



Save Lives, Save Money

Make Your Business Smoke-Free



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If you could have a
safer workplace, a
cleaner workplace, a
healthier workplace, a
more productive workplace—
and it wouldn't cost you a dime...

Would you?

If you could save **thousands of dollars**
a year...

Would you?

Making your business smoke-free
can do all that, and more.



Why Go Smoke-Free?

It's good for your bottom line.

- Going smoke-free lowers the risk of fires and accidental injuries,^{1,2,3} which can reduce your insurance costs. Smoke-free businesses have negotiated for lower fire and property insurance premiums, with some businesses winning reductions of 25–30 percent.⁴
- Going smoke-free reduces cleaning and maintenance costs.^{5,6} The Building Owners and Managers Association, a national trade group, reports that indoor smoking increases cleaning costs and states “secondhand smoke does not belong in buildings.”⁷
- Going smoke-free reduces potential legal liability. Nonsmokers harmed by secondhand smoke at work have won lawsuits and disability claims against their employers under a variety of legal remedies.^{8,9}

Unigard Insurance (Seattle, WA) saved \$500 a month after going smoke-free when its maintenance contractor reduced its monthly fee because staff no longer had to clean ashtrays, dust desks, and clean carpets or furniture as often.¹⁰

It's good for your workers' health—and that's good for your bottom line too.

- Everyone benefits when the air is cleared of secondhand smoke—even smokers, some of whom will quit or at least cut back.^{11,12} Workers become healthier, and healthier workers miss less work, are more productive, and have lower health care costs.^{13,14,15,16}



- The American Productivity Audit, a national survey of over 29,000 workers, found that tobacco use was a leading cause of worker lost production time—greater than alcohol abuse or family emergencies. Quitting smoking, or even just cutting back, improves a worker’s productivity.¹⁷
- One large company found that their employees who smoked had more hospital admissions (124 vs. 76 admissions per 1,000 workers) and a higher average insured payment for health care (\$1,145 vs. \$762) than their nonsmoking employees in an 11-month period.¹⁸



Want to know more?

Go to www.cdc.gov/tobacco for more information about how smoke-free policies save employers money while improving employees’ health.

Think of a lit cigarette as a miniature toxic waste dump. Secondhand smoke contains more than 50 cancer-causing chemicals.¹⁹ The toxins in secondhand smoke can cause heart disease and lung cancer in nonsmokers.²⁰ Breathing secondhand smoke for even a short time could have immediate effects on your blood and blood vessels, potentially increasing the risk of a heart attack.^{21,22,23,24}



What Are Your Options?

When it comes to secondhand smoke, half-measures like designated smoking rooms won't get you where you want to go. Because there is no safe level of secondhand smoke²⁵, only 100 percent smoke-free policies fully protect workers' health.^{26,27} These policies also offer the greatest support to smokers trying to quit.^{28,29,30,31} Smoke-free policies can take one of two forms:

100 percent smoke-free in all indoor areas, including company vehicles. Smoking is restricted within specified feet of entrances, windows, and ventilation intakes to prevent smoke from drifting back into the building.

100 percent smoke-free in all indoor and outdoor areas. Smokers must leave company property to smoke. This is often called a smoke-free campus policy.

Your written smoke-free policy should begin by stating your goal to create a safe, healthy workplace for all workers:

- Mention the documented health risks of secondhand smoke.
- Be clear and simple about where smoking is prohibited. Avoid exceptions to the policy (for instance, don't allow smoking in private offices or production areas).
- Voice your commitment to help smokers who want to quit.
- Design the policy to treat all workers fairly, regardless of title or smoking status.



Myth #1: Ventilation Is a Solution.

Even the most advanced ventilation system cannot eliminate secondhand smoke or its health risks.³² The American Society of Heating, Refrigerating, and Air Conditioning Engineers states: “At present, the only means of effectively eliminating health risk associated with indoor exposure [to secondhand smoke] is to ban smoking activity.”³³

Myth #2: Smoke-Free Policies Are Hard to Manage.

Very few workers say that someone violated a smoke-free policy at their workplace.³⁴ In fact, most smokers come to support smoke-free policies after they’ve had the chance to experience one.^{35,36,37}

“Compliance is easy. We haven’t had problems with our smoke-free policy—that includes the sales and customer service reps in our office building, the workers at our warehouse, and our drivers.”
Director of Human Resources, Pet Food Experts, Inc.³⁸



Want to know more?

Go to www.cdc.gov/tobacco for model workplace policies and links to organizations that can help you get started.



