

# Utah Secondhand Smoke Policy Implementation Guide

**Worksite**

**Revised January 2007**

**The TRUTH**



## Table of Contents

<b>Table of Contents</b> .....	<b>1</b>
<b>Introduction</b> .....	<b>3</b>
Figure I. Major Steps in Developing a Comprehensive Workplace Tobacco Policy .....	5
<b>Action Step 1: Gather Relevant Facts and Information</b> .....	<b>6</b>
How to Research Businesses, Government Agencies, and Organizations and Choose High Priority Sites.....	6
Other At-Risk Workplaces.....	7
<b>Action Step 2: Identify Your Audience/Assess Community Readiness</b> .....	<b>8</b>
Making Contact: What Works Best? .....	8
Review the Cessation Benefits the Business Provides .....	9
<b>Action Step 3: Plan Your Campaign</b> .....	<b>9</b>
Establish a Work Group.....	10
Establish a Timeline.....	11
Identify and Discuss General Ideas .....	11
Assisting Worksites in Designing a Tobacco Cessation Benefit.....	12
Benefit Design .....	13
Don't Forget Smokeless Tobacco.....	14
Written Policies.....	15
Special Policy Considerations for Small Businesses, Government Agencies, or Other Organizations .....	15
<b>Action Step 4: Implement the Policy</b> .....	<b>16</b>
Workplace Policy.....	16
Smoking Privileges and the American Disabilities Act.....	17
Communication Activities .....	17
Signs.....	18
Ventilation .....	18
Enforcement.....	19
Who Enforces the Law?.....	20
Penalties for Violations.....	20
<b>Action Step 5: Get the Word Out/Gain Support</b> .....	<b>21</b>
Impact of Workplace Smoking Policy Changes on Businesses .....	22
Dealing with Dire Economic Projections .....	22
<b>Action Step 6: Evaluate Your Efforts</b> .....	<b>24</b>
Process Evaluation Worksheet.....	25
Evaluation Outcomes and Recommendations Table .....	28
<b>Action Step 7: Ensuring Policy Sustainability</b> .....	<b>29</b>
Include Information About the Tobacco Policy at All New-Hire Orientations.....	29
Post Signage.....	29
Continue Educating Managers and Staff About the Policy and Resources Available to Help Employees Quit.....	30
Make Adjustments When Necessary. ....	30
Celebrate!.....	31
Evaluation. ....	31

**Research Tools**

Research Tool 1: Employer Smoking Policy Survey ..... 32  
Research Tool 2: Workplace Smoking Policy Survey – Employee Survey ..... 33  
Research Tool 3: Tobacco Observation Log ..... 34  
Research Tool 4: Tobacco Policy Checklist ..... 36  
Research Tool 5: Utah Indoor Clean Air Act Compliance Checklist ..... 37  
Research Tool 6: Outcomes That Can Be Expected ..... 39

**Attachments**

Attachment A: Health Impact of Secondhand Tobacco Smoke ..... 40  
Attachment B: Economic Impacts of Smoking at the Worksite ..... 41  
Attachment C: Benefits of a Smoke-Free Worksite: In a Nutshell ..... 44  
Attachment D: Timelines Worksheet ..... 45  
Attachment E: Sample Policies ..... 46  
Attachment F: Tobacco Cessation Resources Available To Utahans ..... 49  
Attachment G: Utah Tobacco Quit Line Facts ..... 51  
Attachment H: UtahQuitNet.com Facts ..... 53  
Attachment I: Suggested Employee Orientation/Handbook Tobacco Policy Information ..... 55  
Attachment J: How To Meet the 25-Foot Requirement of the Utah Indoor Clean Air Act ..... 56

**References** ..... 57

## Introduction

There have been substantial reductions in secondhand smoke exposure since the original Surgeon General's Report on secondhand smoke in 1986. However, more than 126 million nonsmoking Americans are still exposed to secondhand smoke in their homes and workplaces, the predominant locations for exposure to secondhand smoke.<sup>1, 2, 3</sup> The 2006 Surgeon General's Report declares "The debate is over. The science is clear. Secondhand smoke is not a mere annoyance but a serious health hazard."<sup>4</sup> The report goes on to state that since there is no safe level of exposure to secondhand smoke eliminating smoking in indoor places fully protects nonsmokers from exposure to secondhand smoke.<sup>5</sup> The alternative, separating smokers from nonsmokers, cleaning the air, and ventilating buildings cannot eliminate exposures of nonsmokers to secondhand smoke."<sup>6, 7</sup> A Massachusetts study found that, compared to employees in workplaces that had implemented 100 percent smoke-free policies, employees in workplaces with no smoking restriction were more than ten times as likely to report exposure to secondhand smoke on the job and were exposed for more than six times as long. Workers in workplaces with designated smoking areas were almost three times as likely to report exposure to secondhand smoke on the job and were exposed for almost twice as long as workers in smoke-free workplaces.<sup>8</sup> Secondhand smoke exposure among U.S. nonsmokers has declined substantially since the publication of the 1986 Surgeon General's Report on The Health Consequences of Involuntary Smoking.<sup>9</sup>

Homes and workplaces are the primary locations where nonsmokers are exposed to secondhand smoke. Secondhand smoke exposure continues to occur in public places such as restaurants and bars and in private vehicles.<sup>10</sup> Since people spend most of their waking hours at work, smoking in the workplace causes tremendous destruction to employers and employees alike.<sup>11</sup>

