

# 1.3 Creating a Smoke-Free Workplace



## Creating a Smoke-Free Workplace

*A smoke-free workplace is a very good idea, for a lot of reasons.*

### **It's safer.**

Workers who smoke have more accidents than nonsmokers on the job. Smoking also contributes to the risk of fire and explosion. Some fire and casualty companies even reduce their premiums for smoke-free businesses.

Tobacco smoke contains hundreds of toxic substances. Acetone, lead, and benzene are chemicals already found in some workplaces. This adds to a smoker's total exposure to dangerous chemicals.

Secondhand smoke is dangerous to workers who don't smoke. Exposure to secondhand smoke causes respiratory diseases and infections, heart disease, and lung cancer.



# 1.3 Creating a Smoke-Free Workplace

## **It improves health and saves your business money.**

Smoking contributes toward absenteeism and lost productivity. Employees who smoke are absent from work 50% more often than those who don't smoke.

Smoking is the greatest preventable cause of disease and death.

Economic benefits derived from improved health and increased productivity have been well-documented for workers and employers and so have the benefits realized from decreased time invested in smoking behaviors.

Smoke-free workplace policies improve health, and health awareness, among all workers.

While the primary purpose is to protect nonsmokers from the effects of secondhand smoke, additional benefits can be noted. Favorable attitudes toward smoking restriction increase after implementation of an effective no-smoking policy. Effective policy development and implementation increases the perception that tobacco use is socially inappropriate in workplaces. Successful quitters report that a reduction in access to places to smoke, in the workplace and in other public spaces, had influenced the desire to quit. Finally, compliance with smoke-free workplace policies is high. According to a poll conducted by the American Nonsmokers' Rights Foundation, a Bureau of National Affairs-Society for Human Resource Management, it was found that seven out of ten companies with smoking policies indicated that employees "rarely" (50%) or "never" (20%) violate the rules.

"Healthy Workforce 2010, An Essential Health Promotion Sourcebook for Employers, Large and Small" lists reducing tobacco use by adults as Health Workforce Objective #1.



### **It's the law.**

Maine's workplace smoking law, 22 M.R.S.A. § 1580-A, summarizes:

No smoking is allowed in areas where employees are doing work. If there is a designated smoking area, it must be enclosed and ventilated. It must keep smoke from going into the common work area or places where the public is present. A designated smoking area cannot be a common area, such as a lunchroom, break room, or rest room. Smoking policies must include vehicles used in the course of work. Employers may ban smoking entirely. Each employer must have a written policy to protect the employer and employees from secondhand smoke. Employers must also supervise the implementation of the policy. The fine: up to \$100 per day. Enforced by Department of Human Services. Enacted 1985.

# 1.3 Creating a Smoke-Free Workplace

## **This kit is the start to a smoke-free workplace.**

This kit will help you with one of the most important parts of the law—setting up a policy for your workers. You’ll find information about creating, writing, and implementing a policy, as well as how to help your employees find support to quit smoking. In the end, you may find that creating a smoke-free workplace was one of the best business moves you ever made.

If you still have questions after looking through this kit, there is more help available. The Partnership For A Tobacco-Free Maine, Bureau of Health will accept inquiries from employers and employees and will, when requested, help employers develop a written policy. Call 287-4627 or visit our Web site at [www.tobaccofreemaine.org](http://www.tobaccofreemaine.org).

## **Creating a Policy and Making It Work**

### **What kind of policy is right for your company?**

You will have to decide between a smoke-free policy and a policy which allows smoking in a separately enclosed ventilated area. While separate ventilation allows smokers to stay indoors, the smoker’s health is still at risk. More space and expensive maintenance are required for ventilation systems. And not all ventilation systems protect nonsmokers from secondhand smoke—raising the possibility of potential fines and liability issues. Your decision must consider all your employees, as well as your company’s own image and concerns.

### **Going smoke-free:**

- Tell your employees Maine law requires you to create a smoke-free workplace and explain the compelling reasons why.
- Find an employee who will help plan the policy and carry it out.
- Get people involved. Put together a group with representatives from all areas within your company—employees, management, and if appropriate, unions and officially recognized employee organizations. It’s always a good idea to encourage participation, even in smaller companies.



- Gather information on:
  - The effects of secondhand smoke
  - Smoke-free policies of other workplaces
  - Employee smoking habits
  - Existing policy on smoking, insurance, fire laws, etc.
  - Legal issues (legislation, regulations, union contracts, other contracts)
  - Possible coverage in your company health insurance plan for smoking cessation programs and nicotine patches
- Draft a written policy.
- Educate employees about the policy through meetings, newsletters, signs, paycheck inserts, etc. Discuss the dangers of secondhand smoke.
- If necessary, allow time to inform unions and work with them on implementation.
- Remove ashtrays and/or cigarette vending machines to support your smoke-free workplace.
- Offer your employees and their families information about self-help and stop-smoking programs. Your support is important.
- Look over the policy, and set up a schedule to periodically review it.
- Be sure all employees are aware of the policy when implemented.

### **A few final thoughts**

As your company sets out toward a smoke-free workplace, expect success. Be sure to stress why such a policy is necessary. Give yourself time to create, announce, and implement your plan. Be consistent and allow no exceptions to the rules. And finally, remember that the focus of your effort is the smoke, not the smoker.

# 1.3 Creating a Smoke-Free Workplace

## Writing a Policy

**You're committed to a smoke-free workplace.**

**Now you need to put your policy in writing.**

A smoke-free workplace policy doesn't have to be long or complicated. It should be as direct and clear as possible. To make sure the policy is complete, consider including these items:

- The purpose of the policy (the harmful effects of secondhand smoke)
- The fact that the policy is required by Maine law
- A tie between the policy and your company's emphasis on keeping employees healthy and safe
- Where smoking is not allowed (be specific about potential problem areas such as lunchrooms, vehicles, etc.)
- Designated area where smoking is allowed, if any
- What happens when the policy is violated
- A pledge of support to help smoking employees who want to quit
- The name and number of an employee who can answer questions about the policy

Once you've written your policy, implement it and send it around to various groups or individual employees for their comments. Their feedback could help bring up issues that have been overlooked, and it helps employees become part of the process.

