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# MAKE A DIFFERENCE

a toolkit for tobacco-free worksites

Presented by:



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# Facts About Tobacco Use

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*Every year, over 2,200  
Nebraska residents die  
because of the effects  
of smoking.*



*Tobacco use is the leading  
preventable cause of death  
in the United States,  
causing more than 400,000  
deaths each year.*

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# Facts About Tobacco Use

## Tobacco Use in Nebraska

Every year, over 2,200 Nebraska residents die prematurely because of the direct effects of smoking.<sup>1</sup>

- 891 die from cancer caused by smoking.
- 561 die from cardiovascular disease caused by smoking.
- 820 die from respiratory disease caused by smoking.

In 2004, Nebraska's smoking related health care expenditures were approximately \$591 million annually.<sup>1</sup> These costs include ambulatory costs, hospital costs, prescription drug costs, nursing home costs, and other costs.

- In 2010, the smoking rate in Nebraska was 17.2%.<sup>2</sup>
- In 2010, 58.7% of Nebraskans said they had tried to quit smoking within the last year.<sup>2</sup>

Smoking related lost productivity costs in 2004:

- \$500 million<sup>1</sup>.

*An average of 44 of our friends, co-workers and neighbors die every week in Nebraska due to smoking.<sup>26</sup>*



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### Tobacco Use in the United States

Tobacco use is the leading preventable cause of death in the United States, causing more than 400,000 deaths each year, according to the U.S. Centers for Disease Control and Prevention.<sup>1</sup>

- Exposure to secondhand smoke causes at least 50,000 deaths annually.<sup>21</sup>
- Each year, \$96 billion is spent in the United States on health care attributed to smoking and secondhand smoke and \$97 billion in lost productivity.<sup>21</sup>
- Currently, 19.3% of adults in the United States smoke.<sup>21</sup>

On average, adults who smoke die 13 to 14 years earlier than nonsmokers.<sup>5</sup> (1995-1999)

#### U.S. SMOKING RATES BY OCCUPATION<sup>23</sup>

(Ages 18-64, 2006-2008)

Transportation & Moving .....	39%
Food Preparation & Serving .....	44%
Construction and Extraction .....	43%
Farming, Fishing & Forestry .....	32%
Production .....	37%
Health Care Practitioners, & Technical .....	23%
Sales and Related .....	30%
Management .....	23%
Office Administration Support .....	28%
Education, Training, & Library .....	12%



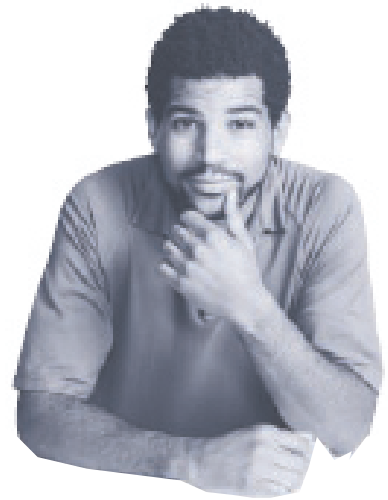
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### Health Factors for the Nontobacco User

- Secondhand smoke exposure causes disease and premature death in children and adults who do not smoke.<sup>22</sup>
- It contributes to lung disease in nonsmoking adults, causing aggravated asthma conditions, impaired blood circulation, bronchitis, and pneumonia.
- In children, these problems include increased severity and number of asthma attacks, bronchitis, and middle ear infections.
- Secondhand smoke also increases the risk of SIDS (Sudden Infant Death Syndrome).
- Secondhand smoke has been recognized as a known human cancer-causing agent and scientific studies have demonstrated a direct relationship between exposure to secondhand smoke and lung cancer as well as heart and other diseases.
- The effects of secondhand smoke on employees and on individuals using public accommodations also create significant liability issues for the owners and employers of these facilities.

Nonsmokers are exposed to over 7,000 chemicals and 70 carcinogens in secondhand smoke.<sup>22</sup> These chemicals include formaldehyde, carbon monoxide, methane, lead, and benzene (Environmental Protection Agency, Indoor Air Facts: Environmental Tobacco Smoke).



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### What are the Health Risks of Using Smokeless Tobacco?

- Smokeless tobacco is not a safe substitute for smoking cigarettes. Nicotine and other harmful chemicals found in tobacco are NOT removed by spitting; they mix with saliva which, after contact with tissues of the mouth and throat, is absorbed through the oral mucous membranes into the bloodstream. It can cause cancer and a number of noncancerous oral conditions and can lead to nicotine addiction and dependence.
- Oral tobacco products (snuff or chewing tobacco) are associated with cancers of the cheek, gums, and inner surface of the lips. Using oral tobacco products for a long time poses an especially high risk. These products also cause gum disease, destruction of the bone sockets around teeth, and tooth loss.<sup>25</sup>
- In 2009, an estimated 3.5% of American adults (18 years & older) used spit tobacco.<sup>24</sup>
- The nicotine content in one 'dip' of snuff can be four times that of one cigarette.
- 28 carcinogens have been identified in chewing tobacco and snuff.<sup>24</sup>



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### **A Note About Thirdhand Smoke**

Another health risk to the nontobacco user is that of thirdhand smoke. The thirdhand smoke term was coined only a few years ago, and is defined as the residue that tobacco smoke leaves on furniture, carpets, walls, clothing, food, hair, and many other surfaces, including dust. Through thirdhand smoke, people can be exposed to the same toxins found in tobacco smoke. It is still a cause for concern even when people smoke outside. Babies and small children are especially susceptible to the toxins in thirdhand smoke because they are smaller and have faster breathing rates, exposing them to higher concentrations of the contaminants.

It is difficult to quantify the risks posed by thirdhand smoke. Research shows that tobacco substances absorbed by surfaces can react with ozone and other household air pollutants to form other dangerous compounds such as nitrosamines and ultra fine particles. A chair, for example, exposed to someone smoking a few cigarettes 10 feet away will be less contaminated than one that has absorbed compounds from a heavy smoker who sits on it everyday. Still, no level of these hazardous compounds is safe, especially for children and infants, who are more vulnerable.

As the knowledge of the dangers of thirdhand smoke grows, it will encourage more places to go smoke-free and more smokers to quit. Adopting a tobacco-free campus policy would help to alleviate this known health risk.

Source: Adapted from the originally published article in the *University of California, Berkeley Wellness Letter* (May 2011)





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# Benefits of Being Tobacco-Free

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*Protect your employee's health.*



*Lower your costs.*



*Increase productivity and morale.*



*Reduce absenteeism.*



*Reduce your liability.*

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# Benefits of Being Tobacco-Free

Promoting and supporting a tobacco-free workplace makes good business sense. It says a lot about your commitment to your employees and customers. It says you care.

Here are five areas where a tobacco-free workplace will have positive impact.

### 1. Protect your employees' health.

- Reduce risk of lung cancer. Employees exposed to secondhand smoke on the job are twenty to thirty percent more likely to get lung cancer.<sup>19</sup>
- Reduce heart attacks. Nonsmokers who are exposed to secondhand smoke at home or work increase their risk for heart disease by twenty-five to thirty percent.<sup>19</sup>
- Reduce heart disease.
- Reduce upper respiratory infections.



***“There is no safe level of exposure to secondhand smoke. Tobacco smoke is deadly.”***

— Dr. Richard H. Carmona,  
U.S. Surgeon General Report,  
July 2006



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IMPROVED EMPLOYEE HEALTH <sup>25</sup>	
AFTER QUITTING	PHYSICAL BENEFITS MAY INCLUDE:
2 weeks	Lung function and circulation improve
9 months	Lungs improve capacity to clean and reduce infection
1 year	Risk of heart disease drops to half that of a smoker
5-15 years	Risk of stroke is the same as that of a nonsmoker
10 years	Risk of lung cancer is half that of a smoker
15 years	Risk of heart disease is similar to that of someone who never smoked

### 2. Lower your costs.

- Businesses pay an average of \$2,189 in workers' compensation costs for smokers, compared with \$176 for nonsmokers.<sup>8</sup>
- Between 1995-1999, smoking cost employers an estimated \$3,391 per smoker per year, comprised of \$1,623 in direct medical expenditures, and \$1,768 in lost productivity.<sup>4</sup>
- U.S. fire departments responded to an estimated 114,800 smoking-material fires in 2008. These fires caused:
  - 680 civilian deaths
  - 1,520 civilian injuries
  - \$737 million in direct property damage.<sup>9</sup>
- Fire insurance is commonly reduced twenty-five percent to thirty percent in smoke-free businesses.<sup>10</sup>



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**An employer sends a clear message to employees and the community with a tobacco-free policy:**



**We care about the health and safety of our employees.**

### **3. Increase productivity and morale.**

- Employees who take four 10-minute breaks a day to smoke actually work one month less per year than workers who don't take smoking breaks.<sup>11</sup>
- A tobacco-free workplace is more attractive to employees. In 2010, over 80% of Nebraska adults did not smoke.<sup>1</sup>

### **4. Reduce absenteeism.**

- Smokers, on average, miss 6.2 days of work per year due to sickness compared to nonsmokers, who miss 3.9 days of work per year.<sup>12</sup>

### **5. Reduce your liability.**

- Having a tobacco-free workplace reduces the risk of lawsuits being filed by employees who become ill from breathing secondhand smoke.<sup>13</sup>
- Disability claims based on secondhand smoke exposure are eliminated.<sup>13</sup>
- A tobacco-free workplace prevents violations of the Americans With Disabilities Act that result from limiting access by people with respiratory problems who cannot patronize or work in your business due to tobacco smoke pollution.