In a national 2005 Gallup poll the majority of Americans favor smokefree public places.<sup>12</sup> According to National Health Interview Survey data from 2000 87 percent of respondents reported an employer workplace policy restricting smoking some fashion, compared with only 44 percent in 1992. By 2000, 92 percent of workers who reported an employer workplace policy to restrict smoking described the policy as a smoking ban in all work areas.<sup>13</sup> However, the percentage of workers protected under a Smoke-Free policy varies by state. (American Lung Association Fact Sheet SHS (<http://www.lungusa.org/tobacco.html>), even though the CDC's National Health Interview Survey in 2000, indicates more than 80 percent of the respondents aged 18 years or older believe that secondhand smoke is harmful and nonsmokers should be protected in their workplaces.<sup>14</sup> The number of Utah indoor workers aged 18 years or older who reported smoke-free workplace smoking policies increased from 65.4 percent in 1992-1993 to 84.86 percent in the 2001-2002 reporting period, the highest for any state.<sup>15</sup>

The health and economic impact of secondhand tobacco smoke includes property damage, illness and discomfort in nonsmokers exposed to passive smoke,<sup>16</sup> and lost productivity.<sup>17</sup> (See **Attachment A**)

The purpose of the Worksite Section is to encourage leaders of businesses, government agencies, and organizations to review their current workplace smoking policies, implement a smoke-free worksite environment, and to offer tobacco cessation resources to their employees. A worksite

tobacco policy is a means of conveying tobacco use standards to all employees, vendors, and visitors to private businesses, government agencies, or organizations. The primary goal of a Smoke-Free workplace policy should be the creation of a safe and healthful workplace.<sup>18</sup> “Establishing smoke-free workplaces is the only effective way to ensure that secondhand smoke exposure does not occur in the workplace.”<sup>19, 20, 21</sup> Research reviewed in the 2006 Surgeon General’s Report indicates that smoke-free policies are also the most economic approach for providing protection from exposure to secondhand smoke.<sup>22</sup> Workplace smoking restrictions also have the bonus effect of leading to less smoking among covered workers.<sup>23, 24</sup> Even where permitted by law, many developers, building owners, and operators do not allow smoking. For instance, BOMA International has taken the position that secondhand smoke should not be allowed in buildings and supports legislation to ban smoking in buildings.<sup>25</sup>

There are five key reasons for introducing smoking restrictions in the workplace:

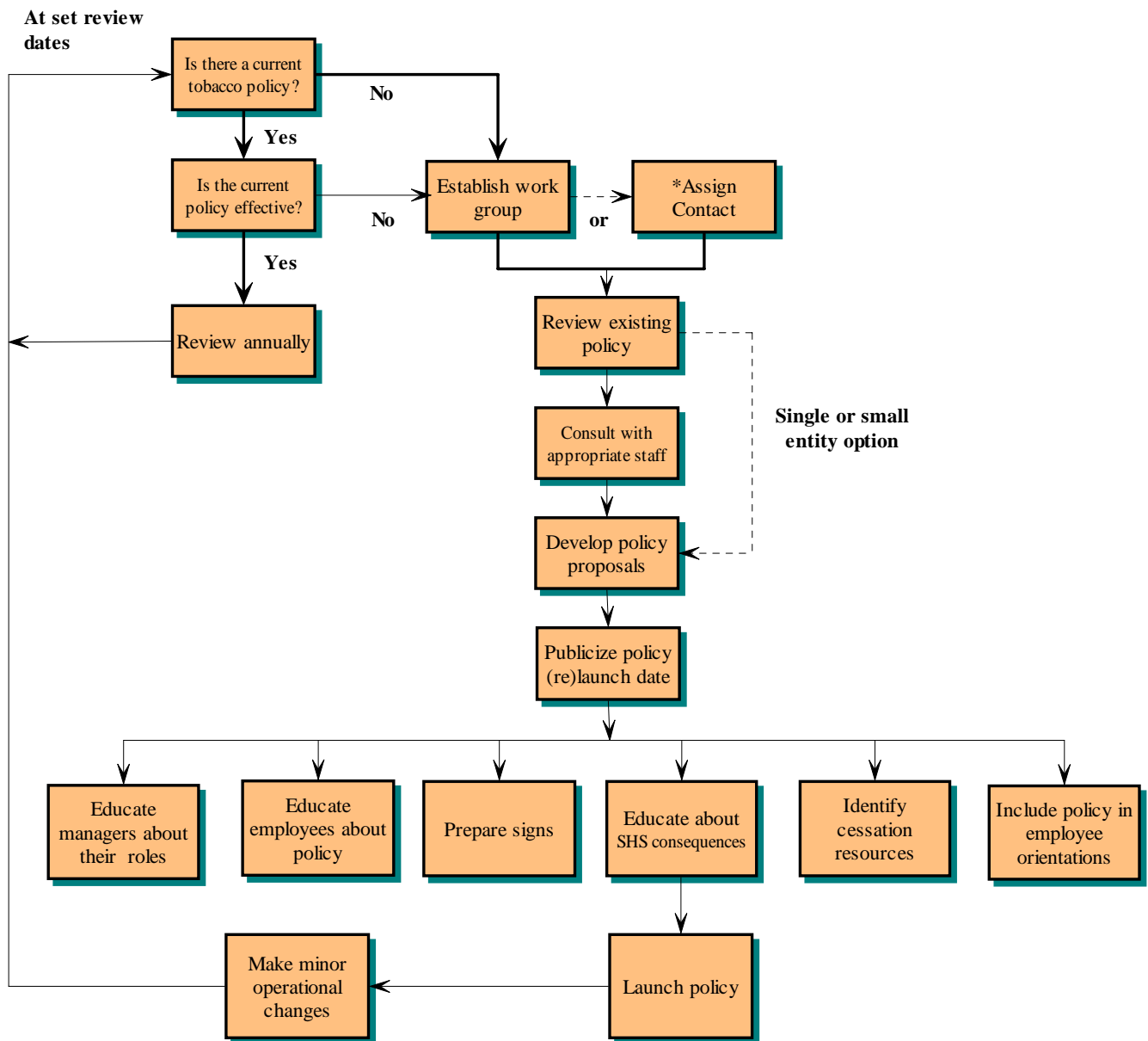
1. Better health
2. Better business
3. Complying with legislation
4. Employee satisfaction
5. Avoiding litigation<sup>26</sup>

