

A GUIDE TO CREATING A NON-SMOKING WORKPLACE*

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*This booklet is based on Dr. Judith Mackay's "How to Create a Smoke-Free Workplace" with some additions and modifications.

I. BACKGROUND

1. *Smoking and Health*

The medical evidence supporting the dangers of smoking is enormous and incontrovertible. More than 40,000 scientific studies have linked smoking with adverse health effects.

Worldwide, tobacco causes nearly 3.5 million premature deaths annually, i.e. one death every 12 seconds. These figures represent a major epidemic of smoking related diseases. The overall increase in health risk for people who smoke one pack of cigarettes a day for twenty years is:

- 10 times greater risk of lung cancer
- 15 times greater risk of chronic bronchitis and emphysema
- 2-3 times greater risk of heart disease

Various studies have shown that current smokers face an increased death rate of 70% for males and 30% for females. It has been estimated that an average 25 year old man who smokes fewer than 10 cigarettes per day may expect to lose about 4 1/2 years of life.

Documented health hazards have prompted many leading scientists to label smoking as the largest single preventable cause of death in developed countries. Smoking causes:

- Increased incidence of cancer of the lung, lip, oral and nasal cavities, pharynx, larynx and bladder
- Increased incidence of heart disease
- Increased incidence of emphysema, bronchitis and asthma
- Increased incidence of stroke and peripheral vascular diseases
- Adverse pregnancy outcomes: higher prenatal complications, higher miscarriage rates, more low birth weight babies and more prenatal deaths

Smoking is associated with:

- Cancer of the pancreas, stomach, cervix and kidney
- Decreased fertility in men and women
- Osteoporosis
- Earlier onset of menopause

In Hong Kong, where approximately 17% of the population smokes, tobacco causes approximately 3,500 deaths annually, including:

- 90% of lung cancer deaths
- 75% of chronic bronchitis and emphysema deaths
- 25% of ischemic heart disease deaths.

Women in Hong Kong account for 2.5% of the smokers but their numbers, especially among the young, are growing.

The only good news about smoking is that many of its effects are reversible. One very large study found that 10 years after quitting, the risk of dying among ex-smokers approached the same risk as among people who never smoked.

2. *Passive Smoke*

One cigarette burns for 6 to 8 minutes and costs a smoker 6 to 8 minutes of life. Cigarettes contains over 6,000 compounds. At least 43 of these are known to cause cancer, including nicotine, tar, carbon monoxide, formaldehyde, ammonia, nitrogen oxides, benzene, arsenic and hydrogen cyanide.

Sidestream Smoke is smoke which is released from the burning tips of cigarettes. This, combined with the smoke exhaled by smokers, form Environmental Tobacco Smoke (ETS). Exposure to ETS is called Passive Smoke. Passive Smoke has been classified as a Class A carcinogen, for which there is no safe level of exposure. Compared to mainstream smoke or smoke inhaled directly from a burning cigarette, Sidestream Smoke is more hazardous. It burns at a higher temperature, is virtually unfiltered, and contains:

- 2-20 times more nicotine
- 5-15 times more carbon monoxide
- 50-130 times more of 16 probable or known carcinogens

The non-smoker exposed to Passive Smoke is vulnerable to eye and nose irritation, colds, coughing, sore throats, dizziness and headache. Exposure to Passive Smoke worsens pre-existing health problems such as hayfever, allergy, asthma, bronchitis and angina as well as heart and lung disease.

At the workplace, Sidestream Smoke can accelerate aging of office furnishings, pollute the quality of the air circulated within the office and damage highly sensitive technological processes and machinery. In non-smokers these effects are correlated with a decrease in work capacity, productivity, morale and sense of well-being.

Tobacco smoke represents the single most significant source of pollution in most indoor air environments which are designed primarily to conserve energy rather than preserve indoor air quality. It also interacts with environmental and occupational risk factors causing cumulative deleterious health effects.

In children, Passive Smoke causes higher incidence of coughing, wheezing, asthma and respiratory infections.

3. *Benefits of a Non-smoking Policy to Employers and Employees*

Studies show that non-smoking policies in the workplace not only stop the use of tobacco during working hours, but also help to reduce the total number of cigarettes smoked by employees and reduces the number of regular smokers.

Smoking is a leading cause of disability and premature mortality. The health, safety and financial benefits that result from a company instituting a non-smoking workplace are extensive. Various studies show that compared to the non-smoker, smoking employees:

- experience 18% higher medical claim costs
- have 30% to 50% higher absenteeism rates
- miss 2.2 to 5.5 more days of work each year
- are 29% to 100% more likely to be involved in industrial accidents
- are 40% more likely to be involved in or suffer an occupational injury
- are 55% more likely to be disciplined
- lose an estimated 8 to 35 minutes a day from work pursuing the habit
- have 25% more hospital days per year

In the U.S., various studies have estimated that health care for victims of smoking amount to as much as HKD\$273 billion dollars annually. Lost income and productivity due to illness and death cost businesses another HKD\$210 billion to HKD\$476 billion dollars annually. Each smoking employee costs the company an excess of HKD\$7,800 per year in excessive medical costs and absenteeism. One study also showed that nearly 20% of all absences from work are due to smoking-related illness.