**What's the bottom line? Plain and simple – being tobacco-free adds up. It's the right thing to do – for the health of your employees and customers AND for the wealth of your business.**



# MAKE A DIFFERENCE

## How Much Does Tobacco Use Cost You?

In 2010, there were an estimated 235,100 adults that smoked in Nebraska.<sup>21</sup> This is significant because on average, smoking costs an estimated \$3,391 per smoker per year. The cost is comprised of \$1,623 in direct medical expenditures and \$1,768 in lost productivity.

Factors considered in estimating these costs include:<sup>5</sup>

- Greater healthcare costs
- Increased absenteeism (6 days/year for smokers vs. 4 days/year for nonsmokers)
- Work time spent on smoking breaks (18-22 days/year)
- Higher life insurance premium costs
- Greater risk of occupational injuries
- Costlier disability
- More disciplinary actions

**DO THE MATH**

	X	<b>17.2%</b>	=	
Total # of Employees		2010 Nebraska Adult Smoking Rate <sup>2</sup>		# of Smokers (Or, if known, enter # of employees who smoke)
	X	<b>\$1,623</b>	=	
# of Smokers		Estimated Health Costs <sup>7</sup>		Total Health Costs
	X	<b>\$1,768</b>	=	
# of Smokers		Estimated Lost Productivity Costs <sup>6</sup>		Total Lost Productivity Costs
<b>YOUR TOTAL COST/YEAR IS:</b>				
	X		=	
Total Health Costs		Total Lost Productivity Costs		Total Cost/Year

## Rate of Increase (R.O.I.) - Tobacco Use in Nebraska<sup>27</sup>

- A smoker costs \$4.64/pack per day more for lost productivity (\$1,694/year). (2006)
- A smoker costs \$5.00/pack per day more for health care (\$1,825/year). (2006)
- For multiple pack smokers, the cost goes up proportionately.
- Conclusion: A smoker costs most Nebraska businesses approximately \$3,520/year in lost productivity and health care costs.



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# **Three Steps to Making Your Workplace Tobacco-Free**

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1.

*Use your company's health plan to help employees and their families quit using tobacco.*

2.

*Promote the Nebraska Tobacco Quitline 1-800-QUIT-NOW (1-800-784-8669).*

3.

*Implement and maintain tobacco-free workplace policies and initiatives.*

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## **MAKE A DIFFERENCE**

# **Three Steps to Making Your Workplace Tobacco-Free**

- 1. Use your company's health plan to help employees and their families quit using tobacco.**
- 2. Promote the Nebraska Tobacco Quitline, 1-800-QUIT-NOW (1-800-784-8669).**
- 3. Implement and maintain tobacco-free workplace policies and initiatives.**

Develop a strategy based on an understanding of tobacco use as an addiction. Avoid an approach that stigmatizes tobacco users. Many tobacco users make 7-8 attempts before they are successful in overcoming their addiction. The workplace should be a place that supports this challenging process.

Measures of success? Over time, employers should experience the long-term outcomes of:

- Reduced number of employees who use tobacco
- Reduced absenteeism
- Reduced healthcare costs
- Reduced maintenance costs



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Chadron Community Hospital has maintained a multi-level approach to create a supportive network through policies and environmental supports in an effort to decrease smoking among employees. In the fall of 2006, the hospital trained six employees, one being a physician's assistant, to implement the American Heart Association Freedom from Smoking curriculum. In addition to providing the training sessions and workbooks to employees, the hospital provides nicotine replacement products and a medical evaluation for the Wellbutrin/Chantix product.

The hospital has been smoke-free for quite some time; however, before transitioning to the newly built campus they felt strongly that the entire campus become smoke-free and implemented policies at the new campus accordingly. As the Wellness Coordinator, Diana Lecher shares their smoking cessation supports as an introduction to new employees and often finds new employees seek her out when they have reached the point of wanting to quit.

This strong smoking cessation culture and supports has resulted in only 12% of employees noting they currently smoke on their 2010 Health Risk Appraisal in comparison to the Panhandle and Nebraska rates of upwards of 20%.





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### TOBACCO-FREE ENVIRONMENT

Nebraska Furniture Mart's goal is to provide its staff, vendors, and customers with a tobacco-free environment. NFM recognizes that smoking is a health and fire hazard. Inhalation of secondhand smoke, as well, can pose a significant health risk to our staff. Staff members are prohibited from using all tobacco products including cigarettes, pipes, cigars, and/or smokeless forms (chew, snuff, etc.) anywhere on the NFM campus, including parking lots. Staff members cannot leave the campus or grounds on their paid breaks or use any tobacco products in their own vehicles on NFM property or those vehicles owned or leased by NFM. Upon receiving complaints regarding littering or loitering from neighboring businesses, NFM may choose to take disciplinary action. NFM's tobacco-free policy applies to all staff as well as contractors, consultants, vendors, and their respective staff. Violation of this policy may result in disciplinary action up to and including termination.

Prior to and following implementation of the above policy, Nebraska Furniture Mart developed a STOP (Stomp Tobacco Out Pronto) campaign. The STOP campaign offered a variety of educational tools and resources to help staff and families quit using tobacco products including:

- A list of community resources.
- SWAT (Staff Working Against Tobacco) Team – This is a group of NFM staff members that have pledged their support to the STOP campaign. SWAT Team members will be offered badges to show their support.
- On-site tobacco cessation classes – free to staff members, prescription drugs not included. Informational meetings were provided at various sites to explain how the program works.
- Telephonic and online cessation classes – free to staff members (offered as part of their insurance plan).
- Quarterly articles to help users understand how to beat the addiction of nicotine and tobacco use.



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*Finishing is just the beginning.*

## **Lincoln Industries – A Tobacco-Free Workplace**

Lincoln Industries became a tobacco-free workplace in the summer of 2002. We realized that helping our people quit tobacco would save on more than just medical costs. Helping people quit affected productivity, absenteeism, and safety as well as making people happier and healthier.

Becoming a tobacco-free workplace was a multi-step process that utilized a comprehensive approach. We combined a targeted communication effort, health plan benefits, workplace support, policies that discouraged tobacco, and on-site tobacco cessation education to help move people toward quitting tobacco.

Before becoming a tobacco-free workplace, we went through three phases over the course of a year. Each phase was designed to help move people toward the ultimate goal of quitting tobacco use.

### **Phase 1**

- Survey for current tobacco usage rate
- Evaluate current policy and practice
- Obtain management support at all levels
- Communicate to population of the upcoming changes
- Distribution of educational material

### **Phase 2**

- Update current policy and practice
- Letter to all people regarding upcoming policy change
- Continued education
- Provide tobacco cessation services on site, including first round pharmaceuticals at 1<sup>st</sup> tier on their benefit plan
- Provide reimbursement for nicotine replacement therapy and tobacco cessation medications
- Supervisor policy training



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### Phase 3

- Begin enforcement of new policy and practice
- Letter to all people regarding policy change and effective date
- Tobacco-free campus, no tobacco use on company time
- Continued education
- Provide tobacco cessation services on site
- Provide reimbursement for nicotine replacement therapy and tobacco cessation medications

### Lessons Learned

- Communication must be clear and frequent
- Build a tobacco-free support group
- Find appropriate cessation and intervention programs
- Cover all of your bases through policy and practice
- Provide appropriate support, include spouses and family
- Education
- Utilize benefit design to encourage quitting tobacco



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UNMC Physicians, the largest physician group in the region with over 500 doctors and 800 staff employees, is proud to be smoke-free. Along with UNMC and The Nebraska Medical Center, the entire campus is now smoke and tobacco-free. With the understanding that nicotine addiction is difficult to treat, the three organizations partner to offer free smoking cessation classes, counseling, and support when needed.

Resources in the way of hand-outs, lunch and learns, and web links are offered on request or in employee newsletters. Employees that participate in one-on-one counseling through the clinic pharmacy can receive up to a \$240 reimbursement for FDA approved nicotine replacement therapy. These programs and resources are open to all spouses and family members.

UNMC Physicians has a policy that states, "Smoking by any person is not permitted on UNMC Physicians property or in corporate vehicles." Directors, managers and supervisory personnel are responsible for the administration and compliance with this policy.