As previously mentioned, secondhand smoke is a recognized workplace hazard.<sup>27</sup> Smoke-free policies create safer workplaces. They are the simplest and most cost effective way to improve worker and business health.<sup>28</sup> A good policy should maximize employee and visitor health and safety by eliminating exposure to the toxic effects of secondhand tobacco smoke. It should also include a spit (smokeless) tobacco restriction to avoid potential health, hygiene, and safety problems associated with its use. A totally Smoke-Free policy will save money, increase levels of job satisfaction, and decrease direct health care costs to the company or organization.<sup>29</sup> (See *Attachments B and C*)

While the number of deaths caused by chronic exposure to secondhand smoke is substantially less than the number caused by active smoking, the public health concern is elevated because secondhand smoke deaths are occurring among individuals who have decided not to smoke, and thus their increased risk for disease and death is involuntary.<sup>30</sup> Even being around secondhand smoke for a short time can hurt your health. Some effects are temporary but others are permanent.<sup>31</sup> 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>32</sup> Cigarette smoke contains more than 4,000 chemical compounds. Secondhand smoke contains many of the same chemicals that are present in smoke inhaled by smokers. Because sidestream smoke is generated at lower temperatures and under different conditions than mainstream smoke, it contains higher concentrations of many of the toxins found in cigarette smoke.<sup>33</sup> The National Toxicology Program estimates that at least 250 chemicals in secondhand smoke are known to be toxic or carcinogenic.<sup>34</sup> Prohibiting smoking in the workplace can have an immediate and dramatic impact on the health of workers and patrons. A study in Helena, MT, found that the number of heart attacks fell by 40 percent during a six-month period in 2002 when the city’s comprehensive smoke-free law was in effect.<sup>35</sup> Researchers attributed much of the sharp decline in acute myocardial infarctions (AMI) to a near-elimination of the effects of secondhand smoke on blood platelets and the arteries that supply blood to the heart.<sup>36</sup>

The basic process for developing a worksite tobacco policy is shown in Figure I below.

**Figure I. Major Steps in Developing a Comprehensive Workplace Tobacco Policy**



\*Small businesses, government agencies, or other organizations may only be able to assign one person to conduct this part of the process.

Adapted from Tobacco in the Workplace: Meeting the Challenge, A Handbook for Employers<sup>37</sup>

## **ACTION STEPS**

**Action Step 1: Gather Relevant Facts and Information**

**Action Step 2: Identify Your Audience and Assess Community Readiness**

**Action Step 3: Plan Your Campaign**

**Action Step 4: Implement the Policy**

**Action Step 5: Get the Word Out and Gain Support**

**Action Step 6: Evaluate Your Efforts<sup>38</sup>**

## **Action Step 1: Gather Relevant Facts and Information**

### **How to Research Businesses, Government Agencies, and Organizations and Choose High Priority Sites**

Due to the sheer number of businesses, government agencies, and other organizations, it is necessary to prioritize which of these entities to approach first. Higher levels of (secondhand smoke) exposure have profoundly negative consequences for the health and safety of workers, who have no choice over whether or not to be exposed.<sup>39</sup> Secondhand smoke is, like asbestos, a Class A (Known Human) Carcinogen that has no safe level of exposure.<sup>40</sup> Secondhand smoke becomes a form of double jeopardy in some workplaces. When combined with tobacco smoke, other chemicals (associated with a worksite) can become even more dangerous. For example, exposure to tobacco smoke multiplies the danger of exposure to asbestos. It can also transform existing chemicals into more harmful ones.<sup>41</sup> Secondhand smoke also combines with other workplace toxins to result in a greater harmful effect to those exposed, increasing the chances for disease.<sup>42</sup>

There have been major gains in reducing exposure to secondhand smoke in the general population. However those in blue-collar and service jobs- such as craft workers, laborers, and hospitality workers- are still disproportionately exposed at the workplace.<sup>43</sup> Blue collar and service employees are less likely than white collar indoor workers to be covered by smoke-free policies.<sup>44</sup> Blue Collar and service workers are more frequently exposed to secondhand smoke at their worksite than are white-collar workers.<sup>45</sup>

According to one study that measured serum cotinine levels, which is a measure of exposure to secondhand smoke, the following occupational categories are at highest risk of secondhand smoke exposure at work:

- Waiters, waitresses
- Laborers
- Textile, apparel, furnishings machine operator
- Motor vehicle operators
- Miscellaneous food prep and service
- Vehicle and mobile equipment mechanics and repairers
- Construction trades
- Cleaning and building services
- Machine operators<sup>46</sup>