**The next two pages are sample smoke-free policies that can be used as templates for creating your company's smoke-free workplace policy.**



## **Smoke-Free Workplace Policy, Sample One**

1. This policy covers the basics to comply with Maine Law

Our company is dedicated to providing a healthful, comfortable, and productive work environment for all our employees and visitors.

The Environmental Protection Agency (EPA) classifies secondhand smoke as a Class A carcinogen. This is a substance, like asbestos, known to cause cancer in humans.

Because of the acknowledged health hazards arising from exposure to secondhand smoke, it will be our policy to provide a smoke-free workplace, effective [DATE].

- There will be no smoking of tobacco products within company-owned or -leased buildings, including: offices, hallways, waiting rooms, rest rooms, lunchrooms, elevators, meeting rooms, community areas.
- There will be no smoking in any company-owned or -leased vehicle.
- There will be no smoking in personal vehicles when transporting persons on company business.

This policy applies to all employees, clients, contractors, and visitors.

[USE THIS LINE ONLY IF COMPANY HAS A SEPARATE SMOKING AREA AS DESCRIBED BY MAINE LAW: Smoking will be allowed only in designated areas that are enclosed and separately ventilated. This area will be posted with signs.] Copies of this policy will be given to all employees. “No Smoking” signs will be posted at all building entrances and throughout the building. In addition, this policy will be included in training manuals and new employee orientation. The company will assist any employee who wishes to quit smoking, including enrollment in our own stop-smoking programs.

The success of this policy will depend on the courtesy and cooperation of smokers and nonsmokers. Each of us is responsible for following and helping enforce the policy. Problems should be brought to the attention of the appropriate supervisor. Violations of this policy will be handled through our established disciplinary procedure.

---

Company Representative

Date

# 1.3 Creating a Smoke-Free Workplace

## **Smoke-Free Workplace Policy, Sample Two**

(This policy is more comprehensive, prohibiting the use of tobacco products and offering employees assistance in finding cessation resources.)

### **Background and Purpose**

[COMPANY NAME] is dedicated to providing a healthy, comfortable, and productive work environment for our employees, clients, and visitors.

Tobacco use is the single greatest preventable cause of premature death and disability in the United States. In Maine, it accounts for one out of every seven deaths, or over 2,500 deaths annually. Research has shown that nonsmokers, especially those with chronic heart or lung disease, can experience severe distress when exposed to secondhand smoke. Furthermore, the U.S. Environmental Protection Agency concluded that secondhand smoke is a human lung carcinogen responsible for 3,000 deaths a year in the United States.

In light of these findings, it will be company policy to provide a smoke-free environment for employees, clients, and visitors. This policy covers the smoking of any tobacco product and the use of smokeless or “spit” tobacco and applies to employees, customers, and visitors.

### **Definition**

1. There will be no smoking or use of tobacco products within the facilities at any time.
2. There will be a designated smoking area outside the facility and at least (x feet) away from any entrance. All materials used for smoking, including cigarette butts and matches, will be extinguished and disposed of in appropriate containers. If the designated smoking area is not properly maintained (for example, if cigarette butts are found on the ground), it can be eliminated at the discretion of management or other decision-making body.
3. There will be no smoking in any company vehicle or vehicle used in the course of work.



## **Procedure**

1. Employees will be informed of this policy through signs posted in the facility, the policy manual, and orientation and training provided by their supervisors.
2. Visitors will be informed of this policy through signs, and, when necessary, their host will explain it.
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 company's standard disciplinary procedure.

---

Authorized Signature

Date

*Sources: American Lung Association of Maine, U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, Office on Smoking and Health, the Wellness Councils of America, and the American Cancer Society.*

# 1.3 Creating a Smoke-Free Workplace

## Getting the Message Out

**You have the policy ready.**

**Now you just need to tell your employees.**

- Announce the policy and the date of its start at a meeting that includes all employees.
- Put the news in the company newsletter, an e-mail, a paycheck envelope, or a letter.
- Post signs where they will be seen by the most people—by entrances and in common areas such as lobbies, break rooms, lunchrooms. Decals can be used in company vehicles. You can call the Partnership For A Tobacco-Free Maine at 287-4627 or visit the Web site at [www.tobaccofreemaine.org](http://www.tobaccofreemaine.org) for signs, and for more information. The paper signs that are provided via the Web site can be duplicated at any color copier.
- Offer training sessions for managers to help them respond to employee questions. Make sure everyone has the information they need.
- Offer to answer employee questions about the policy during an informal coffee break.
- On the date the policy goes into effect: make sure that signs are in place; any other necessary changes have been made (removing cigarette vending machines, ashtrays, etc.); and quit-smoking and other support materials are ready.
- In all your communications, make clear that the new policy is a priority and that your workplace is serious about going smoke-free.



## **Supporting Employees Who Want to Quit Smoking**

### **What kind of policy is right for your company?**

It's estimated that 70% of smokers want to quit smoking completely. Of course, some of your employees may not want to quit. They should not feel singled out or regarded as outlaws. Don't let the message of "smoke-free" become "antismoker."

How can you support your employees who are current smokers and provide them with the encouragement they need to consider trying to quit?

As your workplace goes smoke-free, offer information and support to those employees who may want to quit. This shows your commitment to your employees' health. Remember, one year after quitting, a person's additional risk of heart disease is reduced by half, and after 15 years, the risk equals that of a person that never smoked.

- Log on to our Web site for information about the Maine Tobacco HelpLine. This free service offers confidential counseling to help a smoker quit using tobacco.

### **In addition:**

- Check with your health insurance provider to be certain of what cessation programs and nicotine replacement therapies the plan covers. Most plans reimburse for cessation programs and cover pharmacological aids like nicotine gum and patches but it will vary from plan to plan.

Use the free materials and posters to create employee awareness of resources available through a call to the Maine Tobacco HelpLine.