Ready To Make Your Business Smoke-Free?

Give yourself at least 6 months to 1 year to plan for the new policy, enough time to take the following steps:

Set up a task force to oversee the process. Include top management and workers (union representatives, if applicable); include nonsmokers, smokers, and former smokers.

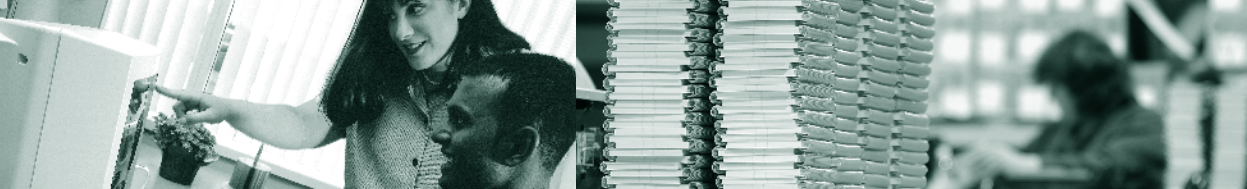
Gather information to educate the task force and, eventually, the entire workforce. Survey your workers about their knowledge and concerns so you can address them before your policy goes into effect.

Write the policy. Keep it clear and simple; the more straightforward the policy is, the easier it is to understand and enforce. Set up an enforcement

policy that is consistent with other personnel policies and disciplinary procedures. The number of allowed breaks should be addressed under your company's general break policy and should apply to all workers, smokers and nonsmokers alike.

Announce the policy several months before the start date with a letter from the owner or chief executive officer. Train managers on how to handle worker or customer concerns, questions, and infractions, if they occur. Educate workers about the reasons for the policy by using resources like paycheck inserts, posters, or company newsletters.

Offer help to workers who want to quit smoking. Plan in advance how you will do this. For ideas, see page 10.



Get ready for the policy start date.

Post “no smoking” signs, remove ashtrays and tobacco vending machines, and place receptacles for smoking materials at the designated distance outside entrances (or remove receptacles entirely if you are adopting a smoke-free campus policy). Hold a kick-off event on the day the policy starts.

Monitor the policy. Have a point person in top management who tracks how the policy is going. Managers should report questions, concerns, or infractions to this person.

Offset Paperback in Pennsylvania dismantled their smoking room and passed out mints in wrapping imprinted with the universal no-smoking sign the day their smoke-free policy went into effect.³⁹



Want to know more?

Go to www.cdc.gov/tobacco for step-by-step recommendations to plan your policy, resources on working with unions, and sample materials to help survey and educate your workers.

If your workers are represented by a union, work closely with the union to create your smoke-free policy. Find out if workers have a right to smoke in the workplace under the existing contract. Understand how the collective bargaining process may affect development and enforcement of a smoking policy. Remember, worker health and safety is a key union concern, and a natural fit with a smoke-free policy.



What About Workers Who Smoke?

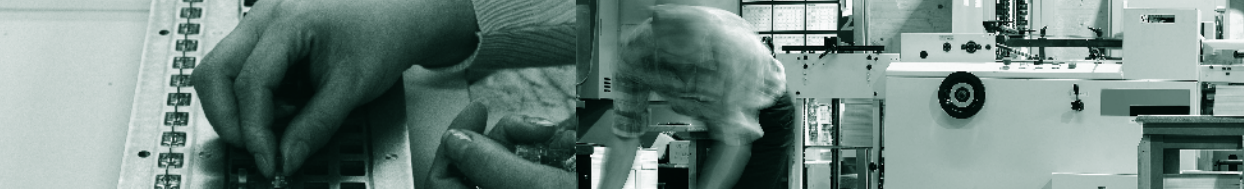
Adopting a smoke-free policy is not passing judgment on smokers and it doesn't mean workers who smoke are unwelcome. Providing cessation assistance to smokers who try to quit as a result of the policy can increase acceptance of the policy. It is also the best way to make sure that your business maximizes the potential health benefits, and cost savings, of your smoke-free policy.

If you provide health insurance or health maintenance organization (HMO) coverage, check to see if your policy covers cessation services (including counseling and medication). If it doesn't, look into adding coverage for cessation

services to your policy; this is the most cost-effective benefit you can offer your workers.⁴⁰

Other things you can do to increase smokers' chances of quitting include:

- Distribute a list of local cessation programs.
- Provide free self-help materials.
- Organize free onsite support groups.
- Offer free or reimbursed cessation programs onsite or through local providers.