In a ranking of 38 major occupations, food service workers ranked at the bottom of those workers protected by smoke-free workplace policies, with more than half of the nation's food

service workers exposed to secondhand smoke. The study noted that these individuals are less likely to have access to quality healthcare and smoking cessation resources, compounding the problem.<sup>47</sup> Nationally, exposure to secondhand smoke continues in restaurants, bars, casinos, gaming halls, and vehicles.<sup>48</sup> Restaurant workers are far less likely than other workers to be protected by smoke-free workplace policies, more likely than other workers to have these policies violated where they do exist and are more likely to be exposed to high levels of secondhand smoke on the job. Only 28 percent of wait staff and 13 percent of bartenders work under smoke-free workplace policies.<sup>49</sup> In one study levels of secondhand smoke in restaurants and bars [that allow smoking] were found to be 2 to 5 times higher than in residences with smokers and 2-6 times higher than in office workplaces.<sup>50</sup> Another study found that smoky bars, pool halls and casinos can have over 2 times more pollution in the air than roads clogged with diesel trucks at rush hour, an amount far exceeding what the government allows outdoors on roadway. Even with high-tech ventilation systems, a worker would breathe air that violated federal outdoor air quality standards.<sup>51</sup> The chemical concentration of second-hand smoke is, on average, four to six times higher in bars and up to two times higher in restaurants where smoking is permitted.<sup>52</sup> In one study of food service workers, bartenders were discovered to have rates of lung cancer higher than firefighters, miners, duct workers and miners.<sup>53</sup> In another study, it was estimated that bar and restaurant employees face a 50% greater risk of lung cancer; a greater risk than virtually any other occupation, including firefighters and miners. Waitresses have the highest level of lung cancer rates among working women.<sup>54</sup>

In a projective Utah study covering roughly 700 occupations that focuses on the number of annual job openings between 2004 and 2014.

- Office and administrative support (clerical) occupations will have the largest growth during this time period followed by:
- Sales
- Food Prep and Serving
- Construction/Extraction
- Production
- Transportation/Material Moving<sup>55</sup>

Note: These are typically high risk occupations for high amounts of smoking

The Utah Department of Workforce Services maintains a list of Utah businesses on its website: <http://jobs.utah.gov/firmfind/pgIndustry.asp>,

The Utah Department of Workforce Services also provides a list of employers by occupation which can help identify which businesses, government agencies, and organizations are most likely to have higher employee tobacco use rates.

## **Other At-Risk Workplaces**

During the preliminary assessment process, do not overlook workplaces that are exempt from the Utah Indoor Clean Air Act (UICAA) as potential opportunities for advocating for pro-health policies that eliminate secondhand smoke exposure. For example, even though taverns licensed on or before May 15, 2006 are exempt from the UICAA until January 1, 2009, individual taverns could establish their own policies that prohibit smoking by their employees and patrons.

Likewise, nothing in the UICAA would preclude a construction company from developing a policy that its employees cannot smoke on the property, in company vehicles, or in any buildings of a construction site where they are working.

### **? Track your Progress**

- ◆ Have you identified the types of businesses, government agencies, and organizations in your community?
- ◆ Have you determined criteria for targeting specific businesses, government agencies, or organizations?
- ◆ Did you compile a list of businesses, government agencies, or organizations?
- ◆ Have you developed a plan for contacting these businesses, government agencies, or organizations?

## **Action Step 2: Identify Your Audience/Assess Community Readiness**

### **Making Contact: What Works Best?**

Generally speaking, mass mailings would be better reserved to promote resources and services, such as tobacco cessation programs, than as the first means of identifying that you specifically need to work with to promote tobacco free worksite policies. Once a specific business, government agency, or organization has been identified, it is time to contact that entity. After contact has been made and a rapport established, follow-up letters are recommended.

Start by calling the selected worksite to identify a contact person with whom you can discuss health and safety issues. During that call, you will want to briefly share who you are, that you want to schedule a meeting with the person or persons who make decisions about a tobacco policy, and set up a time that is mutually acceptable. Another method is to make a “cold call.” This involves making an initial contact in person without an appointment with the goal of introducing yourself and scheduling a later meeting. If you choose this method, be mindful of the contact person’s time, since you don’t have an appointment. You should also be prepared to deliver part or all of your original presentation if it turns out the contact actually has time for you to meet with them.

Determining whether the business, government agency, or organization already has a tobacco policy and how well it is currently functioning is the most important step in developing a new policy or modifying an existing policy. Early in the process, it is essential to gather information and ideas from employees, supervisors, external sources, and from your own observations. Health Canada’s Guidebook on Tobacco Reduction: Working Together for a Healthier Workplace lists several ways to gather information from employees:

- Information meetings or interviews
- Focus group discussions
- Employee assemblies (or staff meetings)
- Employee surveys

The information you collect will help answer these questions:

- “Who are the tobacco users in our workplace? What do we need to know about them?”
- “What do our employees (and management) know about secondhand smoke?”
- “What are the factors that contribute to workplace smoking?”
- “What are the major barriers to implementing a smoking reduction plan?”<sup>56</sup>

For sample survey tools, see *Research Tool 1, Research Tool 2, and Research Tool 3*.

As a starting point, check the existing policy on smoking and/or tobacco use, union contracts (if applicable), insurance coverage, fire laws, and anything else that might be affected by the policy changes.<sup>57</sup>

## **Review the Cessation Benefits the Business Provides**

Do you know what the worksite offers to help tobacco users quit? Review the benefits offered through the business’s health plan to find out if a tobacco cessation benefit is offered. The Utah Tobacco Prevention and Control Program maintains a list of private health plans that offer a tobacco cessation benefit on its website at:

<http://www.tobaccofreeutah.org/tobcessbenprivins.html>

An evidence-based benefit package includes counseling and U.S. Food and Drug Administration (FDA) approved medications (nicotine replacement therapy, bupropion SR, and varenicline).

### **? Track your Progress**

- ◆ Did you contact the businesses you plan to target?
- ◆ Did you assess support for tobacco policies among employers, supervisors, and employees?
- ◆ Did you review documentation such as existing policies, union contracts, insurance coverage, etc.?
- ◆ Did you conduct observational assessments?
- ◆ Did you find out how existing tobacco policies are enforced?