Substantial savings to Employers also accrue from:

- reduced accident, fire risk and smoke and fire related damages
- reduced air cooling, heating and ventilation costs
- reduced damage to smoke-sensitive technical processes and equipment, hence
 - * lower maintenance expenses, up to 23%
 - * less property damage and depreciation
 - * lower insurance premiums

Both employers and employees enjoy an enhanced corporate image, positive publicity and

- a healthier workplace
- more harmonious working relations among co-workers
- improved staff morale.

II. DEVELOPING A POLICY

The model presented in this guide is for a non-smoking workplace, but the principles can equally be applied to introducing similar policies elsewhere. The basics of implementing a non-smoking workplace policy are: to gain support from management and employees, to provide adequate information to employees, to give advance notification, to offer assistance with quitting and to monitor policy adherence once implemented.

1. *Develop a plan*

- a) Emphasize the advantages to both the company and employees.
- b) Draft a proposed policy about 6 - 9 months prior to expected date of policy implementation.
- c) Establish a Working Committee, which should include:
 - management and non-management employees
 - representatives from all major departments
 - smokers and non-smokers
 - men and women
 - local and expatriate staff (if applicable)

2. *Review present policy*

- a) Is there any current policy on smoking, written or otherwise?
- b) What is this policy?
- c) Are there any problems or complaints with it?
- d) Research present facilities and community practice, e.g.:
 - What is the smoking prevalence of employees?
 - Which areas have the most number of smokers?
 - How many people work in them?
 - What is the size of rooms and work areas?
 - Are areas adequate to accommodate both smokers and non-smokers?
 - What about shared offices, canteens and conference rooms?
 - Are there suitable separate spaces for smokers and non-smokers?
 - Are there areas where smoking is a fire hazard?
 - What other companies have a policy?
 - Has your company established a non-smoking policy in offices outside of Hong Kong? (if applicable)

3. *Establish overall objectives of policy*

Note that informal policies about smoking or relying on courtesy, in practice, usually do not work well. A written, formal policy has many advantages that include reducing conflict, protecting non-smokers, and supporting smokers who want to stop.

- a) Explore all policy options. Decide which one you are considering:
 - a total ban
 - smoking restricted to specific times and areas
 - office by office, floor by floor, section by section decision

In practice, it is often easier to have an overall, simple, comprehensive policy than to try complex solutions to accommodate smokers.

- b) Consider policy impact on customers, visitors and clients.
- c) Do not commit the company to a specific policy until information from employees has been gathered and assessed.

4. *Plan an information campaign*

- a) This should commence prior to distribution of the questionnaire and continue throughout and beyond the implementation date.
- b) Use in-house publications such as: staff notice-boards, pamphlets, inserts with pay checks, public address system, letters to workers' families, etc. as well as office memoranda from the Chief Executive Officer or Human Resources Department.
- c) Approach the issue as a health problem for everyone.
- d) Circulate information about the health hazards of smoking and passive smoke to all staff members.
- e) Emphasize that it is smoking that is being controlled, not smokers.
- f) Explain that the issue is not about whether people smoke, but where they smoke. No one is forcing smokers to quit.
- g) Explain that this policy benefits both smokers and non-smokers.
- h) Inform the staff that the majority of people in Hong Kong do not smoke: only 17% of the adult population in Hong Kong are smokers.

- i) If possible, include positive words like "Workplace free of smoke" rather than "Bans on smoking"
- j) Provide non-smokers with suggestions on how to be considerate, as it is not easy for some smokers to reduce their smoking.
- k) Encourage feedback to either the department manager or the human resources department.

5. *Survey the workforce*

Keep in mind that most employees who say they will quit the company if a non-smoking policy is introduced, don't. Discuss the reasons for planning a non-smoking workplace and the reason for a questionnaire BEFORE distribution. Emphasize that the questionnaire will be confidential.

- a) Survey the staff. (See Appendix A). Determine the ratio of smokers to non-smokers, their attitudes and recommendations. Find out where support lies and where resistance exists. The best guarantee that a non-smoking policy will be successful is if it reflects, as closely as possible, the wishes of the workforce.
- b) Preferably distribute the questionnaire to the whole workforce. If this is not possible, then get a representative sample.
- c) Make it clear that comments will be taken into consideration in any final decision.
- d) Discuss the results of the questionnaire with the Working Committee.
- e) Most people (INCLUDING SMOKERS) researched in Western countries agree that non-smokers should have the right to work in air free of tobacco smoke.