Many States host toll-free quitlines that offer free help: Smokers can call 1-800-QUITNOW (1-800-784-8669) to be connected to the quitline serving their area. The Web site www.smokefree.gov also has quit tips, information, and other free resources.



Want to know more?

Go to www.cdc.gov/tobacco for more ideas on how to help smoking workers quit, including links to free self-help materials and other resources.

“Helping smokers who want to quit is the most important thing we did to make our smoke-free policy work. We held an onsite cessation program run by the local health department; we also invited many local cessation providers to come to our business for a health fair to promote their programs.” Labor Relations Manager, Just Born, Inc.⁴¹

Don’t be afraid to bring up the issue of quitting.

Seventy percent of smokers say they want to quit.⁴²

Go Smoke-Free, You'll Be In Good Company!

Over 70 percent of indoor workers already are enjoying the benefits of a smoke-free workplace.⁴³ The following are just a few of the many companies that have gone smoke-free (those with an * have a smoke-free campus policy):⁴⁴

AT&T	International Truck and Engine Corporation*
BASF Corporation	Lowe's Companies, Inc.*
Bechtel	Marcal Paper Mills, Inc.
BF Goodrich Tire Manufacturing*	MCI Communications
Boeing	Merck & Company
Bristol-Myers Squibb	Nestle Purina PetCare Company
Calgon*	Nike, Inc.*
Coca-Cola	Proctor & Gamble
Dow Chemical Company*	Prudential Financial
Dunkin' Donuts	Scott Paper Company*
Dupont Chemical Company	Sharper Image
Eli Lilly and Company*	Starbucks
Federal Express	Subaru Auto Assembly Plant (Indiana)
General Mills	Target Corporation
Hain Celestial Foods	Texas Instruments, Inc.
The Home Depot, Inc.	Tyson Foods
IBM	Union Pacific
Johnson & Johnson	Verizon
Kennecott Mining*	Westin Hotels

More facts and advice are available from the Centers for Disease Control and Prevention at **www.cdc.gov/tobacco**.

To order additional copies of this booklet, call:
Toll Free: **1-800-CDC-INFO (1-800-232-4636)**
In English, en Español
24 hours/day, 7 days/week
TTY: **1-888-232-6348**

Additional information is available at:
www.surgeongeneral.gov.

For information to help your employees quit smoking, go to www.smokefree.gov. To access a telephone quitline service in your area, call **1-800-QUIT-NOW (1-800-784-8669)**.

Please note: If you would like to review the references for this publication, you can download a referenced version by going to www.cdc.gov/tobacco.

References

- ¹ U.S. Department of Health and Human Services. *Reducing Tobacco Use: A Report of the Surgeon General*. Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2000.
- ² Hall, Jr., JR. The U.S. Smoking-Material Fire Problem. Quincy, MA: National Fire Protection Association, November 2004. <http://www.nfpa.org/assets/files//PDF/ossmoking.pdf>. Accessed February 27, 2006.
- ³ Javitz, HS, Zbikowski, SM, Swan, GE, Jack, LM. Financial burden of tobacco use: an employer's perspective. *Clinics in Occupational and Environmental Medicine* 2006;5(1):9-29.
- ⁴ HealthNowMA. Health Now! and the Business Community. <http://www.healthnowma.org>. Accessed May 13, 2004.
- ⁵ Mudarri, DH. The Costs and Benefits of Smoking Restrictions: An Assessment of the Smoke-Free Environment Act of 1993 (H.R. 3434). Washington, DC: Environmental Protection Agency, Office of Radiation and Indoor Air, Indoor Air Division, 1994.
- ⁶ Javitz, HS, Zbikowski, SM, Swan, GE, Jack, LM. Financial burden of tobacco use: an employer's perspective. *Clinics in Occupational and Environmental Medicine* 2006;5(1):9-29.
- ⁷ Building Owners and Managers Association. Smoking Position Paper. Washington, DC: Building Owners and Managers Association [no date]. <http://www.boma.org/Advocacy/FederalLegislativeRegulatoryIssues/Environment/SmokingPositionPaper.htm>. Accessed January 23, 2006.