## **Action Step 3: Plan Your Campaign**

Once current practices have been reviewed, it is important to develop a plan to achieve the desired policy outcomes. The process is the same whether you are developing a new policy, modifying an existing policy, or maintaining an existing policy. A checklist for action is provided below to help facilitate the implementation of a smoke-free worksite policy. A more extensive checklist for action is provided in *Research Tool 4*.

<b>*Management Checklist for Implementing a Worksite Policy</b>
<b>Has a review of the current situation been undertaken?</b>
<b>Has a multi-disciplinary work group or key coordinator for developing and implementing the policy been established?</b>
<b>Have communication and consultation mechanisms with employees been established?</b>
<b>Are updates and reminders been periodically given?</b>
<b>Have the details of the policy been decided?</b>
<b>Is the workplace going to be totally tobacco-free?</b>
<b>If not, have restrictions on smoking been identified?</b>
<b>If not, are the smoking permitted areas consistent with those allowed by the Utah Indoor Clean Air Act?</b>
<b>If not, are the location, HVAC, and other criteria for a smoking permitted area as specified by the Utah Indoor Clean Air Act statute and rule been addressed and met?</b>
<b>If not, have the restrictions on spit (smokeless) tobacco use been clarified?</b>
<b>Are non-smoking (and smoking permitted) areas clearly signed as required by the Utah Indoor Clean Air Act (statute and rule)?</b>
<b>Will the policy be monitored and reviewed? If so, have dates been set?</b>
<b>Are measures in place to help smokers quit smoking?</b>

Adapted from Tobacco in the Workplace: Meeting the Challenge, A Handbook for Employees.<sup>58</sup>

### **Establish a Work Group**

A formal workgroup creates the structure needed to develop an action plan and makes a clear statement that smoking and/or other tobacco use is an issue that is being taken seriously by senior management. It also indicates that the issue of smoking and/or tobacco use is a priority in the organization. Makeup of the group should be broad and should include smokers as well as nonsmokers and ex-smokers. A typical work group may include representatives from:

- Senior management
- Occupational health
- Human resource management
- Safety/security officers
- Trades unions (if applicable)
- Employees (Where possible, try to obtain representation from high-risk occupations and culturally diverse employees representative of specific worksites.)<sup>59</sup>

Small companies may not have the staff to form formal work groups. Nonetheless, every effort should be made to gather employee and manager input as a policy is developed.

As the evidence of the danger of secondhand smoke continues to escalate, organized labor is getting more and more involved in efforts to protect their member from the hazards of secondhand smoke. When unions have opposed smokefree policies, their opposition has generally focused on the process by which the policy was adopted, rather than the content of the policy. Their concern has been that management had breached its duty to bargain with the union regarding the adoption and implementation of the policy.<sup>60</sup>

## **Establish a Timeline**

Establishing a timeline for the implementation of a smokefree worksite policy is critical. Timelines can be developed by listing the items that the group identifies are necessary steps in developing a policy and then estimating how much time it will take to accomplish those activities. A timeline of three to six months from announcement of the new policy through complete implementation is generally adequate; though this figure can vary from organization to organization.<sup>61</sup> For an example of a timelines worksheet, see *Attachment D*.

## **Identify and Discuss General Ideas**

### **Basic Considerations.**

After assessing the current status and identifying issues and concerns, it is time for companies, government agencies, or other organizations to start addressing them. At this stage, there are three basic areas that need to be discussed:

Policy: Where and how will smoking and/or other tobacco use be restricted?

Communication activities: What information will be given to employees, and how will it be communicated?

Cessation assistance: How will you help smoking employees quit?

A typical draft plan should contain the following sections:

An introduction and a summary of information gathered

A list of objectives to be achieved by the plan

Recommendations regarding:

- ⇒ Smoking/tobacco restrictions and policy
- ⇒ Information activities
- ⇒ Cessation assistance

A list of available resources and a list of additional resources that are needed to implement the plan

A list of who is responsible for which part of the plan<sup>62</sup>

Providing support for employees who wish to cut down or quit smoking is an important part of a comprehensive tobacco control policy. It's not only good for the bottom line; it also demonstrates the employer's commitment to enhancing the health of all employees. This kind of corporate philosophy is one that can be shared by unions, employee groups and management.<sup>63</sup> Creating a supportive environment that enables smokers to quit will help to ease tensions between smokers and non-smokers, and between management and smoking employees. It also projects an image of a business that cares about the safety and health of all employees.<sup>64</sup>

Impact of implementing a tobacco-free policy will be most immediate for employees who use tobacco. They can be helped by:

- Informing them in advance of the new policy and implementation date
- Letting tobacco users know you appreciate their efforts to comply with the policy.<sup>1</sup>
- Offering tobacco use cessation assistance and providing employees with information about local cessation programs, websites, and quitlines.
- Offering to pay for tobacco cessation programs for employees and their covered dependents
- Including pharmacotherapy for tobacco use and dependence as a covered health benefit.<sup>65</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>66</sup> 70% of those who smoke want to quit, but few succeed without support.<sup>67</sup> Tobacco cessation treatment doubles the rate of successful quit attempts. Quitting reduces the risk of expensive health problems, including heart disease, stroke, many cancers, respiratory diseases, pre-term delivery and low birth-weight.<sup>68</sup> Cost analysis has shown tobacco cessation benefits to be either cost-saving or cost-neutral. Overall, cost expenditure to employers equalizes at three years and benefits exceed costs by five years. It is also important to note that tobacco cessation is more cost-effective than most other common and covered disease prevention interventions, such as treatment of hypertension and high blood cholesterol.<sup>69</sup>

## **Assisting Worksites in Designing a Tobacco Cessation Benefit**

If the business does not have a tobacco cessation benefit through their health plan, encourage the worksite staff to talk to health plan representatives about the need for such resources. Because tobacco users are more likely to quit with the aid of both counseling and medications combined, and because some individuals respond better to nicotine replacement therapy and others respond better to bupropion SR or varenicline, an evidence-based benefit package includes ALL of the following elements:

### **Counseling**

Evidence shows that person-to person counseling works best for helping people quit tobacco.