## Nebraska Worksite Wellness Survey Results: Tobacco and the Worksite

Based on the 2010-2011 Nebraska Worksite Wellness Survey, 712 businesses from across the state responded to a worksite wellness survey. Approximately 1 in 4 worksites have adopted a smoke-free policy that prohibits smoking on the whole worksite campus, while 1 in 3 worksites have adopted a smoke-free policy for outdoor work areas (Figure 8). On the other hand, slightly more than half of worksites allow smoking outside only, in designated places.

About 1 in 3 worksites have adopted a smoke-free policy that restricts smoking within a designated distance from the entrance of the building. Slightly more than 1 in 3 have adopted a policy that prohibits the use of chewing tobacco, snuff, or dip in the workplace.

**Figure 8: Percentage of worksites with the following policies and practices in place related to employee tobacco use**



About 1 in 6 worksites offers incentives or quit tobacco programs to employees to quit using tobacco. Only about 1 in 20 worksites offers free nicotine replacement therapy (NRT) to tobacco users to help quit.



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# Using Your Company's Health Plan to Help Employees Quit Tobacco

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*The most effective tobacco  
dependence treatment is  
medication  
with counseling.*

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# Using Your Company's Health Plan...

## ...to help employees and their families quit using tobacco

Research shows that the most effective tobacco dependence treatment includes medications and coaching/counseling. This combination has been shown to double or triple the employee's chances of quitting successfully. Businesses that have included a tobacco cessation benefit in their health plan, report that this coverage has reduced total tobacco consumption, increased the number of tobacco users willing to undergo treatment, increased productivity, and increased the percentage of those who successfully quit.<sup>13</sup> The new federal health care reform law makes vital investments in disease prevention, including tobacco prevention and cessation programs that will help reduce the staggering health and financial toll of tobacco use.

The reforms in the Patient Protection and Affordable Care Act of 2010 include:

- Expanded private insurance coverage of treatments that help smokers quit.
- As of September 23, 2010, private group and individual health plans must cover all recommended preventative services, including smoking cessation, without cost-sharing (plans in existence before enactment of the law are exempt from this requirement until they make significant changes to coverage or premiums). \*

\*[http://www.tobaccofreekids.org/what\\_we\\_do/federal\\_issues/health\\_care\\_reform/](http://www.tobaccofreekids.org/what_we_do/federal_issues/health_care_reform/)



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### **Are Cessation Health Benefits Cost-Effective?**

- Tobacco cessation is more cost-effective than most other common and covered disease prevention interventions such as treatment of hypertension and high cholesterol.<sup>14</sup>
- It costs between 10 and 40 cents per member per month to provide a comprehensive tobacco cessation benefit (costs vary based on utilization and dependent coverage).<sup>15,18</sup>
- Smokers cost 9% more than nonsmokers to insure.<sup>28</sup>







## Health Plan Questions<sup>16</sup>

**If your health plan has not made changes to include tobacco cessation, here are some questions you could ask:**

- How does the health plan identify and document tobacco users and tobacco cessation interventions?
- List covered tobacco cessation drugs. How frequently are these offered, and for what period annually? Are multiple medications covered? Are multiple quit attempts covered in one 12 month period?
- What type of counseling (e.g., in person, online, telephone) is covered, how often is counseling covered annually, and for what period (e.g., 90 days twice per year)?
- Describe the plan design for tobacco cessation (e.g., co-pay, etc.).
- Is co-pay in line with other medications?
- Are over-the-counter medications such as nicotine patches and gum covered? Is there a co-pay?
- Who is eligible for tobacco cessation benefits/drugs/counseling?
- Does this include all covered individuals or only those with a drug benefit?
- What other educational or counseling materials are provided (e.g., hard copy, on-line, other)?
- How does the plan motivate healthcare providers to provide tobacco cessation counseling (e.g., withholds, bonuses)?
- Is the benefit promoted to the employees? How?
- How are the percentage of tobacco users who have received treatment assessed? How is the success of the tobacco cessation initiatives evaluated?



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### Support For Employees Who Use Tobacco

The effect of implementing a tobacco-free policy will be most immediate for employees who use tobacco. Tobacco cessation assistance and support will help employees adjust to behavioral and physical changes. Although over 58.7% of smokers indicated that they tried to quit smoking in 2010<sup>2</sup>, not all smokers will make a serious attempt to quit at the same time and not all tobacco users will respond to the same program for quitting.

Because of this diversity, there should be options available for employees. In order to build support, it is also important to educate your nontobacco using employees.

### Tobacco Treatment Options

Programs consisting of several treatment components have proven to be successful. The most successful and highest recommended treatment option is physician/healthcare provider support and monitoring along with medication and counseling.

- 1. Healthcare Provider Counseling:** Healthcare providers play a critical role in tobacco treatment by counseling patients about tobacco addiction, monitoring their progress, providing information about medications, and following up to reduce relapse.
- 2. Medications:** Nicotine replacement therapies, as well as bupropion SR and varenicline help the tobacco user fight the physical addiction. Most products are available by prescription; the nicotine patch, gum, and lozenge are available over-the-counter.
- 3. Nebraska Tobacco Quitline 1-800-QUIT-NOW (1-800-784-8669):** The Quitline provides information on quitting tobacco use, one-on-one practical counseling on how to increase the chance for success, and referrals to local quit smoking programs and services. All services are free and confidential.



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### Health Benefit Design

Tobacco dependence treatment benefits that have been found most effective address the following:

- Pay for counseling and medications.
- Offer the FDA-approved medications, including both prescription and over-the-counter.
- Cover counseling services, including telephone (Quitline) and individual counseling. While classes can also be effective, typically few tobacco users attend them.<sup>17</sup> However, even one person quitting is a success.

Show your employees you want to help them quit tobacco by designing a benefit plan that makes it easier for them.

- Eliminate co-payments or require employees to pay no more than the standard co-payment. Data show that tobacco users rarely use cessation services inappropriately, and are much more likely to quit when no co-payment is required.<sup>18</sup> Utilization rates average 3 to 8% of tobacco users per year.
- Provide at least two courses of treatment – both medication and counseling – per year. Tobacco dependence is a chronic disease. Relapse is part of the process.

### Tobacco Dependence Treatment Medications

Type	Form	Common Brand Names
Prescription	Pill Pill	Zyban® Wellbutrin® (bupropion SR) Chantix® (varenicline)
Prescription nicotine replacement therapy	Inhaler Nasal Spray	Nicotrol® Nicotrol®
Over-the-counter nicotine replacement therapy	Gum Patch (also prescription) Lozenge	Nicorette® Nicoderm® Habitrol® Prostep® Nicotrol® COMMIT®



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# How the Nebraska Tobacco Quitline Can Help Your Employees Quit

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*Free quit smoking or  
chewing tobacco  
counseling for every  
Nebraska resident.*



**1-800-QUIT-NOW  
(1-800-784-8669)**

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# **How The Nebraska Tobacco Quitline Can Help Employees Quit**

If counseling were provided to all United States tobacco users on a regular basis, approximately 70,000 deaths could be prevented each year. Counseling help is available to all Nebraska residents. The Nebraska Tobacco Quitline [1-800-QUIT-NOW (1-800-784-8669)] is a free, professional telephone-based tobacco cessation counseling service provided to Nebraska residents who want to quit using tobacco.

You can promote the Quitline by placing information throughout your facility, placing the Quitline number on your company's Intranet, or with payroll stuffers. By taking any of these steps, you could be the starting point for an employee to begin their life-saving journey.

### **Nebraska Tobacco Quitline**

Toll-Free: 1-800-QUIT-NOW (1-800-784-8669)

The Quitline provides free, personalized assistance from professional cessation specialists. Callers enrolled in the Quitline's program work through a series of up to five telephone sessions, where the specialists assist callers in developing and implementing a quit plan based on their individual needs.

Callers are assisted with identifying and accessing benefits that may be available through their employer, Medicare, Medicaid, or other insurance to cover the cost of medication(s). Services are available in Spanish and other languages.

To order Nebraska Tobacco Quitline materials, please call 402-471-0101.



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### How to Quit Smokeless Tobacco/Chew/Dip/Snuff<sup>29</sup>

Like everything, quitting tobacco is a step-by-step process. The first step is thinking about your tobacco usage and designing a plan to quit. The more detailed your plan the more successful your quit will be.

Think about its effect on your health. Admit that you feel “hooked.” List your reasons for wanting to quit. Decide positively that you want to quit. Avoid negative thoughts about how difficult it might be.

#### Developing a Plan to Quit

- Set a specific quit date. Plan to devote time and effort to stopping.
- Decide if you are going to stop suddenly or gradually. If it is to be gradual, work out a tapering off plan and designate a quit day. (Usually 2 weeks is plenty of time to taper down.)