- ⁸ Sweda, E. Lawsuits and secondhand smoke. *Tobacco Control* 2004;13 (supplement I):S161–166. http://tc.bmjournals.com/cgi/content/full/13/suppl_1/i61. Accessed February 27, 2006.
- ⁹ U.S. Department of Health and Human Services. *Reducing Tobacco Use: A Report of the Surgeon General*. Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2000.
- ¹⁰ Correspondence of Mr. Thomas Hill, Vice President, Aetna Building Maintenance Co., to Mr. Ed Simone, Unigard Insurance Group.
- ¹¹ National Cancer Institute. *Population Based Smoking Cessation: Proceedings of a Conference on What Works to Influence Cessation in the General Population*. Smoking and Tobacco Control Monograph No. 12. Bethesda, MD: U.S. Department of Health and Human Services, Public Health Service, National Institutes of Health, National Cancer Institute, 2000. <http://cancercontrol.cancer.gov/tcrb/monographs/12/>. Accessed March 20, 2006.
- ¹² Fichtenberg, CM, Glantz, SA. Effect of smoke-free workplaces on smoking behaviour: systematic review. *British Medical Journal* 2002;325:188–194. <http://bmj.bmjournals.com/cgi/contentfull/325/7357/188>. Accessed February 27, 2006.
- ¹³ Ryan, J, Zwerling, C, Orav, EJ. Occupational risks associated with cigarette smoking: a prospective study. *American Journal of Public Health* 1992;82(1):29–32. <http://www.ajph.org/cgi/content/abstract/82/1/29>. Accessed February 27, 2006.

- ¹⁴ Eisner, MD, Smith, AK, Blanc, PD. Bartenders' respiratory health after establishment of smoke-free bars and taverns. *Journal of the American Medical Association* 1998;280:1909–1914. <http://www.tobaccoscsm.ucsf.edu/pdf/9.1-Eisner.pdf>. Accessed May 31, 2006.
- ¹⁵ Allwright, S, Paul, G, Greiner, B, Mullally, B, Pursel, L, Kelly, A, et al. Legislation for smoke-free workplaces and health of bar workers in Ireland: before and after study. *British Medical Journal* 2005;331(7525):1117. <http://bmj.bmjournals.com/cgi/reprint/331/7525/1117>. Accessed February 27, 2006.
- ¹⁶ Javitz, HS, Zbikowski, SM, Swan, GE, Jack, LM. Financial burden of tobacco use: an employer's perspective. *Clinics in Occupational and Environmental Medicine* 2006;5(1):9-29.
- ¹⁷ Stewart, WF, Ricci, JA, Chee, E, Morganstein, D. Lost productivity work time costs from health conditions in the United States: Results from the American Productivity Audit. *Journal of Occupational and Environmental Medicine* 2003;45(12):1234-1246.
- ¹⁸ Penner, M, Penner, S. Excess insured health care costs from tobacco-using employees in a large group plan. *Journal of Occupational Medicine* 1990;32:521–523.
- ¹⁹ U.S. Department of Health and Human Services. *The Health Consequences of Involuntary Exposure to Secondhand Smoke: A Report of the Surgeon General*. Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, Coordinating Center for Health Promotion, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2006.
- ²⁰ Ibid.
- ²¹ Ibid.
- ²² Otsuka, R, Watanabe, H, Hirata, K et al. Acute effects of passive smoking on the coronary circulation in healthy young adults. *Journal of the American Medical Association* 2001;286:436–441.

- ²³ Pechacek, TF, Babb, S. Commentary: How acute and reversible are the cardiovascular risks of secondhand smoke? *British Medical Journal* 2004;328:980–983.
- ²⁴ Barnoya, J, Glantz, SA. Cardiovascular effects of secondhand smoke: nearly as large as smoking. *Circulation* 2005;111(20):2684–2698. http://www.tobaccoscam.ucsf.edu/pdf/Barnoya_SHS_Circulation.pdf. Accessed February 27, 2006.
- ²⁵ U.S. Department of Health and Human Services. *The Health Consequences of Involuntary Exposure to Secondhand Smoke: A Report of the Surgeon General*. Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, Coordinating Center for Health Promotion, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2006.
- ²⁶ Ibid.
- ²⁷ Samet, J, Bohanon, Jr., HR, Coultas, DB, Houston, T, Persily A, Schoen, L, et al. Environmental Tobacco Smoke Position Document. Atlanta, GA: American Society of Heating, Refrigerating and Air-Conditioning Engineers, June 30, 2005. http://www.ashrae.org/content/ASHRAE/ASHRAE/ArticleAltFormat/20058211239_347.pdf. Accessed February 27, 2006.
- ²⁸ National Cancer Institute. *Population Based Smoking Cessation: Proceedings of a Conference on What Works to Influence Cessation in the General Population*. Smoking and Tobacco Control Monograph No. 12. Bethesda, MD: U.S. Department of Health and Human Services, Public Health Service, National Institutes of Health, National Cancer Institute, 2000. <http://cancercontrol.cancer.gov/tcrb/monographs/12/>. Accessed March 20, 2006.
- ²⁹ Fichtenberg, CM, Glantz, SA. Effect of smoke-free workplaces on smoking behaviour: systematic review. *British Medical Journal* 2002;325:188–194. <http://bmj.bmjournals.com/cgi/content/full/325/7357/188>. Accessed February 27, 2006.

