Office of Information, Building 31, Room 4A21, National Heart, Lung and Blood Institute, Bethesda, MD 20892.

It is also availble for sale, prepaid, from the Government Printing Office, Superintendent of Documents, Dept. 36-RN, Washington, DC 20402, (stock number 017-043-00112-5) for $6 per copy.