6. *Develop the policy*

- a) Incorporate suggestions from the staff questionnaire.
- b) Keep the ban or restrictions as simple as possible.
- c) Be clear where and when smoking is or is not allowed.
- d) Consider providing alternatives for those who cannot change their habit overnight, e.g. by creation of a smoking room, different

lunch shifts for non-smokers and smokers, etc.

- e) Identify company policy for those who break restrictions and help them to comply. (note: compliance is generally not a problem - deal with it as you would any other type of personnel policy).
- f) Circulate this policy to all employees and explain the reasons behind the policy. (See Appendix B)
- g) Encourage feedback.

7. *Implement the policy*

- a) Announce the final policy to the whole workforce.
- b) Set a date for starting - about 12 weeks ahead (or to coincide with National No-Tobacco Day)
- c) Make necessary adjustments, e.g.:
 - order and post No-Smoking signs
 - prepare non-smoking areas
 - provide ash trays at entrance of building
 - remove any cigarette vending machines
 - consider banning cigarettes sales on work premises
 - remove ash trays in smoke-free areas
- d) Continue to supply health information on Passive Smoking.
- e) Provide help to smokers in adjusting to the new policy.
- f) Make this policy known when recruiting new employees.

III. MONITORING AND FOLLOW-UP

1. *Provide assistance with quitting*

Most smokers want to quit. There are numerous ways of assisting the employee to quit, and many people try more than once before they are successful. Some companies offer incentives such as bonuses or awards. Designate and train someone within your organization to offer assistance or referrals to employees wishing to quit.

The vast majority of people who quit successfully do so "cold turkey". The rest depend on a variety of aids, including nicotine patches or gum, group support, individual therapy, hypnosis, acupuncture and self-help materials that range from videotapes and audio tapes to books.

Smoking Cessation classes are offered by a few local hospitals including the Adventist Hospital and United Christian Hospital. Some individual practitioners also offer classes and support groups.

2. *Keep the policy under review*

- a) Refine the policy after implementation.
- b) Evaluate the policy. Define criteria for success, e.g.:
 - harmony of implementation
 - compliance with regulations
 - any employee resignations
 - any praise or complaints from employees or customers
 - any decrease in number of customers visiting your office premises as a result of the new policy
 - any other firms following suit
 - reduction in smoking among previous smokers
 - long-term reduction in costs, health benefits, accidents and fires
- c) If necessary, revise the policy.
- d) Review the policy on an annual basis.

3. *Resources for additional information*

If you wish to join PASS, or would like additional information on creating smoke-free workplaces, contact:

PASS

Chairperson
G.P.O. Box 11477
Hong Kong
Fax No: 2524-0665

If you would like to know about workplace smoking cessation aids and the nicotine patch, contact Ciba-Geigy (Hong Kong) Ltd.:

CIBA Ms. Alex Mellor
 13/F Warwick House
 979 King's Road
 Quarry Bay, Hong Kong
 Tel No:2880-6300
 Fax No: 2590-6783

For general information on smoking in Hong Kong, contact COSH (Hong Kong Council on Smoking and Health):

COSH G/F, 266 Queen's Road East
 Wanchai, Hong Kong
 Tel No:2838-8822
 Fax No: 2575-3966

If you want information about smoking cessation classes, contact:

Adventist Hospitals
Director of Health Education
Hong Kong Adventist Hospital
40 Stubbs Road, Hong Kong
Tel: 2574-6211 Ext 888
Fax: 2834-5934/2572-9813

Tsuen Wan Adventist Hospital
Tsuen King Circuit
Tsuen Wan, Kowloon
Tel: 2402-1328/2402-1341

KWUN TONG COMMUNITY HEALTH PROJECT

c/o United Christian Hospital
130 Hip Wo Street
Kwun Tong, Kowloon
Tel No: 2349-6111
Fax No: 2348-9130

APPENDIX A

SAMPLE QUESTIONNAIRE

1. Which of these phrases best describes your own view about smoking at your place of work. (Tick one).

- Smoking should not be allowed
- There should be separate areas where smoking is permitted
- Smoking should be allowed in all areas
- Don't know

2. What do you prefer in the areas where people work together? (Tick first and second preference).

	1st	2nd
No restrictions on smoking	-	-
Separate smoking and non-smoking working areas	-	-
No smoking except at break times and designated areas	-	-
Total ban on smoking in working areas	-	-
Other (please specify).....		