- Person-to-person counseling – individual, by telephone, or in groups – is most effective.
- Services that provide only educational or self-help materials have not been shown to be effective.
- Smokers are more likely to use telephone counseling than participate in individual or group counseling sessions.
- The effectiveness of counseling increases with more or longer sessions.<sup>70,71</sup>

The Utah Tobacco Quit Line (1-888-567-TRUTH (8788)) provides telephone-based counseling, support materials, referrals, and nicotine replacement therapy when appropriate.

**Attachments F, G, and H** provide information about tobacco cessation resources available to Utahns, the Utah Tobacco Quit Line, and Utah Quitnet (a computer-based quitting approach).

## Pharmacotherapy

The U. S. Food and Drug Administration has approved seven first-line medications to help people quit tobacco. Some may be purchased over the counter and others require a prescription.

- **Nicotine Replacement Therapy (NRT)** NRT is a medication containing a low dosage of nicotine, without any of the other harmful substances found in tobacco. It helps quitters alleviate withdrawal symptoms and is not as addictive as tobacco. It is sold over-the-counter in the form of patches, gum and lozenges or by prescription only in the form of inhalers or nasal sprays.
- **Bupropion SR (Zyban)** Bupropion SR is a nicotine-free prescription antidepressant medication which helps quitters alleviate withdrawal symptoms. Make sure your health plan authorizes coverage for bupropion SR as a tobacco Cessation aid; some only authorize its use for the treatment of depression, even though it has been approved by the FDA for both purposes.
- **Varenicline (CHANTIX)** Varenicline is a prescribed nicotine-free pill that works in two ways: by providing some nicotine effects to ease the withdrawal symptoms and by blocking the effects of nicotine from cigarettes if people resume smoking. The approved course of CHANTIX treatment is 12 weeks, a period that can be double for people who successfully quit to increase the likelihood they will remain smoke free.<sup>72,73</sup>

## Benefit Design

Tobacco cessation benefits that have been found most effective do the following:

- Pay for counseling and medications, together or separately.
- Cover counseling services, including telephone and individual counseling. While classes are also effective, few smokers attend them.
- Offer several counseling sessions over a period of several weeks to be most effective.
- Offer the FDA-approved medications, including both prescription and over-the-counter nicotine replacement medications, bupropion, and varenicline.

Employers can show their employees that they want to help them quit and understand the chronic nature of tobacco dependence by designing a benefit that makes it easier for them.

- Require employees to pay no more than the standard co-payment. Data show that smokers rarely use cessation services inappropriately and are much more likely to quit when no co-payment is required.
- Provide at least two courses of treatment – both medication and counseling - per year.<sup>74</sup>

**How much would an effective tobacco-cessation benefit cost?**

Number of employees: \_\_\_\_\_  
 29 cents per member, per month\*\* : \_\_\_\_\_  
 Total cost per year: \_\_\_\_\_

\*\*Cost of pharmacotherapy and/or telephone counseling, assuming the standard co pay and 5 percent employee use.

Adapted from the Tobacco-Free Oregon Employer’s Toolkit

**Don’t Forget Smokeless Tobacco**

Consider establishing a tobacco-free policy not just one targeting smoking. Smokeless tobacco:

- Contains 28 cancer-causing agents (carcinogens)
- Is a know cause of human cancer, including cancers of the oral cavity
- Causes major oral health problems including recession of the gums
- Can lead to nicotine addiction and dependence<sup>75</sup>

When developing a policy consider language that reiterates your company, government agency, or organizational break privileges. In a recent Michigan study it was estimated that smokers typically take three smoking breaks each workday averaging 13 minutes a piece.<sup>76</sup> From Utah experience, this is an issue when ex and non-smoking employees observe their smoking counterparts getting extra break time. Extra time for smoking breaks, beyond those required by law and allowed by the company, government agency, or organization also affect the bottom line. For example, a full time employee who takes an extra 15 minutes of breaks per day will accrue an extra 60-65 hours of non-productive extra break time in a year’s time.

The table below provides an overview of the pros and cons of a smoke-free policy.

<b>Smoke-Free Policy</b>	<b>Benefits</b>	<b>Challenges</b>
Smoking not allowed inside buildings or company vehicle. If allowed, smoking is only permitted at designated outdoor smoking locations.	<ul style="list-style-type: none"> <li>• Complies with all laws and ordinances</li> <li>• Greatly reduces secondhand smoke exposure for all employees</li> <li>• May reduce the number of cigarettes smoked by employees</li> <li>• May encourage employees to quit smoking</li> <li>• Decreases maintenance costs</li> <li>• Low cost to implement</li> </ul>	<ul style="list-style-type: none"> <li>• Requires smokers to modify their behavior</li> <li>• Some costs may be incurred if outside smoking shelters are constructed</li> <li>• Employee smoking directly outside building impacts image and is illegal in Utah closer than 25 feet from entrances</li> <li>• If not carefully managed employees who smoke may take additional breaks causing morale problems in other employees</li> </ul>