- ³⁰ Farrelly, MC, Evans, WN, Sfekas, AES. The impact of workplace smoking bans: Results from a national survey. *Tobacco Control* 1999;8:272–277. <http://tc.bmjournals.com/cgi/content/full/8/3/272>. Accessed February 27, 2006.
- ³¹ Farkas, AJ, Gilpin, EA, Distefan, JM, Pierce, JP. The effects of household and workplace smoking restrictions on quitting behaviours. *Tobacco Control* 1999;8:261–265. <http://tc.bmjournals.com/cgi/content/full/8/3/261>. Accessed February 27, 2006.
- ³² U.S. Department of Health and Human Services. *The Health Consequences of Involuntary Exposure to Secondhand Smoke: A Report of the Surgeon General*. Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, Coordinating Center for Health Promotion, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2006.
- ³³ Samet, J, Bohanon, Jr., HR, Coultas, DB, Houston, T, Persily A, Schoen, L, et al. Environmental Tobacco Smoke Position Document. Atlanta, GA: American Society of Heating, Refrigerating and Air-Conditioning Engineers, June 30, 2005. http://www.ashrae.org/content/ASHRAE/ASHRAE/ArticleAltFormat/20058211239_347.pdf. Accessed February 27, 2006.
- ³⁴ Shopland, DR, Anderson, CM, Burns, DM, Gerlach, KK. Disparities in smoke-free workplace policies among food service workers. *Journal of Occupational and Environmental Medicine* 2004;46(4):347–356.
- ³⁵ Fong, GT, Hyland, A, Borland, R, Hammond, D, Hastings, G, McNeill, A, et al. Reductions in tobacco smoke pollution and increases in support for smoke-free public places following the implementation of comprehensive smoke-free workplace legislation in the Republic of Ireland: Findings from the ITC Ireland/UK survey. *Tobacco Control* 2006;15(supplement 3):iii51–iii58. http://tc.bmjournals.com/cgi/reprint/15/suppl_3/iii51. Accessed June 19, 2006.

- ³⁶ Colwell, B, Smith, D, Condon, K. Settling the smoke: Paso del Norte Health Foundation status report on adult smoking in El Paso—2001. College Station, TX: Texas A&M University System Health Science Center, School of Rural Public Health, 2002. <http://www.pdnhf.org/documents/134SmokeResearch.pdf>.
- ³⁷ Gilpin, EA, Pierce, JP. Changes in population attitudes about where smoking should not be allowed: California versus the rest of the USA. *Tobacco Control* 2004;13:38-44.
- ³⁸ Interview of Beth Sammis, Director of Human Resources, Pet Food Experts, Inc. (Cumberland, RI), conducted by Robin Hobart, Social and Health Services, Ltd., Contractor to the Office on Smoking and Health; November 2005.
- ³⁹ Learn-Andes, J. Company kicks habit and then some. *The Times Leader*. Wilkes-Barre, PA. August 20, 2005.
- ⁴⁰ Centers for Disease Control and Prevention. *Coverage for Tobacco Use Cessation Treatments*. Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2003. http://www.cdc.gov/tobacco/educational_materials/cessation/ReimbursementBrochureFull.pdf. Accessed February 27, 2006.
- ⁴¹ Interview with Cathy Houser, Labor Relations Manager, Just Born, Inc., conducted by Robin Hobart, Social and Health Services, Ltd., Contractor to the CDC Office on Smoking and Health; November 2005.
- ⁴² U.S. Department of Health and Human Services. *Reducing Tobacco Use: A Report of the Surgeon General*. Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2000.

⁴³ U.S. Department of Health and Human Services. *The Health Consequences of Involuntary Exposure to Secondhand Smoke: A Report of the Surgeon General*. Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, Coordinating Center for Health Promotion, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2006.

⁴⁴ Americans for Nonsmokers' Rights. Corporate Smokefree Policies; 2006. <http://www.no-smoke.org/goingsmokefree.php?id=452>. Accessed May 19, 2006.

This list was supplemented by newspaper clips and personal communications.

**This f
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No

Facility is
free.



Smoking



SAFER • HEALTHIER • PEOPLE™