#### Cutting down

- Set a limit on the number of times you chew or dip each day.
- Buy only one can or pouch at a time.
- Cut out chewing/dipping in specific places and times – e.g., no dipping before 10 a.m. and after 8 p.m., don't chew or dip in your home.
- Plan ahead for situations when you are most likely to chew or dip. Have an alternative ready – e.g., chew sugarless gum, sunflower seeds or, if possible, avoid the situation.
- Get others involved in your effort to quit. Ask a friend who dips to quit with you.

#### Immediately After Quitting

- Carry sugarless gum, sunflower seeds or something healthy to chew for those times when you get the urge to dip or chew.
- Avoid foods high in sugar.
- Review how well you are doing. What is giving you trouble? How can you improve your performance?
- Drink plenty of water.
- Keep busy.
- Plan ahead for each week. Have alternatives ready for the situations when you might be tempted to dip or chew.



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### **Avoiding the Temptations to Chew or Dip**

- If you are in a situation where you are tempted to use tobacco, do something!
- Take a deep breath through you mouth, hold the air in your lungs for 3 seconds, then slowly exhale.
- Repeat until you feel relaxed.
- Keep your hands and mind occupied with something else.
- Eat, drink, or chew something.
- Tell someone. Ask them to help you get through the rough spots.
- Remind yourself the urge will pass in a few minutes. Cravings come and go, they don't last 24 hours a day.
- Think about how far you have come already. Imagine how disappointed you will feel if you start dipping/chewing again.
- Review the reasons you are quitting.

### **Keep a Positive Attitude**

- Keep track of your accomplishments.
- Remember things will get better as each day passes.
- Think of yourself as a non-user, not someone deprived of tobacco.
- Find new interests, i.e. exercise.

Quitting tobacco is not easy, but there are resources available that can make it easier. (company name) is committed to helping you quit. For more information on the benefits that are offered to help you quit for good, call Human Resources at (phone number).<sup>29</sup>



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# Implementing Tobacco-Free Policies

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*Focus on tobacco use, not  
the tobacco user.*



*Focus on health and safety.*



*Offer tobacco treatment programs  
(medications and counseling)  
before and after  
the policy change.*

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## MAKE A DIFFERENCE

# Implementing Your Tobacco-Free Policy

There are many things to keep in mind to make sure implementation of your tobacco-free policy goes smoothly and results in success.

- Seek employee (staff, management) support through company communication channels (meetings, newsletters, payroll enclosures, bulletin boards, e-mails).
- Focus on the health and safety of everyone. Approximately 80% of your employees do not smoke or chew tobacco.
- Provide real and visible opportunities for employee participation in planning and implementing the policy.
- Maximize the potential for success by timing the policy implementation with New Year's Day or with an internal event (such as remodeling your facility or getting new carpet).
- Implement incentives that benefit your employees and patrons.

### TRY THESE IDEAS

- Provide a countdown to implementation, sponsoring a different activity every day of the week prior to the implementation of the tobacco-free policy.
- Offer healthy snack alternatives.
- Offer tobacco cessation information and opportunities.
- Gradually reduce the number of places that smoking can take place until the entire grounds are tobacco-free on your implementation date.
- Recognize those who quit smoking or chewing as a result of the policy in your company newsletter or bulletin board.
- Remember to include all employees in the planning for, and celebration of, a tobacco-free facility.
- Provide materials to nontobacco users about how to best help their co-workers with the new policy.
- Encourage an employee organized celebration of the tobacco-free facility.



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### **Put Your Plan in Place**

**Here is a quick and easy checklist to follow as you implement your tobacco-free policy.**

#### **One year from the date you want to go tobacco-free:**

- ☐ Organize a committee to collect information about the impact to employees.
- ☐ Provide information on the benefits and reasons for this change.
- ☐ Gather input from the employees.

#### **Nine months from the date you want to go tobacco-free:**

- ☐ Communicate with employees about the policy (use e-mail, meetings, bulletin boards, newsletters).
- ☐ Make policy revisions after employees give their input.
- ☐ Print and post the tobacco-free policy, highlighting the implementation date.
- ☐ Promote tobacco cessation resources.
- ☐ Provide in-service training to management and other key employees.

#### **Two months from the date you want to go tobacco-free:**

- ☐ Put up prominent tobacco-free signage.
- ☐ Highlight the availability of the Nebraska Tobacco Quitline 1-800-QUIT-NOW (1-800-784-8669) as well as other tobacco treatment counseling and medication options.

#### **On Implementation Day:**

- ☐ Remove all ashtrays.
- ☐ Implement and enforce the policy.
- ☐ GO TOBACCO-FREE.

#### **After you have gone tobacco-free:**

- ☐ Follow-up with employees and evaluate the success of your tobacco-free policy.
- ☐ Continue to promote tobacco cessation resources.
- ☐ Be positive with all employees.
- ☐ Enforce the policy vigorously.



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### Tobacco-Free Campus

#### Benefits of Having a Tobacco-Free Campus:<sup>30</sup>

- Promoting and supporting a tobacco-free workplace and campus makes good business sense. It says a lot about your commitment to your employees and customers. It says you care.
- A study in January of 2000 found that the implementation of a smoke-free campus policy in an office workplace that already had a smoke-free policy for indoor settings was associated with an increase in quit rates and a reduction in daily cigarette consumption among continuing smokers.
- Among adult smokers in 2000, 70% reported that they wanted to quit completely, and in 2004, more than 40% said they tried to quit for at least 24 hours each year.
- Unlike smoke-free indoor policies, tobacco-free campus (TFC) policies are not solely designed to protect nonsmokers from secondhand smoke but rather are also intended to encourage employees to improve their health by quitting the use of tobacco products. Tobacco-free campuses create work environments in which tobacco users find it easier to reduce their consumption or quit altogether, and where the nontobacco user is also protected from the harmful health effects of thirdhand smoke.
- Establishing a TFC provides employers with an opportunity to communicate a consistent pro-health message, project a positive image, and reduce tobacco-related health care costs. Providing cessation benefits (coverage for counseling and medications) in conjunction with the policy supports the quitting process.



## Working with Labor Unions

Labor unions and management both want healthy workers and a safe and healthy environment. Both also have an interest in reducing healthcare costs. In working with unions, it is important to emphasize these common concerns. Three major, relevant labor issues may be addressed:

- whether an employee has the right to use tobacco at the workplace,
- the relationship of tobacco restrictions to collective bargaining, and
- a focus on secondhand smoke is perceived as a diversion from addressing other occupational hazards.

No one has the right to impose a health risk on others, and because an employer has the responsibility to provide a safe work environment, an employer has the right to restrict tobacco use on company premises.

In union represented work environments, however, the employer may be obligated to subject the policy to collective bargaining, depending on contract provisions. Issues such as tobacco breaks and provision of tobacco cessation support may arise, but these can be addressed within the context of providing a tobacco-free workplace.

Specific questions to address regarding unions include the following:

- What unions are involved? Can unions be involved in a cooperative policy development effort?
- Do the unions have a stated position on tobacco use?
- Is there contract language or past practice that addresses tobacco use on the job by union members?
- What is the opinion of labor relations regarding whether a policy on tobacco use must be negotiated?
- Is the current state of labor/management relations conducive to a change in tobacco use policy?

More resources can be found at: [www.laborandtobacco.org](http://www.laborandtobacco.org)



## Key Principles of Successful Tobacco-Free Policy Implementation

- Focus on tobacco use, not the tobacco user.
- Focus on health and safety regarding secondhand smoke, not individual rights.
- Obtain management commitment and support.
- Provide training for middle managers and supervisors on policy communication and enforcement.
- Provide real and visible opportunities for employee participation in policy planning and implementation.
- Educate the workplace community about the hazards of combining secondhand smoke and materials used in work processes.
- Allow nine months to one year from the announcement to implementation, depending on the size of the organization and the magnitude of the change from the old to the new policy.
- Offer tobacco dependence treatment programs to all employees and their families before and after the policy change.
- To maximize motivation, plan to implement the policy in conjunction with national events such as the American Cancer Society's Great American Smokeout in November or around New Year's Day (when people are making New Year's resolutions).
- Ensure that restrictions and enforcement are equitable.
- Enforce the secondhand smoke policy just as any other policy.
- Do not differentiate between tobacco breaks and any other kind of breaks.
- Continue to provide tobacco dependence treatment opportunities and programs after the policy has been implemented to support employees in their attempts to quit using tobacco and to prevent relapse.
- The goal of a tobacco-free policy is to provide a safe and healthy workplace for all employees. It also includes not stigmatizing tobacco users.



## MAKE A DIFFERENCE

### Enforcing the Policy

The word “enforcement” can evoke negative responses. It should not be the position of any organization to punish or strong arm a particular policy; however, structure is necessary for an equal and fair implementation and adherence to that policy.