- Post information about local cessation programs and have brochures and pamphlets available when an employee requests more information.
- If your company has the resources, sponsor a quit-smoking program on premises.

# 1.3 Creating a Smoke-Free Workplace

**Resources to call to support your efforts is available from:**

The Partnership For A Tobacco-Free Maine  
Key Plaza, 4th Floor  
11 State House Station  
Augusta, Maine 04333  
207-287-4627  
[www.tobaccofreemaine.org](http://www.tobaccofreemaine.org)

**The following agencies will also provide you with more information:**

American Lung Association of Maine  
122 State Street  
Augusta, Maine 04330  
1-800-499-5864  
[www.mainelung.org](http://www.mainelung.org)

American Cancer Society  
52 Federal Street  
Brunswick, Maine 04011  
1-800-464-3102  
[www.cancer.org](http://www.cancer.org)

American Heart Association  
20 Winter Street  
P.O. Box 317  
Augusta, Maine 04332  
1-800-937-0944  
[www.americanheart.org](http://www.americanheart.org)

The Center for Tobacco Independence  
22 Bramhall Street  
Portland ME 04102  
207-842-7154  
E-mail is [cti@mmc.org](mailto:cti@mmc.org)



**Sources:**

Centers for Disease Control and Prevention. "Making Your Workplace Smokefree: A Decision Maker's Guide.

[http://www.dcd.gov/tobacco/research\\_data/environmental/etsguide.htm](http://www.dcd.gov/tobacco/research_data/environmental/etsguide.htm)  
ed; Office on Smoking and Health; 2001.

"Smoking in the Workplace Costs You Money," American Cancer Society, 1.800.ACS.2345, [www.cancer.org](http://www.cancer.org)

American College of Occupational and Environmental Medicine position statement, "Epidemiological Basis for an Occupational and Environmental Policy on ETS." Lead author Alan M. Ducatman, MD, FACOEM. The statement was approved by the ACOEM Board of Directors on July 30, 2000.

Hudzinski LG, Frolich ED, One-year longitudinal study of a nonsmoking policy in a medical institution. *Chest*. 1990;97:1198-1202.

Stave GM, Jackson GW. Effect of total worksite smoking ban on employee smoking and attitudes. *J Occup Med*. 1991;31:884-90.

Abrams DB, Biener L. Motivational characteristics of smokers at the workplace: a public health challenge. *Prev Med* 1992;21:679-87

Beiner L, Nyman AL. Effect of workplace smoking policies on smoking cessation: results of a longitudinal study. *J Occup Med* 1999;41:1121-27.

The Bureau of National Affairs, "Smoking in the Workplace:1991," Bulletin to Management, SHRM-BNA Survey No. 55, August 29, 1991.

Partnership for Prevention, [www.prevent.org](http://www.prevent.org)

National Cancer Institute, "Questions and Answers About the Benefits of Smoking Cessation," March 31, 2000. [www.cis.nci.nih.gov/fact](http://www.cis.nci.nih.gov/fact)

# 1.3 Creating a Smoke-Free Workplace



## Smoking in the Workplace

In the face of increasing competition and rising expenses, many CEOs find themselves searching for ways to cut costs and increase productivity.

The American Cancer Society's Smoke-Free New England campaign can help you save money by establishing a tobacco-free workplace and adopting policies to support workers who want to quit. Men who are heavy smokers and who are between the ages of 40 and 44 years will generate an average of more than \$56,000 in additional costs of illness during their lifetimes. For women, these costs will be more than \$19,000, according to an article in *MITbank Quarterly*. Tobacco use by employees increases costs across the board, affecting absenteeism, productivity, and maintenance as well as insurance, workers' compensation, disability, and retirement costs.

helping one smoker to quit reduces the anticipated medical costs associated with heart attack and stroke by \$47 in the first year, and by \$853 during the next seven years. A 1992 report from the Surgeon General estimated that the average lifetime health care costs of a smoker exceed those of a nonsmoker by more than \$6,000.

Many insurers have recognized the differential in mortality rates between smokers and nonsmokers, and are offering up to a 45% discount on premiums for term life insurance coverage for nonsmokers.

Economist Marvin M. Kristein, PhD, of the American Health Foundation found that smokers can cost employers an extra \$45

per year for accidental injury and related workers' compensation costs. Researchers have estimated fire accident costs due to smoking to be \$10 per year per smoker. Dr. William L. Weis, associate professor of business administration at the Albers School of Business, Seattle University, says that health and fire insurance premiums can be 25% to 35% lower for smoke-free businesses, and morbidity and fire statistics suggest that premium discounts should be as high as 70%.

### Workers' compensation costs

A recent study of over 3,000 Xerox Corp. employees found that smoking is one of the most costly individual health risks. The study, published in the July 2001 issue of the *Journal of Occupational and Environmental Medicine*, determined that the workers' compensation costs for a smoker averaged \$2,189 compared to only \$176 for a nonsmoker.

### Consider the impact of these factors on your business:

#### Absenteeism

On average, smokers are absent 50% more often than nonsmokers. As long ago as 1974, Dow Chemical Company found that cigarette-smoking employees were missing 5.5 more work days per year than their nonsmoking peers. A recent study of 300 booking clerks at a large United States airline was published in the September 2001 issue of *Tobacco Control*, a publication of the *British Medical Journal*. The researchers found that smokers are absent from work for sickness as many as 6.16 days per year on average, compared with 3.86 days for those who never smoke. Costs for these absences include temporary replacements as well as lowered productivity and morale among employees who are on the job and must cope with the absences.

#### Insurance

The additional health care cost per smoker in this country is hundreds of dollars per year. A recent article in the journal *Circulation* estimated that successfully

1.800.ACS.2345  
[www.cancer.org](http://www.cancer.org)





### Productivity

Many studies show that the higher carbon monoxide levels, eye irritation, and lower attentiveness of smokers cause an increase in inefficiency and errors. According to the Centers for Disease Control and Prevention, smoking caused more than \$150 billion in annual health-related economic losses from 1995 to 1999, including \$81.9 billion in mortality-related productivity losses and \$75.5 billion in excess medical expenditures in 1998.