3. What do you prefer in the following areas? (Tick one in each line).

	Total Ban	Separate Areas	Smoking at certain times	No Restriction
Toilet	-	-	-	-
Canteen	-	-	-	-
Tea lounge	-	-	-	-
Sports area	-	-	-	-
Lifts	-	-	-	-
Corridors	-	-	-	-
Other.....	-	-	-	-

4. At meetings, which do you prefer? (Tick one).

- Total ban -
- Smoking breaks -
- Majority vote -
- No smoking unless all agree -
- No restriction -

5. Which of the following describes your working area best? (Tick one).

- Private office
- Shared office
- Open-plan office
- Shop floor
- Other (please specify) _____

6. Which of the following describes you best? (Tick one).

- I am a smoker who wants to give up
- I am a smoker who doesn't want to give up
- I am an ex-smoker
- I am a non-smoker

7. Is smoking permitted in your work area?

- Yes
- No

8. Are you bothered by tobacco smoke at work?

- Yes
- No

9. If you are bothered by smoke at work how does it affect you? (Tick any that apply)

- Worries about long-term effect on health
- Eye irritation
- Headache
- Coughing
- Stuffy or runny nose
- Breathing difficulty
- Loss of concentration
- Clothes and hair smell
- Other (please specify) _____

10. Have you ever had to move away from where you were working because of other people's smoke?

- Frequently
- Occasionally
- Never

FOR SMOKERS ONLY: NON-SMOKERS PLEASE GO TO END OF QUESTIONNAIRE

11. Do you smoke in your work area?

Yes —
No —

12. Would you smoke less, or stop, if you could not smoke in your work area?

Yes —
No —

13. What would it be like for you if you could not smoke at all in your working area? (Tick one).

Very easy —
Easy —
Difficult —
Very difficult —

14. Would you use help to give up smoking if it were offered at work?

Yes —
No —

Thank you for completing the questionnaire.

Please add any comments here:

Please return it to:

By (date):

APPENDIX B

A MODEL POLICY LETTER

There is significant scientific evidence that smoking is extremely hazardous to a person's health. It is the major preventable cause of premature death today and the most important public health issue in our society. The hazards of smoking range from short-term irritation of the respiratory tract to long-term serious health effects such as lung cancer, emphysema, oral cancer and heart disease.

There is increasing scientific data to support the view that smoking is harmful to both smokers and non-smokers who breathe in other people's smoke (Passive Smoke). Passive, Sidestream Smoke or Environmental Tobacco Smoke (ETS) is a principal source of indoor air pollution and contains over 6,000 compounds, many of which are known carcinogens, poisons and irritants.

In an effort to consider the needs and concerns of all employees, smokers and non-smokers alike, and to provide a healthy working environment for every employee, management is introducing a non-smoking workplace policy.

Effective _____, smoking will not be permitted in _____. Employees who wish to smoke must leave the office premises. All employees, customers and visitors are expected to comply with this policy, to be enforced by managers.

(OR: Effective _____, smoking will be restricted to the following areas: _____. Smoking will not be allowed in the rest of the office premises).

In addition to improved health for everyone, other advantages to the company include a cleaner workplace, decreased fire risk, decreased accidents and maintenance costs, lower medical costs and improved productivity.

Our health is our most valuable asset. This new policy is one of the most important steps that our company can take to ensure that we do everything we can to preserve it. We rely upon the cooperation of all our employees.

If there are any questions please contact _____ in the Human Resources Department.

Signed

Chief Executive Office

APPENDIX C

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APPENDIX D

A PARTIAL (OLD) LIST OF HONG KONG COMPANIES THAT HAVE BANNED SMOKING IN THE WORKPLACE

Amazing Grace
Apple Computer International Ltd.
Apple Jewellery
AT&T Hong Kong Ltd.
Bentley Reid & Co (Pacific) Ltd.
The Body Shop (Hong Kong)
Chaumont International Ltd
Ciba-Geigy (HK) Ltd.
Dextronic Ltd
Digital Equipment (HK) Ltd.
Federal Express Pacific Inc
Friends of the Earth
Goldman Sachs (Asia) Ltd.
GTE Directories (HK) Ltd.
Hewlett Packard Asia Pacific Ltd.
Hong Kong Book Centre
Hong Kong & Shanghai Bank
IBM Corporation
Janzen Textile Ltd.
Johnson & Johnson (HK) Ltd.
Long Keen Development Co. Ltd.
Mass Transit Railway
Mobil Oil (HK) Ltd.
Morgan Stanley Bank Asia Ltd.
Nike Inc.
Northern Telecom Asia Ltd.
P.I.M.S. Ltd.
Pacific Link Communication Ltd.
Procter & Gamble Asia Pacific Ltd.
Prestige Pools International Ltd.
Rank Xerox (HK) Ltd.
South China Morning Post/TV & E
Special Interest Electronic Co.
Times Inc. (Asia)
United Parcel Service (Delivery Service) Ltd
Vital Life Centre
Wong Tung & Partners Ltd.