The best enforcement procedure for a tobacco-free workplace policy is the same procedure used in a drug-free workplace policy.

Generally, the following statement inserted into the employee handbook can sufficiently address the tobacco enforcement policy, in essence, piggybacking onto existing sanction policies: “Any violation of this tobacco use policy will result in discipline, up to and including discharge under (insert name of organization) progressive discipline policy.”

### More on Enforcement

When drafting the enforcement procedures, it is important to remember that tobacco contains nicotine, which is an addictive substance. Show sensitivity to employees who are addicted to nicotine by structuring the policy with the following points in mind:

1. Fair and equal enforcement of the policy.
2. Providing information and support, hand-out materials and on-site cessation services or information regarding available community cessation services.
3. Distribute the written policy and enforcement procedures to all employees.
4. Provide a form to be kept in each new employee's personnel file that states the employee has received a copy of the policy and enforcement procedures and agrees to abide by the company's tobacco-free workplace policy.



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*It is important that all employees understand the policy changes and the implications of these changes.*



### **Designated Enforcement Personnel**

Each business will need to decide which department or individuals are to handle complaints, address infractions, and enforce the new policy.

Many companies assign this action directly to department managers. Larger organizations may choose to assign such responsibility to their human resource or risk management department. We suggest that the personnel in charge of enforcement of tobacco issues be the same personnel assigned to enforce all drug and alcohol related infractions.

Finally, it is important to provide all personnel with the name and contact information of the people responsible for enforcing the policy.

Signage will be invaluable as you implement your policy. If you are implementing a campus-wide policy, be sure you have signs at the entrances to your parking lots stating that people need to extinguish smoking materials before exiting their vehicle.

Because Nebraska has a smoke-free workplace law, be sure that receptacles are placed well away from doors and put a 20-30 foot halo into effect so people don't have to walk through smoke to enter the building. This will also reduce secondhand smoke drifting into the building, as well as help nonsmokers to avoid thirdhand smoke. Again, signage is very important.



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### **Possible Issues and Sample Responses<sup>20</sup>**

#### **Does secondhand smoke have adverse health effects on nonsmokers?**

Inform employees about the known and substantial health effects of secondhand smoke. You may want to seek the support of your corporate medical director or a community health professional, or refer to the facts in this toolkit.

#### **Should employees be allowed to take time away from their job to participate in tobacco cessation activities?**

You can plan these programs at times that are not part of the work day but are convenient for employees (e.g., before work, during lunch, or after work). If allowed during work time, point out to anyone concerned that over the long term, time off to attend tobacco cessation programs will add up to less time than employees take for smoking breaks.

#### **Will a tobacco-free policy result in the loss of tobacco using employees?**

Very few employees leave companies because of implementation of tobacco-free policies.

#### **Will a tobacco-free policy be too difficult to enforce?**

Compliance is high because both management and employees usually support the tobacco-free policy.

#### **Will a tobacco-free policy alienate clients?**

In most cases, clearly posted signs are enough to alert clients to your tobacco-free policy. Some companies hand out a small card explaining the tobacco-free policy.

#### **Won't a tobacco-free policy cost too much time and money to implement?**

Developing and implementing a tobacco-free policy does not need to be expensive or time-consuming. Costs and time can be saved with a well thought-out implementation and following this guide.





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# Materials You Can Use

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*Sample tobacco-free policies*



*Sample newsletter articles  
or e-mails to employees*



*Sample employee memo*



*Policy checklist*



*Definitions*

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## MAKE A DIFFERENCE

# Materials You Can Use

### Sample: Newsletter Copy

We have provided two articles below which you can use in your company newsletter or adapt to a flyer.

#### **IT'S A GREAT DAY TO QUIT TOBACCO!**

(Publish in mid-to-late October so tobacco users can prepare to quit.)

A new year is drawing near – and if you've been thinking of quitting tobacco, why not join with others in January?

Experts agree that choosing a quit date in advance (like New Year's Day) is the first step toward becoming tobacco-free. By choosing a quit date, you can prepare yourself and those who care about you for this important step.

Even if you've tried to quit before, research shows that you can double or triple your chances of successfully quitting if you find the right mix of medicine and support. Nebraska residents ready to quit can access the completely free Nebraska Tobacco Quitline at 1-800-QUIT-NOW (1-800-784-8669). In addition, (Name of your company) provides these services: (List medications and other benefits covered here, or refer employees to someone who can give them this information.)

If you would like to make this your time to quit, seek the help you need from friends, coworkers, family, and professionals. In addition to the services we provide, there is help on the internet. Check out [http://dhhs.ne.gov/publichealth/Pages/tfn\\_ces.aspx](http://dhhs.ne.gov/publichealth/Pages/tfn_ces.aspx).

Let Human Resources know if there's any way we can help.

Good luck!



## MAKE A DIFFERENCE

### THINKING ABOUT QUITTING SMOKING? 10 GREAT REASONS TO QUIT TODAY!

*(Publish anytime)*

Regardless of how much or how long you have used tobacco, you will experience the benefits of quitting as soon as you finish your last cigarette. When you quit using tobacco, you will experience physical and emotional benefits that begin within an hour of quitting that will continue for the rest of your life. If you have been thinking about quitting, here are 10 great reasons to make the change today:

1. **Save money.** A pack-a-day smoker will save more than \$1,825 each year!
2. **Smell better.** Your clothes, hair, car, and house will no longer have that stale cigarette smell.
3. **Look better.** Nonsmokers have fewer wrinkles and healthier skin than smokers.
4. **Live to see your grandchildren.** 1 year after quitting the risk of heart disease is half that of a tobacco user. 15 years after quitting it is the same as a nonsmoker.
5. **Improve your health.** When you quit smoking, you decrease the risk of heart attack, stroke, bronchitis, emphysema, lung cancer, and all other cancers.
6. **Improve your child's health.** Children who live in smoke-free homes are less likely to have asthma, coughs, and colds.
7. **Have a healthy baby.** Women who stop smoking before pregnancy decrease the risk of having a low birth-weight baby and increase the chances of a healthy pregnancy and a healthy newborn.
8. **Breathe easier.** As soon as two weeks after quitting, you begin to increase your lung function, making it easier to breathe.
9. **Pump up your energy level.** Within a month of quitting, your circulation and lung function improve.
10. **I owe it to myself.**

Quitting tobacco is not easy, but there are resources available that can make it easier. (company name) is committed to helping you quit. For more information on the benefits that are offered to help you quit for good, call Human Resources at (phone number).



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### Sample 1: Tobacco-Free Policy

#### **POLICY**

In accordance with the Nebraska Clean Indoor Air Act or the Lincoln Smoking Regulation Act, it shall be the policy of (company name) to provide a tobacco-free environment for all employees and visitors. This policy covers the smoking of any tobacco product and the use of spit tobacco and applies to both employees and visitors.

#### **Definition**

1. There will be no smoking or chewing of tobacco products within the facilities or on the property of (company name) at any time.
2. There will no smoking or chewing of tobacco in company vehicles at any time.
3. There will be no smoking or chewing of tobacco at any off-property company-sponsored meeting or event.

#### **For companies that choose to provide outside smoking areas:**

The decision to provide or not provide designated smoking areas outside the building will be at the discretion of management. If the smoking area is not properly maintained (for example, if cigarette butts or matches are found on the ground), it can be eliminated. Any areas that are designated as smoking areas will be located at least 25 feet from the main entrance.

#### **Breaks**

Supervisors will discuss the issue of tobacco breaks with their staff. Together they will develop effective solutions that do not interfere with the productivity of employees.

#### **Procedure**

1. Employees will be informed of this policy through signs posted in company facilities and vehicles, the policy manual, and orientation and training provided by their supervisors.
2. Visitors will be informed of this policy through signs, and it will be explained by their host.
3. The company will assist employees who wish to quit using tobacco by facilitating access to recommended tobacco cessation programs and materials.
4. Any violations of this policy will be handled through the standard disciplinary procedure.



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### Sample 2: Tobacco-Free Policy

**(Date)**

**(Company name)** is dedicated to providing a healthy, comfortable, and productive work environment for our employees.

**(Company name)** shall be entirely tobacco-free effective **(date)**.

All forms of tobacco use will be strictly prohibited within company buildings including but not limited to offices, hallways, waiting rooms, restrooms, lunch rooms, elevators, meeting rooms, and all community work areas. This policy applies to all employees, clients, contractors, and visitors.

Additionally, tobacco use shall be prohibited within 25 feet of all building entrances, windows, and ventilation systems. To discourage smoking around doorways, all smoking trash receptacles will be placed beyond the 25 foot limit.

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

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

This policy is being announced 9 months in advance in order to facilitate a smooth transition. Those employees and their family members who smoke or use other forms of tobacco and would like to take this opportunity to quit are invited to participate in the cessation program being offered by this company. Contact (insert name) for more information.