### Ventilation

The American Society of Heating, Refrigerating, and Air Conditioning Engineers notes that "higher ventilation rates are specified for spaces where smoking is permitted, because tobacco smoke is one of the most difficult contaminants to control at the source." When smoking is a factor, requirements for outdoor air are two to three times greater, resulting in higher energy costs due to heating or cooling the outdoor air. In addition, filters must be cleaned or changed much more frequently.

### Maintenance

Employers who have eliminated smoking in the workplace report dramatic decreases in the maintenance costs of their businesses. Furniture and drapes last longer and have to be cleaned less often. Many chores can be scheduled semiannually or annually rather than monthly.

### Disability and Retirement

In 1990 the United States Office of Technology and Assessment estimated that the workplace cost of disability and premature mortality from smoking employees for American businesses was \$47 billion a year.

Preventing and reducing tobacco use in New England will ultimately save employers and taxpayers countless billions of dollars.

Creating a smoke-free workplace can save you money – and save lives. The American Cancer Society needs your leadership in both your company and your community to ensure the success of our Smoke-Free New England campaign. Are you ready to help us clear the air?

1.800.ACS.2345  
[www.cancer.org](http://www.cancer.org)





# Coverage for Tobacco Use Cessation Treatments

Why,

What,

and

How

## Why Is Health Insurance Coverage for Tobacco Use Treatments So Important?

- Smoking is costly to employers both in terms of smoking-related medical expenses and lost productivity.
  - Ten percent of smokers alive today are living with a smoking-related illness.<sup>1</sup>
  - Men who smoke incur \$15,800<sup>2</sup> (in 2002 dollars) more in lifetime medical expenses and are absent from work 4 days more per year than men who do not smoke.<sup>3</sup>
  - Women who smoke incur \$17,500<sup>2</sup> (in 2002 dollars) more in lifetime medical expenses and are absent from work 2 days more each year than nonsmoking women.<sup>3</sup>
  - In 1999, each adult smoker cost employers \$1,760 in lost productivity and \$1,623 in excess medical expenditures.<sup>4</sup>
  - Smoking causes heart disease, stroke, multiple cancers, respiratory diseases, and other costly illnesses. Secondhand smoke causes lung disease and lung cancer.<sup>5,6</sup>
  - Smoking increases costly complications of pregnancy, such as pre-term delivery and low birth-weight infants.<sup>7</sup>
- Smoking is the leading preventable cause of death in the United States.<sup>8,9</sup> Smokers who quit will, on average, live longer and have fewer years living with disability.<sup>10</sup>
- About 23% of American adults and 28% of teens smoke.<sup>11,12</sup> More than 70% want to quit, but few succeed without help.<sup>13</sup> Tobacco use treatment *doubles* quitting success rates.<sup>5</sup>

*Paying for tobacco use cessation treatments is the single most cost-effective health insurance benefit for adults that can be provided to employees.<sup>14, 15, 16</sup>*

## What Treatments Are Available? How Effective Are They?

Smoking cessation treatments have been found to be safe and effective. These include counseling and medications, or a combination of both.<sup>17</sup>

- Face-to-face counseling and interactive telephone counseling are more effective than services that only provide educational or self-help materials.<sup>18, 19</sup>
- The effectiveness of counseling services increases as their intensity (the number and length of sessions) increases.<sup>20</sup>
- Smokers are more likely to use telephone counseling than to participate in individual or group counseling sessions.<sup>20, 21</sup>



DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR DISEASE CONTROL AND PREVENTION



# 1.3 Creating a Smoke-Free Workplace

- The Food and Drug Administration has approved six first-line medications to help smokers quit
  - Five are nicotine replacement therapies that relieve withdrawal symptoms. They include nicotine gum, patch, nasal spray, inhaler, and lozenge.<sup>1</sup>
  - The sixth medication, bupropion SR (sustained release), is a non-nicotine medication that is thought to reduce the urge to smoke by affecting the same chemical messengers in the brain that are affected by nicotine.<sup>2</sup>

## Prescription and Over-the-Counter Tobacco Cessation Medications<sup>3</sup>

Type	Form	Common Brand Name(s)	Availability
Nicotine Replacement Therapy	Gum	Nicorette®	Over-the-counter (OTC)
	Patch	Nicoderm®; Habitrol®; Prostep®; Nicotrol®	OTC and prescription
	Inhaler	Nicotrol®	Prescription
	Nasal Spray	Nicotrol®	Prescription
	Lozenge	Commit®**	OTC
Bupropion SR	Pill	Zyban®; Wellbutrin®	Prescription

<sup>1</sup> Approved by the Food and Drug Administration (FDA) and addressed in the 2000 FDS Guidelines.

<sup>2</sup> Received FDA approval on October 31, 2002, therefore not addressed in the 2000 FDS Guidelines.

*Scientifically proven treatments can double a person's chances of quitting smoking.<sup>4</sup>*

## How Should Benefits Be Designed?

Benefits for proven tobacco-use cessation treatments have been shown to increase treatment use and the number of successful quitters; therefore, both the Public Health Service-sponsored Clinical Practice Guideline, *Treating Tobacco Use and Dependence*, and the Community Preventive Services Task Force recommend that all insurers provide tobacco-cessation benefits that do the following:

- Pay for counseling and medications, together or separately.<sup>5</sup>
  - Cover at least four counseling sessions of at least 30 minutes each,<sup>6</sup> including proactive telephone counseling and individual counseling. While classes are also effective, few smokers attend them.<sup>7</sup>
  - Cover both prescription and over-the-counter nicotine replacement medication and bupropion (see medication table).<sup>8</sup>
  - Provide counseling and medication coverage for at least two smoking cessation attempts per year.<sup>9,10</sup>
  - Eliminate or minimize co-pays or deductibles for counseling and medications, as even small copayments reduce the use of proven treatments.<sup>11,12</sup>