Adopted from Source<sup>77</sup>

## Written Policies

Once the parameters have been established, it is important to put the policy in writing. The benefits of a written document include:

- Setting out a clear statement from the business, government agency, or other organization of the intent to eliminate or restrict secondhand tobacco smoke exposure at the worksite.
- Creating a solid framework for future action.
- Removing any possibility of misunderstanding the organization's position on tobacco use and clearly differentiating any differences in interpretation in multi-site organizations.
- Providing a document which all employees, both existing and new, managers, contractors, etc. can refer to in the future to verify status in specific situations and to prevent misinterpretation that may occur when there are verbal-only tobacco use policies.
- Demonstrating (organizational) commitment to the health of everyone in the workplace
- Justifying the allocation of resources to workplace tobacco control activity.<sup>78</sup>

## Special Policy Considerations for Small Businesses, Government Agencies, or Other Organizations

While it may not be possible to form a large work group or, in some cases, any formal work group at all, it is still important that small businesses develop a smokefree policy. Small businesses have as much responsibility to protect their workers and businesses as large employers do—and they are faced with the same liability issues. Furthermore, in privately owned businesses, liability can fall directly upon the owner.<sup>79</sup>

As a small business, government agency, or other organization it is sometimes more difficult for employees to remain anonymous in a small workplace than larger ones when giving their input on policy issues. Consider one-on-one interviews as a substitute for group discussions if this is a problem. Written questionnaires help avoid peer pressure and assure employee anonymity.<sup>80</sup> The draft plan does not have to be long or complex. Even a few brief notes can suffice, as long as the three key areas are addressed: policy, information, and cessation. In addition, a small business plan should list where and how smoking will be restricted, as well as how the word will be disseminated to employees. In many cases, it may not be possible for a business, government agency, or other organization to offer tobacco cessation counseling at the worksite. However, there are a number of cessation services available in Utah through state and local health departments, voluntary health agencies, and private businesses. The Utah Tobacco Cessation Resource Guide is available from the Tobacco Prevention and Control Program and is accessible through the web at <http://www.tobaccofreeutah.org>.

While it may initially seem that developing a written policy will be arduous and time-consuming, this need not be the case. As long as the key aspects of your specific policy are represented, you can use one of the samples listed in **Attachment E** of this guide to cut down on the amount of work and time it will take. Written policies are also handy in a small business setting because a copy can be included in the employee handbook or be distributed to them during their initial orientation.

### ? Track your Progress

- ◆ Have you established a diverse workgroup or partnership to support your campaign?
- ◆ Has the workgroup developed a draft plan outlining goals, objectives, and resources needed?
- ◆ Has the workgroup developed a timeline to carry out the policy initiative?
- ◆ Has the workgroup identified who is responsible for which part of the plan?

## Action Step 4: Implement the Policy

Once general ideas regarding policy, information activities, and cessation assistance have been discussed and a draft plan developed, it is time to expand them into detailed action plans that will provide a blueprint for the actual implementation.

### Workplace Policy

It is recommended that a workplace policy include the following components:

- ◆ The purpose of the policy (e.g., protect employees from the harmful effects of SHS, conform with Utah Indoor Clean Air Act requirements).
- ◆ A tie between the secondhand smoke policy and cessation support.
- ◆ Clear statements on where smoking is prohibited (by the Utah Indoor Clean Air Act, local ordinance, and by the agency, company, or organizational policy).
- ◆ Clear statement of where smoking is permitted (if at all) in buildings, on the premises, or both.
- ◆ Clear statement on enforcement and consequences of noncompliance, including who will enforce the policy and the process that will be followed when violations occur.
- ◆ Clear statement of support to employees who smoke, including the purchase of health plans that provide cessation services. (Counseling and pharmacotherapy).
- ◆ The name and phone number of a person who can answer questions about the policy.<sup>81</sup>

Steps to take in implementing a workplace policy:

- Obtain a copy of the Utah Indoor Clean Air Act (statute and rule) and review it with a focus on how it will impact the ideas that were generated. Complete copies of the statute and rule can be accessed by going to <http://www.tobaccofreeutah.org/uicaastat&rule.html> or by telephone at: 1.877.220.3466.
- Contact your state or local health department regarding any questions you have.
- Decide on the details of your workplace policy based on analysis of the information gathered, the desired approach of senior management, and employee feedback.

If smoking is going to be permitted on the premises the following should be considered:

- Area should be quipped with ashtrays or non-combustible covered receptacles for the disposal of waste.
- The areas should not be by the entrances to a building where non-smokers have to pass by to enter the building.

- The areas should be a separate area, sheltered overhead if desired (but not fully enclosed since that would make it an enclosed structure subject to Utah Indoor Clean Air Act smoking restrictions)<sup>82</sup>

In the few cases where designated smoking rooms (DSRs) are still allowed (by the Utah Indoor Clean Air Act) workplaces need to be fully aware of location, ventilation, and other requirements of the statute and rule.

For sample policies, see *Attachment E*.

To measure compliance with UICAA, see *Research Tool 5. Attachment J*.