\_\_\_\_\_  
*Signature of CEO or President*

\_\_\_\_\_  
*Date*



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### Sample 3: Tobacco-Free Campus Policy

The following is an example of steps to a tobacco-free work campus policy:

**Company X**

**Tobacco-Free Work Environment Policy**

**Objective**

Company X is committed to providing a safe and productive work environment for the welfare of their employees. To assist in achieving this goal, Company X has established a tobacco-free work environment.

**Policy Statement**

It is the policy of Company X that all work environments will be tobacco-free.

**Scope**

This policy applies to all work locations and to all employees, customers, contractors, agents, vendors, guests, or other individuals present in Company X work environment.

**Exceptions**

None

**Definitions**

Work Environment - This includes any property owned, leased, or rented by Company X, its buildings, offices, parking lots, walkways, sidewalks surrounding these areas, meeting facilities used for off-premises meetings, and any Company X vehicle.

Tobacco-free - This means the use of any tobacco product, in any Company X work environment, is prohibited.

**Procedures**

**Assigned to:**

**Human Resources**

**Procedures:**

1. Communicate this policy to all current and future employees.
2. Communicate this policy to all employment candidates during the recruiting process.
3. Provide smoking cessation programs and support prior to the effective date of this policy.
4. Ensure consistent application of disciplinary action in accordance with this policy.



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### Sample 3: Tobacco-Free Campus Policy (Cont.)

**Procedures  
Assigned to:**

**Employees**

**Procedures:**

1. Will read and acknowledge receipt of this policy.
2. While in Company X work environment, will not:
  - a. Smoke or use chewing tobacco in Company buildings, offices, vehicles, parking lots, or walkways.
  - b. Smoke or use chewing tobacco on the sidewalks surrounding Company X buildings or offices.
  - c. Leave the campus or office to smoke or use chewing tobacco while on Company paid time.  
This includes paid breaks but not regularly scheduled lunch breaks.
3. Report suspected violations of this policy to their direct supervisor or manager.

**Officers, Managers  
& Supervisors**

1. Be accountable for enforcing this policy. As such, they will immediately report suspected violations to their manager and Human Resources.
2. Work with Human Resources to determine and apply the appropriate disciplinary action as follows:
  - a. First offense. Issue a verbal warning and referral to a tobacco cessation class.
  - b. Second offense. The employee will be issued a written warning.
  - c. Third offense. The employee will be placed on probation.
  - d. Fourth offense. The employee will be terminated.

**Other**

1. Outside groups wishing to use facilities owned, leased, or rented by Company X must be notified of this policy and agree to its provisions.



## Sample: Memo to Employees

As an employer, management is dedicated to providing a healthy, comfortable, and productive work environment for its employees.

In accordance with the Nebraska Clean Indoor Air Act or the Lincoln Smoking Regulation Act, it shall be the policy of (company name) to provide a tobacco-free environment for all employees and visitors. This policy covers the smoking of any tobacco product and the use of spit tobacco and applies to both employees and visitors.

Therefore, (company name) shall be entirely tobacco-free effective (date effective). The company acknowledges that tobacco use is a matter of personal choice. No one is requiring tobacco users to quit. We are only asking that there be no tobacco use on company premises. A variety of options will be made available to employees who are interested in programs for quitting tobacco use.

The new tobacco policy will cover all campuses of this corporation.

Copies of this policy will be distributed to all employees. Signs will be posted in appropriate places. All tobacco vending machines will be removed as of (date).

As we move toward a tobacco-free work environment, smokers, spit tobacco users, and nonsmokers need to work together to ensure a safe and healthy workplace. Between now and (date effective), you will receive more information to ensure that implementation of the policy goes smoothly.





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### Speaking the same language...

#### **Campus**

Buildings and grounds of a worksite.

#### **Cessation**

Discontinue using tobacco products.

#### **Policy**

An overall plan embracing general goals and acceptable procedures.

#### **Quitline**

Phone-based counseling/coaching to assist people with quitting tobacco.

#### **Secondhand Smoke**

Secondhand smoke is composed of sidestream smoke (the smoke released from the burning end of a cigarette) and exhaled mainstream smoke (the smoke exhaled by the smoker).<sup>21</sup> Tobacco smoke is a toxic mix of more than 7,000 chemicals, many of which are poisons.

#### **Thirdhand Smoke**

Thirdhand smoke is the toxic particulate matter that lingers in cars, on furniture, and in the hair and clothes of people who smoke, and builds up over time.

#### **Spit/Chew Tobacco**

Takes various forms and is also referred to as chew, dip, plug, smokeless, snuff, and spit tobacco. Smokeless tobacco is a mixture of tobacco, sweeteners, fiberglass particles, and salts. It contains hundreds of chemicals poisonous to the body. Chewing tobacco is used by placing a wad of tobacco between the cheek and teeth, where it is held to release nicotine.

#### **Tobacco Dependence**

Addiction to tobacco products including cigarettes, cigars, pipes, spit or chew tobacco.

#### **Workplace/Worksite**

Place of employment, including buildings, parking lots, company vehicles, and grounds. It can also include off-campus sites such as construction sites, off-site work related activities, etc.



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## Policy Checklist

### Benefits or Services We Provide

BENEFIT	INSURANCE PREMIUMS	EMPLOYER PROVIDES	COPAY/DEDUCTIBLE
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#### Medications

Type:

#### Counseling

Number of sessions:

#### Other

### Our Promotion Strategies

PROMOTION	WHO WILL DO IT	WHEN
-----------	----------------	------

#### Posters

Locations:

#### Company Newsletters

#### Flyers/Postcards

#### Website

#### Payroll Stuffers

#### Table Tents

### Other Support We Provide

Barriers to quitting, identified by our employees:

#### Changes we can make in the workplace:

(ex: Tobacco-free property, stress reduction)

#### Support we can provide at work:

[ex: Promotion of 1-800-QUIT-NOW (1-800-784-8669)]

#### Special events we can promote:

(ex: Great American Smokeout, health fair)




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<b>A Message from Lincoln-Lancaster County Health Department and Tobacco Free Lancaster County</b>	<b>Employee Assistance</b>	<b>Smoke-Free Entrances A Resource Guide</b>
<p><i>Thank you for your interest in creating a policy for smoke-free entrances at your work place.</i></p> <p>In 2006 the US Surgeon General's report reached an important conclusion regarding effects of secondhand smoke: The scientific evidence shows that there is no "safe" level of exposure to secondhand smoke.</p> <ul style="list-style-type: none"><li>• Secondhand smoke immediately affects the heart and blood circulation in a harmful way. It also causes heart disease and lung cancer.</li><li>• Secondhand smoke causes premature death and disease in children and adults who do not smoke.</li><li>• Children exposed to secondhand smoke are at an increased risk of sudden infant death syndrome (SIDS), acute respiratory infections, ear problems, and more severe asthma. Smoking by parents causes breathing (respiratory) symptoms and slows lung growth in their children.</li><li>• Millions of Americans, both children and adults, are still exposed to secondhand smoke in their homes, cars, and workplaces despite a great deal of progress in tobacco control.</li></ul> <p>Source: <a href="http://www.surgeongeneral.gov">http://www.surgeongeneral.gov</a></p>	<p>It is recognized that changing smoking patterns and quitting is difficult.</p> <p>Information is available for employees who wish to quit smoking:</p> <p><b>Nebraska Tobacco Quitline</b> 1-800-Quit-Now (1-800-784-8669)</p> <p><b>Saint Elizabeth Regional Medical Center</b> 402 219-7002</p> <p><b>BryanLGH LifePointe</b> 402 481-6300</p> <p><b>Madonna Fit to Quit</b> 402 420-0002</p> <p><b>For more information, contact</b> 402 441-4685</p> <div></div>	 <p>Employers can choose to implement their own policies to eliminate the danger of secondhand smoke exposure outside entrances to their workplaces.</p>