## What Is the Role of Health Insurance Coverage in Tobacco-Use Cessation?

- Health insurance coverage of medication and counseling increases the use of effective treatments.<sup>13</sup>
- Although 66% of Americans under the age of 65 are insured through an employer,<sup>14</sup> only 24% of employers offer any coverage for tobacco-use treatment.<sup>15</sup>

*Coverage of tobacco-use cessation treatment increases both use of effective treatment and the number of successful quit attempts.<sup>16</sup>*



## How Much Do Cessation Benefits Cost? Are They Cost-Effective?

- Tobacco cessation is more cost-effective than other common and covered disease prevention interventions, such as the treatment of hypertension and high blood cholesterol.<sup>17</sup>
- Cost analyses have shown tobacco-cessation benefits to be either cost-saving or cost-neutral.<sup>1, 18</sup> Overall, cost/expenditure to employers equalizes at 3 years; benefits exceed costs by 5 years.<sup>18</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>19-21</sup>
- In contrast, the annual cost of tobacco use is about \$5,400 per smoker or about \$7.18 for each pack of cigarettes sold.<sup>1</sup>
- Neonatal health care costs related to smoking are equivalent to \$704 for each maternal smoker.<sup>2</sup> Randomized controlled trials indicate that a smoking cessation program for pregnant women can save as much as \$6 for each \$1 spent.<sup>22</sup>

## What Is the Experience of Companies and Health Plans Providing This Benefit?

Businesses that have included a tobacco cessation benefit report that this coverage has increased the number of smokers willing to undergo treatment and increased the percentage that successfully quit.<sup>23-25</sup>

- Union Pacific Railroad has experienced a decrease smoking prevalence among its employees from 40% to 25% in the 7-year period that it has offered a cessation benefit as part of a comprehensive cessation program.<sup>26</sup>
- At the Group Health Cooperative in Seattle, enrollees offered full coverage for smoking cessation treatments were four times as likely to try to quit and four times as likely to succeed.<sup>27</sup>

### How Tobacco Cessation Cuts Cost

- Over time, tobacco-use cessation benefits generate financial returns for employers in four ways:
  - Reduced health care costs<sup>1, 17</sup>
  - Reduced absenteeism<sup>1, 28</sup>
  - Increased on-the-job productivity<sup>1, 29</sup>
  - Reduced life insurance costs<sup>1, 30</sup>
- Benefits realized more immediately include:
  - Increases in employee productivity<sup>1, 31</sup>
  - Reductions in smoking-attributed neonatal health care costs<sup>2</sup>
- Employees who provide a smoke-free workplace may also realize savings on fire insurance and costs related to items such as ventilation services and property repair and upkeep.<sup>1, 32</sup>

## How Do I Get More Information?

Listed below are Web sites where you can find additional information on tobacco-use cessation or reimbursement for cessation treatment.

### Smoking Cessation Treatment Effectiveness

- **Treating Tobacco Use and Dependence** is a Public Health Service-sponsored clinical practice guideline that contains evidence-based strategies and recommendations to support effective treatment for tobacco use and nicotine addiction. The guideline and related consumer and clinician materials also can be found at <http://www.usgpo.gov/mental.gov/tobacco/>.
- **The Guide to Community Preventive Services** provides information on the effectiveness of community-based interventions in three areas of tobacco-use prevention and control: (1) initiation of tobacco use, (2) cessation, and (3) reduction of exposure to environmental tobacco smoke. Articles, slide sets, and commentaries can be found at <http://www.thecommunityguide.org/tobacco/>.
- **Surgeon General's Reports** related to tobacco are available on the Centers for Disease Control and Prevention Web site at <http://www.cdc.gov/tobacco/gpppage.htm>.
- **Data on tobacco-use prevalence and tobacco-related morbidity and mortality rates** can be found at two Centers for Disease Control and Prevention Web sites: <http://www.cdc.gov/tobacco/data.htm> and <http://www.cdc.gov/nchs/>.

# 1.3 Creating a Smoke-Free Workplace

## Designing Health Insurance Benefits

- **Sample purchasing specifications**, which provide valuable contract language that can be used by employers and purchasers to structure benefits related to tobacco-use prevention and cessation, are available to assist states in implementing evidence-based tobacco-dependence treatment and improve Medicaid contracts. These sample specifications, developed by CDC in conjunction with George Washington University Center for Health Services Research and Policy, are available at <http://www.gwhhealthpolicy.org/news/tobacco>.
- **Build a Financial Infrastructure: Health Plan Benefits and Provider Reimbursement** combines evidence-based recommendations with the experiences of the Pacific Center on Health and Tobacco (PCHT), a consortium of five western states (California, Oregon, Washington, Arizona, and Hawaii) concerning tobacco cessation benefits and provider reimbursements. The report is designed to guide planning and decision-making by states and other groups that are working to implement tobacco cessation programs. Also available are two summaries based on this report: (1) *Health Insurance Benefit for Treatment of Tobacco Dependence* and (2) *Invest in Tobacco Cessation for a Healthy, Productive Workforce*. Visit the PCHT Web site at <http://www.paccenet.org>.
- **Employers' Smoking Cessation Guide: Practical Approaches to a Costly Workplace Problem**, a guide published by the Professional Assisted Cessation Therapy (PACT) consortium for large and small employers interested in enacting an affordable, effective smoking cessation program, is available at <http://www.endsmoking.org>.
- **Reimbursement for Smoking Cessation Therapy: A Health Care Practitioner's Guide**, published by the Professional Assisted Cessation Therapy (PACT) consortium for health care providers on how to obtain reimbursement for cessation services can be helpful to employers in the implementation of a tobacco cessation benefit. It is available at <http://www.endsmoking.org>.
- **Data on insurance status and type** (national and by state) from a survey conducted jointly by the Bureau of Labor Statistics and the Bureau of the Census are located at <http://www.bls.census.gov/wages/032002/health/toc.htm>.
- **Coverage of Smoking Cessation Treatment by Union Health and Welfare Funds** [Barbeau E, Li Y, et al. *American Journal of Public Health* 2001; 91(9):1412-1415]. This article presents the results of a survey to determine the level of insurance coverage for smoking cessation treatment and factors associated with coverage among health and welfare funds affiliated with a large labor union. Information on purchasing a copy of this article is located at <http://www.ajph.org/cgi/suppl/91/9/1412>.
- **Data concerning changes in coverage of tobacco-dependence treatments by state Medicaid programs** from a study conducted by the Center for Health and Public Policy Studies at the University of California, Berkeley, and links to publications addressing health insurance policy and tobacco control are available at <http://chpps.berkeley.edu/smoking/index.htm>.
- **A guide to purchasing prevention benefits** that was developed for employers in North Carolina by North Carolina Prevention Partners contains information that may be helpful to employers in other states. The guide can be found at <http://www.ncpreventionpartners.org/basic/guide.htm>.

## Resources Useful for Employers

- **Making Your Workplace Smokefree: A Decisionmaker's Guide** provides information on the costs of tobacco use to employers. The entire guide or selected chapters are available in PDF format at [http://www.cdc.gov/tobacco/research\\_data/environmental/rtsguide.htm](http://www.cdc.gov/tobacco/research_data/environmental/rtsguide.htm).
- **Quitline Resource Guide**, published by CDC's Office on Smoking and Health, provides information on contracting for quitline services and key components of quitline services, such as counseling, staffing, quality assurance, promotion, and evaluation. The guide (in press when this document was published) will be available at <http://www.cdc.gov/tobacco>.



- *Linking a Network: Integrate Quitlines with Health Care Systems*, published by the Pacific Center on Health and Tobacco, describes the importance of linking state quitlines with health care systems and presents case studies describing linkages with health care systems. This resource (in print when this document was published) will be available at <http://www.paccenter.org>.
- *A Quick Reference Guide to Effective Tobacco Cessation Treatments and Activities* and other resources are available from the Center for Tobacco Cessation's (CTC) Web site at <http://www.CTInfo.org>. CTC, which is jointly funded by the American Cancer Society and The Robert Wood Johnson Foundation, serves as a source of science-based information on cessation and works with national partners to expand the use of effective tobacco dependence treatment and activities.
- **Information on tobacco cessation counseling** can be found on the American Cancer Society Web site located at <http://www.cancer.org>. Type "cancer AND counseling" in the search box located in the upper right corner of the home page.
- **Information on tobacco cessation and the effects of tobacco use on specific populations** can be found on the American Lung Association Web site located at <http://www.lungusa.org>.

## Sources

1. Centers for Disease Control and Prevention. Cigarette smoking-attributable mortality—United States 2000. *Morbidity and Mortality Weekly Report* 2003;52(5):842–45.
2. Hodgson T. Cigarette smoking and lifetime medical expenditures. *The Millbank Quarterly* 1992;70(1):81–125.
3. Warner KE, Smith RJ, Smith DL, Fries BE. Health and economic implications of a work-site smoking-cessation program: a simulation analysis. *Journal of Occupational and Environmental Medicine* 1996;38(10):981–92.
4. Centers for Disease Control and Prevention. Annual smoking-attributable mortality, years of potential life lost, and economic costs—United States, 1995–1999. *Morbidity and Mortality Weekly Report* 2002;51(14): 300–03.
5. U.S. Department of Health and Human Services. *Reducing the Health Consequences of Smoking: 25 Years of Progress: A Report of the Surgeon General: 1989 Executive Summary*. 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; 1989.
6. National Cancer Institute. *Health Effects of Exposure to Environmental Tobacco Smoke, The Report of the California Environmental Protection Agency: Smoking and Tobacco Cessation Monograph 10*. U.S. Department of Health and Human Services, National Institutes of Health, National Cancer Institute, NCI Pub. No. 99–4645, 1999.
7. U.S. Department of Health and Human Services. *Women and Smoking: A Report of the Surgeon General*. Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, 2001.
8. McGinnis JM, Foege WH. Actual causes of death in the United States. *Journal of the American Medical Association* 1993;270:2207–12.
9. Fiore MC, Bailey WC, Cohen SJ, et al. *Beating Tobacco Use and Dependence: Clinical Practice Guideline*. Rockville, MD: U.S. Department of Health and Human Services, Public Health Service; 2000.
10. Nasreddin WJ, Looman CW, Moring-van de Mheen PL, et al. Smoking and the compression of mortality. *Journal of Epidemiology and Community Health* 2000;54(5):566–74.
11. Centers for Disease Control and Prevention. Cigarette smoking among adults—United States, 2000. *Morbidity and Mortality Weekly Report* 2002;51(27):642.
12. Centers for Disease Control and Prevention. Trends in cigarette smoking among high school students—United States, 1991–2001. *Morbidity and Mortality Weekly Report* 2002;51(19):410.
13. Warner KE. Cost effectiveness of smoking-cessation therapies. Interpretation of the evidence and implications for coverage. *Pharmacoeconomics* 1997;11(6):538–49.
14. Cummings SR, Rablin SM, Oster G. The cost-effectiveness of counseling smokers to quit. *Journal of the American Medical Association* 1989;261(11):75–79.
15. Coffield AB, Macintosh MC, McGinnis JM, et al. Priorities among recommended clinical preventive services. *American Journal of Preventive Medicine* 2001;21(1):1–9.
16. McAfee T, Sulist N, Wilson J, Hindmarsh M. The role of tobacco intervention in population-based health care. *American Journal of Preventive Medicine* 1998;14:46–52.
17. McAfee T. Increasing the population impact of quitlines. Paper presented at the North American Quitline Conference, Phoenix, AZ, 2002.