## MAKE A DIFFERENCE

Why Consider Smoke-free Entrances	Steps to Establishing a Smoke-free Entrance Policy	Environmental Consequences
<p>Your business is committed to providing a healthy and safe work environment for your employees, clients, contractors, and visitors. Your business recognizes the scientific evidence which shows that secondhand smoke has many carcinogens and is a preventable cause of fatal and debilitating diseases in smokers and nonsmokers alike.</p> <ul style="list-style-type: none"> <li>Walking through secondhand smoke at entrances is not only unpleasant for clients and employees, it is also a proven health hazard. There is no safe level of exposure to secondhand smoke.</li> </ul> <p><b>The Risk of Secondhand Smoke</b></p> <p>Secondhand smoke, also known as environmental tobacco smoke (ETS) or passive smoke, is a mixture of 2 forms of smoke from burning tobacco products:</p> <ul style="list-style-type: none"> <li><b>Sidestream smoke:</b> smoke that comes from a lighted cigarette, pipe, or cigar</li> <li><b>Mainstream smoke:</b> smoke that is exhaled by a smoker</li> </ul> <p>When nonsmokers are exposed to secondhand smoke, it is called involuntary smoking or passive smoking. Nonsmokers exposed to secondhand smoke absorb nicotine and other toxic chemicals just like people who smoke. The more secondhand smoke you are exposed to, the higher the level of these harmful chemicals in your body.</p> <p>Source: <a href="http://www.cancer.org">http://www.cancer.org</a></p>	<p><b>Drafting Policy Content</b></p> <p>A good smoke-free entrance and exit policy should send a clear message that your organization is supportive of protecting clients and employees from secondhand smoke at entrances and exits. It should also include how you plan to enforce your policy. A suggestion is to include representatives from management and staff in this process. When designating a tobacco use area, ensure that it is away from open windows and ventilation systems.</p> <p><b>Promote the Policy</b></p> <p>Promotion is key to the success of smoke-free policies. People need to know about the policy before they can follow it. Ask managers to explain the policy at a staff meeting. A copy of the policy can be given to new employees. Consider posting the policy in lunch rooms, break rooms, and/or locker rooms. Provide information about the policy to visitors, clients, and contractors.</p> <p><b>Enforce the Policy</b></p> <p>Ensure all components of the policy are easy to understand and follow. This includes clearly defining distance required from entrances and actions to be taken for noncompliance. Visual reminders such as signage and cigarette waste receptacles will help with compliance.</p>	<ul style="list-style-type: none"> <li>Improperly discarded cigarettes and other lighted tobacco products pose a fire risk.</li> <li>There are additional cleaning costs from the litter caused by discarded cigarette butts.</li> </ul> <p>Source: <a href="http://no-smoke.org/document.php?id=209">http://no-smoke.org/document.php?id=209</a></p> <p><b>Sample Smoke-free Entrance Policy</b></p> <p><b>Policy Statement</b></p> <p>In order to reduce the risk of exposure to secondhand smoke and protect the employees, clients, contractors, and visitors of Business XYZ, smoking is prohibited within 25 feet of any building entrance/exit, including facilities rented for business-related functions.</p> <p><b>"Smoking"</b> is defined as the inhaling, exhaling, burning or carrying of any lighted cigar, cigarette, or pipe.</p> <p><b>Compliance</b></p> <p>Business XYZ employees in violation of this policy shall be disciplined in accordance with the disciplinary guidelines in the policy handbook. Noncompliant clients and visitors will be politely informed of the policy and asked to move to a location which complies with the policy.</p> <p><b>Sample Signage</b></p>
		<p><i>We are smoke-free.</i></p> <p><b>NO SMOKING</b></p> <p>INSIDE BUILDING OR WITHIN 25 FEET OF ENTRANCES</p> 



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# Nebraska Clean Indoor Air Act

# Nebraska Clean Indoor Air Act of 2008

## Summary of the Law

LB395, which amends the Nebraska Clean Indoor Air Act, requires every Nebraska indoor workplace to be smoke-free. The purpose of the Nebraska Clean Indoor Air Act is to protect the public health and welfare by prohibiting smoking throughout public places and places of employment.

The Act eliminates smoking in enclosed indoor workspaces including restaurants, bars, keno establishments and other workplaces (retail/office space, manufacturing, etc.) and indoor public places. The only exceptions are the following:

- up to 20 percent of hotel rooms.
- tobacco-only retailers defined as a "store that sells only tobacco and products directly related to tobacco. Products directly related to tobacco do not include alcohol, coffee, soft drinks, candy, groceries or gasoline."
- facilities researching the health effects of smoking.
- private residences, except when a residence is being used as a licensed child care program.

Indoor area is defined as "an area enclosed by a floor, a ceiling, and walls on all sides that are continuous and solid except for closeable entry and exit doors and windows and in which less than twenty percent of the total wall area is permanently open to the outdoors. For walls in excess of eight feet in height, only the first eight feet shall be used in determining such percentage."

A person who smokes in a place of employment or a public place in violation is guilty of a Class V misdemeanor (maximum \$100 fine) for the first offense and Class IV misdemeanor (minimum \$100, maximum \$500) for the second and subsequent offense. Charges can be dismissed upon successful completion of smoking cessation program. A proprietor that fails, neglects or refuses to perform a duty under the Act is guilty of a Class V misdemeanor for the first offense and Class IV misdemeanor for the second and subsequent offenses.

*This information is not intended to be legal advice. Please consult state statutes or contact an attorney for more information about the Nebraska Clean Indoor Air Act.*

For more information about the NCIAA, see:  
[www.tobaccofreelancastercounty.org/business/](http://www.tobaccofreelancastercounty.org/business/)





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# Lincoln Smoking Regulation Act

# Lincoln Smoking Regulation Act Summary

**Passed by Lincoln City Council 6-28-04**

- The effective date of the ordinance is July 13. There will be no citations or enforcement actions prior to Nov. 1, 2004, however employers are encouraged to implement this policy on or before the July 13 date.
- The ordinance is virtually a 100% ban. The Lincoln Smoking Regulation Act applies to all indoor places of employment and indoor public places within the city limits.
  - An indoor area is defined as an area enclosed by a floor, ceiling and floor to ceiling walls on all sides that are continuous and solid except for closeable entry/exit doors and windows.
- The only exceptions to the ban include:
  - Guestrooms or suites in hotels, motels, inns, lodges, etc. may designate up to 20% of total rooms as smoking. Each of these smoking guestrooms must have a permanent sign posted containing the words “smoking allowed” on each entrance.
  - A research facility may allow smoking studies as long as a temporary sign is posted at all entrances to the laboratory indicating that smoking is taking place for the purposes of research.
  - A business operated in a private residence.
- The Health Director and law enforcement agencies are authorized to inspect a place of employment or public place at any reasonable time to determine compliance.

For further information, please refer to the ordinance found in Lincoln Municipal Code (LMC) Chapter 8.50. This can be found under: [www.tobaccofreelancastercounty.org/business/](http://www.tobaccofreelancastercounty.org/business/).





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# Signage

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### Signage

Window Cling/Decal



Table Tent



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## **MAKE A DIFFERENCE**

**Sign**



***No Smoking  
Allowed.***

City of Lincoln • Ordinance 18396



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# Additional Resources and Information

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*More information  
about providing  
a safe workplace*

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# Additional Resources and Information

## Support for Workplace Policies

Comprehensive tobacco policies, including facility-wide tobacco-free policies, are not new. However, tobacco-free policies have received a significant boost over the last 10 years as evidence of the risks associated with exposure to secondhand smoke has mounted and the public has become more aware of these risks.<sup>19</sup> In Nebraska, over 80% of people support tobacco-free workplaces.<sup>1</sup> (2009)

### Corporate Image

Corporate image is important for many businesses. With nonsmokers accounting for more than 80% of adult American consumers, it is easy to see why many companies and organizations implement tobacco-free sites to influence consumers' opinions of the company.

Such actions can improve corporate image not only in the marketplace but also in hiring. Companies that demonstrate concern for the health and well-being of their workforce are more likely to be able to recruit and retain high quality employees.

Because so many worksites are already tobacco-free, employers who have not instituted tobacco-free policies need to consider complying with community standards and expectations.

*“All of us who have used tobacco have considered the idea of quitting, with and without the suggestion from others. We have all quit or thought of quitting many, many times. Small gentle nudges motivate us more than big hammers. For a policy to exist that supports what I want anyway, may be just the stimulus that nudges me toward breathing in clean fresh air.”*

Jerome R. Barry, LMHP, LADC  
Director, Independence Center  
BryanLGH Medical Center



## MAKE A DIFFERENCE

### **Providing a Safe Workplace**

Because no one has the right to impose a health risk on others and because an employer has a responsibility to provide a safe and healthy workplace, liability is a significant issue for employers. Because secondhand smoke has been classified as a Group A carcinogen, it would be difficult to argue that an employer who has not reduced secondhand smoke to the lowest possible levels has provided a safe workplace.



### **Americans with Disabilities Act**

The Americans with Disabilities Act (ADA), enacted by Congress in 1990 and taking effect in 1992, is a federal civil rights act for the disabled. It prohibits discrimination against individuals who have a disability in private employment, public transportation, and public accommodations.

Businesses that serve the public and employers are legally required to reasonably accommodate disabled individuals including those with a respiratory illness that makes them sensitive to tobacco smoke.

The respiratory disabled include people who have asthma, chronic bronchitis, emphysema, lung cancer, and/or other lung illnesses. For these individuals, secondhand smoke can be life threatening.

For employers, accommodation may include making facilities accessible by banning smoking, restricting duties, providing part-time or modified work schedules, or other reasonable means of providing a sensitive nonsmoker with a workplace in which he/she can function.

The right of access to these facilities is also protected under the ADA. A cloud of tobacco smoke near an entryway is just as great a barrier to an asthmatic as a flight of stairs is to a person in a wheelchair.