# 1.3 Creating a Smoke-Free Workplace

- 18 Hopkins DD, Bala P, Ricard CJ, et al. *Talk Force on Community Preventive Services. American Journal of Preventive Medicine* 2001;20(2 Suppl):16-66.
- 19 Schaffler III, McMenamin S, Olson K, Boyce-Smith G, Ribicou JA, Karol J. Variations in treatment benefits influence smoking cessation results of a randomized controlled trial. *Tobacco Control* 2001;10(1):75-80.
- 20 Harris JR, Schaffler III, Milstein S, Powers R, Hopkins DD. Expanding health insurance coverage for smoking cessation treatment: experience of the Pacific Business Group on Health. *American Journal of Health Promotion* 2001;15(5):350-6.
- 21 George Washington University Center for Health Services Research and Policy. *Sample Purchasing Specifications Related To Tobacco-Use Prevention And Cessation: a Technical Assistance Document*. October 2002. Available at: <http://www.gehealthpolicy.org/newsroom/tobacco/tobacco-prevent.html>. Accessed 08/24/03.
- 22 U.S. Bureau of the Census. *Current Population Survey: Annual Demographic Survey Supplements—Disabled Insurance (PSID) Package*. Available at: <https://ferret.census.gov/states/032002/health/oc.htm>. Accessed 10/18/02.
- 23 *Partnership for Prevention: Insurance Coverage of Clinical Preventive Services in Employer-sponsored Health Plans: Preliminary Results of a Partnership for Prevention/William M. Mercer National Survey*. 2001. Washington, DC: Partnership for Prevention. In press.
- 24 Curry SJ, Grothman MA, McAfee T, Palinskiak C. Use and cost effectiveness of smoking cessation services under firm insurance plans in a health maintenance organization. *New England Journal of Medicine* 1996; 339(10):773-79.
- 25 Marks JS, Kaplan JE, Hogue CJB, Dalmas ME. A cost-benefit/cost-effectiveness analysis of smoking cessation for pregnant women. *American Journal of Preventive Medicine* 1996;2(1):282-9.
- 26 Professional Assisted Cessation Therapy (FACT). *Employers' Smoking Cessation Guide: Practical Approaches to a Costly Workplace Problem*. Available at: <http://www.endsmoking.org/resources/employersguide/pdf/employersguide.pdf>. Accessed 03/26/03.
- 27 Wagner EH, Curry SJ, Grothman L, Saunders RW, McFride CM. The impact of smoking and quitting on health care use. *Archives of Internal Medicine* 1995;155(14):1789-95.
- 28 Centers for Disease Control and Prevention, American Cancer Society, and Wellness Councils of America. *Making Your Workplace Smokefree—A Decision Maker's Guide*. 1996. Available at: [http://www.cdc.gov/tobacco/research\\_data/revisions/merall/enguide.htm](http://www.cdc.gov/tobacco/research_data/revisions/merall/enguide.htm). Accessed 04/09/03.
- 29 Halpern MT, Shkatz R, Koss AM, Khan ZM. Impact of smoking status on workplace absenteeism and productivity. *Tobacco Control* 2001;10(2):131-8.



# Rules Relating to Smoking in the Workplace

**10-144 DEPARTMENT OF HUMAN SERVICES**

**BUREAU OF HEALTH**

## **Chapter 250: RULES RELATING TO SMOKING IN THE WORK-PLACE**

**1. Purpose.** The Bureau of Health has been authorized by 22 M.R.S.A. §1580-A to assist businesses in developing written smoking policies and to enforce provisions of the Workplace Smoking Act of 1985.

**2. Definitions.** As used in this section, unless the context indicates otherwise, the following terms and phrases have the following meanings.

A. “Business facility” means a structurally enclosed location or portion thereof at which employees perform services for their employer.

A business facility shall not include any workplace or portion of a workplace which also serves as the employee’s or employer’s personal residence.

B. “Common area” in a business facility may include, but is not limited to, break rooms, cafeterias, conference or assembly rooms, enclosed patios, entryways, reception areas, hallways, kitchens, rest rooms, and storage closets.

C. “Designated smoking area or areas” means a location(s) in the business facility which is physically separated both from common areas and from that portion of the business facility where employees are performing services for the employer, and is an area where smoking is permitted. A “designated smoking area” cannot be a common area.

The designated smoking area must be designed to prevent smoke from reaching both common areas and the portion of the business facility where employees are performing services for the employer. The designated smoking area may be located outside of the business facility.

D. “Employee” means a person who performs a service for wages or other remuneration under a contract of hire, written or oral, expressed or

# 1.3 Creating a Smoke-Free Workplace

## Rules Related to Smoking (continued)

implied. Employee includes a person employed by the State or a political subdivision of the State.

- E. “Employer” means a person who has one or more employees. Employer includes an agent of an employer and the State or a political subdivision of the State.
- F. “Places of employment” means any area or portion of an area where people work including, but not limited to, correctional facilities, storage rooms in restaurants, and vehicles used in the course of work.
- G. “Protect the employer and employees from the detrimental effects of smoking by others” means to prevent the involuntary exposure to environmental tobacco smoke of employees and employers within the business facility from any source except in a designated smoking area.
- H. “Smoking” means carrying or having in one’s possession a lighted cigarette, cigar, pipe, or other object giving off or containing any substance giving off tobacco smoke.
- I. “Ventilation” means a process of supplying and removing air by mechanical means.
- J. “Written policy” means a written statement in which the employer specifically describes the location of the designated smoking area(s) and states how the employees and employer will be protected from involuntary exposure to smoke within the business facility from any source.

### 3. Smoking Policies.

- A. Required Contents and Use of Smoking Policies.
  - i. Each employer shall establish, or may negotiate through the collective bargaining process, a written policy concerning smoking and nonsmoking by employees in that portion of any business facility for which he is responsible.
  - ii. The policy shall prohibit smoking except in designated smoking areas in order to protect the employer and employees from the detrimental effects of smoking by others.



- iii. Smoking in workplaces shall only take place in designated smoking areas and designated smoking areas shall be described within the written policy.
- iv. The employer shall post and supervise the implementation of the written policy. The employer shall provide a copy of this policy to any employee upon request.

B. Permissible Contents of Smoking Policies.

- i. The policy may prohibit smoking throughout the entire business facility.
- ii. The employer has the right to establish policies concerning smoking and nonsmoking by members of the public who have access to the business facility.

C. Requirements and Guidelines for a Permissible Indoor Designated Smoking Area.

A Designated Smoking Area is an area designed to prevent smoke from reaching any other portion of the workplace where employees are performing services for the employer or from reaching any common area.

- i. Requirements for a Permissible Indoor Designated Smoking Area:
  - a. A room that is not a common area: has floor-to-ceiling partitions such that the ceiling and walls are permanently attached to one another; has a door that is kept closed at all times except for ingress or egress; meets the standards and conditions of the Life Safety Code; and meets the ventilation requirements in Section 5.
  - b. The designated smoking area shall be in an area/location where employees do not otherwise visit or execute their employment duties including, but not limited to, an area (or areas) that has commonly used equipment, to which employees must report to discuss/review work or which employees must visit on a regular basis (e.g., rest rooms).
  - c. The designated smoking area may be located outdoors, provided it is not in a location that will allow circulation of

# 1.3 Creating a Smoke-Free Workplace

## Rules Related to Smoking (continued)

environmental tobacco smoke into the business facility in any way, e.g., through the ventilation system, open windows, and open doors.

- d. If the Designated Smoking Area is indoors, a sign will be posted in the designated smoking area stating the maximum occupancy in 3" letters and numbers (e.g., Maximum Occupancy: 6).

### ii. Guidelines for a Permissible Indoor Designated Smoking Area:

- a. The door to a Permissible Indoor Designated Smoking Area must be kept closed at all times except for ingress or egress: this may be accomplished with the installation of an automatic door closer.

### **4. Requirements for Ventilation of a Permissible Indoor Designated Smoking Area(s).**

- A. The exhaust mechanism shall consist of local, mechanical exhaust with direct discharge to the outdoors, in such a manner as not to create objectionable odors or a nuisance on the adjacent premises, plus exhaust air consisting of a minimum of ten (10) percent greater exhaust than supply air to maintain a negative air pressure within the smoking area.
- B. Air exchange requirements for ventilation of a permissible indoor designated smoking area(s) shall be: a minimum of 60 cubic feet per minute (cfm) per person based on maximum occupancy, normally supplied by transfer air.

**5. Discharge, Discipline, or Discrimination Against Employees.** It is unlawful for any employer to discharge, discipline, or otherwise discriminate against any of its employees because that employee has assisted in the supervision or enforcement of the Workplace Smoking Act.

**6. Assistance.** The Bureau of Health will accept inquiries from employers and employees and will, when requested, assist employers in developing a



written policy. An employer may request from the Bureau approval of a written policy. Approval will be granted upon a satisfactory showing of compliance with these Rules and 22 M.R.S.A. §1580-A.

**7. Enforcement and Violations.**

- A. Any violation of these regulations is a civil violation for which a fine of not more than \$100 may be adjudged. Each day any employer fails to establish, post, or supervise the implementation of a written policy shall constitute a separate offense.
- B. Citations for violations of the Workplace Smoking Act shall be processed in accordance with rule 80H of the Maine Rules of Civil Procedure. In accordance with that rule, citations shall be filled out and served upon an employer who has allegedly violated the statute, by a representative of the Bureau of Health, or any other officer authorized to enforce the statute.

**8. Severability.** Should any provision of these Rules be declared unconstitutional by a court of competent jurisdiction, such a declaration shall not invalidate any provision of these rules not affected by the court's ruling.

**9. Application.**

- A. Pursuant to 22 M.R.S.A. §1580-A(7), these Rules do not apply to any business facility where policies concerning smoking have been mutually agreed upon by employer and all the current employees. The smoking policy must be reviewed within three (3) months of the arrival of new employees or at the time of a complaint, oral or written, to the employer or the employee's agent to assure mutual agreement by all employees.
- B. These rules apply to a variety of settings where work is performed including, but not limited to, portions of restaurants, sectors of prisons and jails, and areas of publicly owned buildings.

STATUTORY AUTHORITY: 22 M.R.S.A. Section 42 (1)  
22 M.R.S.A. Section 1580-A

EFFECTIVE DATE: January 28, 1990

EFFECTIVE DATE (ELECTRONIC CONVERSION): May 5, 1996

AMENDED: August 5, 1997

# 1.3 Creating a Smoke-Free Workplace



## Laws Related to Smoking in the Workplace

### PUBLIC LAWS OF MAINE

First Regular Session of the 121st

### CHAPTER 493

S.P. 437 - L.D. 1346

### An Act To Protect Workers from Secondhand Smoke and To Promote Worker Safety

Be it enacted by the People of the State of Maine as follows:

**Sec. 1. 8 MRSA §275-D, sub-§1**, as amended by PL 1999, c. 421, §1, is further amended to read:

**1. Off-track betting on simulcast racing.** A person may conduct pari-mutuel wagering at an off-track betting facility that is licensed under this section, if the person is licensed to operate a hotel, as defined in Title 28-A, section 2, subsection 15, paragraph H, with public dining facilities, a Class A restaurant, as defined in Title 28-A, section 2, subsection 15, paragraph R, or a Class A restaurant/lounge, as defined in Title 28-A, section 2, subsection 15, paragraph R-1, or an off-track betting facility as defined in Title 28-A, section 2, subsection 15, paragraph R-2.

**Sec. 2. 22 MRSA §1541, sub-§4**, as amended by PL 1999, c. 54, §1, is further amended to read:

**4. Public place.** “Public place” means any place, including a restaurant, not open to the sky into which the public is invited or allowed. Except as provided in section 1542, subsection 2, paragraph J, a private residence is not a public place.

**Sec. 3. 22 MRSA §1541, sub-§5**, as repealed and replaced by PL 1999, c. 54, §2, is repealed.

**Sec. 4. 22 MRSA §1542, sub-§2, ¶G**, as enacted by PL 1993, c. 342, §1 and affected by §9, is repealed.

**Sec. 5. 22 MRSA §1542, sub-§2, ¶N** is enacted to read:

N. Smoking is not prohibited in designated smoking areas in an off-track betting facility or simulcast racing facility at a commercial track, if that facility is