## MAKE A DIFFERENCE

### **Smoking in the Workplace: Smokers' Rights?**

Tobacco use is not necessary to job performance and, therefore, cannot be used as a basis for asserting any right in a legal sense. That fact has not stopped smokers from suing for the so-called “right to smoke,” but their claims have been consistently rejected by the courts. They have sought their “right to smoke” based principally on one of the following legal arguments:

1. **Discrimination on the basis of a handicap:** Smokers might threaten to sue on the basis of handicap. This argument is not allowable under either the Federal Rehabilitation Act of 1976 or the Americans with Disabilities Act of 1990. In one case, a smoker sought protection under the Federal Rehabilitation Act, which protects disabled persons from job discrimination. The smoker claimed her addiction to tobacco constituted a disability. The court, however, dismissed the suit as having no merit. The ADA specifically states that smoking may be banned in workplaces to protect individuals with bonafide disabilities from tobacco smoke.
2. **Constitutional right to smoke:** Although the tobacco industry likes to refer to smokers' “rights,” smoking is not protected under the Constitution and smokers do not have a legal right to smoke in the workplace. Employers are free to set policies and implement restrictions that are necessary to provide a safe and healthy working environment. The courts have consistently upheld the constitutionality of statutes and rules that restrict or prohibit smoking in the workplace.

**Note:** Several states have instituted “smoker protection laws,” which prohibit employers from discriminating against employees and prospective employees with respect to hiring, compensation, promotion or the terms, conditions, and privileges of employment, because of their legal use of tobacco products during non-work hours. These laws do not prevent an employer from regulating tobacco use at the workplace or during work hours.

Source: [www.no-smoke.org](http://www.no-smoke.org)



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### Additional Resources

Nebraska Department of Health and Human Services

Division of Public Health

Tobacco Free Nebraska

P. O. Box 95026

Lincoln, NE 68509-5007

(402) 471-2101

[www.dhhs.ne.gov/tfn](http://www.dhhs.ne.gov/tfn)

Nebraska Tobacco Quitline

1-800-QUIT-NOW (1-800-784-8669)

Lincoln-Lancaster County Health Department

Tobacco Prevention/Education Program

3140 N Street

Lincoln, NE 68510

(402) 441-6225

[www.lincoln.ne.gov/city/health/educat/tobacco.htm](http://www.lincoln.ne.gov/city/health/educat/tobacco.htm)

American Cancer Society

Lincoln Office

5733 South 34<sup>th</sup> Street, Ste. 500

Lincoln, NE 68516

(402) 423-4888

1-800-227-2345

fax: (402) 423-4915

[www.cancer.org](http://www.cancer.org)

American Lung Association of Nebraska

1-800-LUNG-USA

[www.lungnebraska.org](http://www.lungnebraska.org)

American Heart Association

Lincoln Office

1550 South 70<sup>th</sup> Street, Ste. 100

Lincoln, NE 68506

(402) 489-5115

fax: (402) 489-5115

[www.americanheart.org](http://www.americanheart.org)





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## References

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*In 2010, 58.7% of tobacco users in Nebraska said they tried to quit within the last year.<sup>2</sup>*

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## References

1. Tobacco Free Nebraska, “*Data and Trends on Tobacco Use in Nebraska*,” April 2010, Nebraska Department of Health and Human Services. Available at <http://dhhs.ne.gov/publichealth/Documents/10TFNDataAndTrends.pdf>.
2. Nebraska Behavioral Risk Factor Surveillance System 2010, Nebraska Department of Health and Human Services.
3. Centers for Disease Control and Prevention (CDC). “*Targeting Tobacco Use: The Nation's Leading Cause of Death 2005*.” U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, Coordinating Center for Health Promotion, 2005. Available at: [www.cdc.gov/nccdphp/publications/aag/osh.htm](http://www.cdc.gov/nccdphp/publications/aag/osh.htm).
4. Centers for Disease Control and Prevention (CDC), <http://www.cdc.gov/media/pressrel/r020412.htm>.
5. Surgeon General's Report, “*The Health Consequences of Smoking*,” 2004. Available at: [www.cdc.gov/tobacco](http://www.cdc.gov/tobacco).
6. International Agency for Research on Cancer: “*Tobacco Smoke and Involuntary Smoking: Summary of Data Reported and Evaluation*.” Volume 83, Chapter 5.2: Human Carcinogenicity Data, 2004.
7. International Agency for Research on Cancer: “*Tobacco Smoke and Involuntary Smoking: Summary of Data Reported and Evaluation*.” Volume 83, Chapter 5.4: Other relevant data, 2004.
8. Musich, S; Napier,D; Edgington, D.W.; “*The Association of Health Risks With Workers' Compensation Costs*.” *Journal of Occupational and Environment Medicine*. 43(6): 534-541, June 2001.
9. Hall, Jr., J.R., “*The U.S. Smoking-Material Fire Problem*,” National Fire Protection Association Fire Analysis and Research Division, 2010.
10. “*The Cost of Smoking to Business*,” American Cancer Society. Accessed on January 24, 2012. Download at <http://www.cancer.org>.
11. Action on Smoking and Health, March 1994.
12. Halpen, M.T.; Shikiar, R; Rentz, A.M. Khan, Z.M., “*Impact of smoking status on workplace absenteeism and productivity*,” *Tobacco Control* 10(3): 233-238, September 2001.
13. Excerpt from the North Dakota “*Make it Your Business: A Tobacco-Free Workplace*” Employer’s Tool Kit, 2005.
14. Fiore M.C., Bailey W.C., Cohen S.J., et al. “*Treating Tobacco Use and Dependence: Clinical Practice Guideline*.” Rockville, MD: U.S. Department of Health and Human Services, Public Health Service, 2000.



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15. Curry S.J.; Grothaus M.A.; McAfee T.; Pabiniak C.; *“Use and cost effectiveness of smoking-cessation services under four insurance plans in a health maintenance organization.”* New England Journal of Medicine. 339(10):673-79, 1998.
16. *“Wise Shopper – Questions to Ask Health Plans.”* Employers' Smoking Cessation Guide: Practical Approaches to a Costly Workplace Problem, PACT, 2002.
17. McAfee T. Sofian N. Wilson J. Hindmarsh M. *“The Role of Tobacco Intervention in Population-Based Health Care.”* Am J Prev Mod 1998; 14; 46-52.
18. Schaufli H.H., McMeramin S. Olson K. et al. *“Variations in Treatment Benefits Influence Smoking Cessation: Results of a Randomized Controlled Trial. Tobacco Control.”* 2001; 10:175-180.
19. Surgeon General's Report, *“The Health Effects of Involuntary Smoking.”* 2006. Available at: [www.cdc.gov/tobacco](http://www.cdc.gov/tobacco).
20. US Department of Health and Human Services. *Making Your Workplace Smokefree: A Decision-maker's Guide.* Atlanta (GA): Public Health Service, Centers for Disease Control, Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 1996.  
[www.cdc.gov/tobacco/secondhand\\_smoke/00\\_pdfs/fullguide.pdf](http://www.cdc.gov/tobacco/secondhand_smoke/00_pdfs/fullguide.pdf).
21. The Campaign for Tobacco Free Kids Website, September 2011, <http://www.tobaccofreekids.org>.
22. A Report of the Surgeon General 2010, *How Tobacco Smoke Causes Disease.* Available at [www.surgeongeneral.gov](http://www.surgeongeneral.gov).
- 23 The National Survey on Drug Use and Health (NSDUH), September 2009. Available at [www.oas.samhsa.gov/2k9/170/170occupation.htm](http://www.oas.samhsa.gov/2k9/170/170occupation.htm).
24. CDC 2009, available at: [www.cdc.gov/tobacco/datastatistics/factsheets/smokeless/smokelessfacts/index.htm](http://www.cdc.gov/tobacco/datastatistics/factsheets/smokeless/smokelessfacts/index.htm).
25. American Cancer Society website, July 6, 2010, [www.cancer.org](http://www.cancer.org).
26. State Tobacco Activities Tracking and Evaluation (STATE) System: Smoking-Attributable Mortality (SAM), 2000-2004.
27. CDC *Sustaining State Programs for Tobacco Control, Data Highlights 2006.*
28. Research from the Annual Update of Milliman's Medical Underwriting Guidelines. Jonathan Shreve, Mary vanderHeijde and Tom Attaway. April 2009.
29. A Guide for Quitting Smokeless Tobacco: Tobacco Free Nebraska, HPE – PAM- 5 Rev 10/98.
30. Centers for Disease Control and Prevention (CDC). *“Implementing a Tobacco-Free Campus Initiative in Your Workplace.”* Viewed January 31, 2011.  
<http://www.cdc.gov/nccdphp/dnpao/hwi/toolkits/tobacco/index.htm>.
31. *University of California, Berkeley Wellness Letter* (May 2011).