## **Smoking Privileges and the American Disabilities Act**

One of the concerns some have is whether or not employees who smoke have a right to smoke that could prevent the implementation of a smoke-free worksite. To date there has not been any court action that identifies smoking as a constitutionally protected activity. On the contrary, the number of suits filed by nonsmokers has increased over the years. Furthermore, the American Disabilities Act (ADA) prohibits discrimination against individuals with disabilities in matters of private employment, public transportation, and public accommodations. Breathing disabilities are protected by the ADA and, as such, require protection by employers. Prudent employers, owners, or managers should bear in mind that:

- The ADA clearly permits claims of disability due to secondhand smoke exposure
- Determinations of disability and discrimination are made on an individual-by-individual basis
- Potentially millions of Americans have tobacco smoke-related disabilities that may qualify them to take action pursuant to the ADA.<sup>83</sup>

In many instances, employer responsibilities associated with the ADA will preclude extending smoking privileges to employees.<sup>84</sup> If an individual has a disability meeting the definition, the ADA protects him or her from discrimination related to the impairment. The form of discrimination for tobacco purposes relates to either a failure to make reasonable accommodations in the workplace or a failure to make reasonable modifications in policies and procedures in public areas.<sup>85</sup>

More information about the American Disabilities Act and how the complaint process works can be found at the U.S. Department of Justice Americans with Disabilities Act website:

<http://www.ada.gov/>.

## **Communication Activities**

It is important to give people time to get prepared for a new policy. Alerting employees to the new or modified policy implementation date well in advance increases the likelihood of acceptance.<sup>86</sup>

The following tips are offered to maximize communication activities:

- Use different information activities for different groups for employees.
- Present information to build awareness and commitment to the new or modified policy, as well as information to motivate current smokers to quit.
- Build in continuous reminders about the policy on an ongoing basis.
- Provide cessation assistance. A list of Utah tobacco cessation resources is available in *Attachment F*.
- Decide what cessation assistance will be offered to smoking employees.
- Consider offering cessation assistance to family member of employees.
- Consider covering the cost of one-time nicotine replacement therapy (through the benefit plan or through direct costing).<sup>87</sup>
- focus on smoke, not the smoker
- Focus on health and safety, not on individual rights
- Emphasize the benefits of a clean air policy for both smokers and non-smokers.<sup>88</sup>

## Signs

Signs are excellent visual mediums that allow employees and visitors alike to immediately determine whether smoking is allowed at a particular worksite location. Liberal posting of signs is the key to ensuring compliance with a tobacco use policy. Signs also act as a constant and impartial reminder that smoking is prohibited.<sup>89</sup> Samples of signs for buildings, offices, and receptacles can be found on the Tobacco Prevention and Control Program website at <http://www.tobaccofreeutah.org/uicaa-busguide-signs&announcements.htm>

## Ventilation

The issue of ventilation as a solution to smoking at the workplace comes up quite frequently. Simply stated, ventilation provides no feasible solution to the problem of exposure to secondhand tobacco smoke.<sup>90</sup> A noted expert on secondhand smoke risk assessment, James Repace, concludes that dilution ventilation would have to improve by a factor of 20,000 and displacement ventilation by a factor of 2,000 in order to meet the level of public health protection normally expected against environmental contaminants. These systems are expensive to operate and cannot ensure smokefree workplaces and, therefore, should not be a policy option.<sup>91</sup> Tobacco smoke pollutes indoor air in much the same fashion as auto and factory exhaust pollutes outdoor air. In fact, the level of indoor pollution due to tobacco smoke is higher than that of most outdoor pollution. Current heating, ventilating, and air conditioning systems alone cannot control exposure to secondhand smoke.<sup>92</sup> Conventional air cleaning systems can remove large particles, but not the smaller particles or gases found in secondhand smoke.<sup>93</sup> Attempts to control the toxic and carcinogenic properties of secondhand smoke by ventilation are futile, and would require tornado-strength rates of air flow.<sup>94</sup> In mixed smoker and non-smoker settings such as unrestricted smoking in homes, dormitories, casinos, bingo parlors, small workplaces, and open plan office spaces air cleaning, ordinary dilution ventilation and displacement ventilation can provide some reduction in exposure but they cannot minimize adverse health effects, nor odor and sensory irritation for nonsmokers in general.<sup>95</sup> Separating smokers from nonsmokers, leaning the air, and ventilating buildings cannot eliminate secondhand smoke

exposure.<sup>96</sup> The operation of a heating, ventilating, and air conditioning system can distribute secondhand smoke throughout the building.<sup>97</sup> If ventilation were increased, one would expect that the health risk from secondhand smoke would be markedly decreased. However, this is not the case. It has been stated that in order to achieve acceptable cancer risk for nonsmokers, the ventilation rates would have to be increased 270 times.

For many businesses, government agencies, or other organizations this would be cost prohibitive and disruptive to normal workplace practices. The U.S. Office of Technology Assessment concludes “physical modification of the workplace or use of additional ventilation would be substantially more expensive than establishing policies concerning smoking in the workplace.”<sup>98</sup>

The American Society of Heating and Refrigeration Air-Conditioning Engineers concludes that:

- At present, the only means of effectively eliminating health risk associated with indoor exposure is to ban smoking activity.
- No other engineering approaches, including current and advanced dilution ventilation or air cleaning technologies, have been demonstrated or should be relied upon to control health risks from ETS (secondhand smoke) exposure in spaces where smoking occurs. Some engineering measure may reduce that exposure and the corresponding risk to some degree while also addressing to some extent the comfort issues of odor and some forms of irritation.
- Because of ASHRAE’s mission to act for the benefit of the public, it encourages elimination of smoking in the indoor environment as the optimal way to minimize ETS (secondhand smoke) exposure.<sup>99</sup>

## **Enforcement**

Compliance with carefully thought out smokefree policies has not been a problem in most companies, government agencies, or other organizations<sup>100,101</sup> This is particularly true for totally smoke-free policies rather than complex policies that allow smoking in some places but not in others.<sup>102</sup> In one study of smoke-free policies among 38 major occupations compliance with workplace restrictions was not a significant human resources issue because only 3.8% of workers reported that someone had violated a smoke-free policy at their worksite.<sup>103</sup>

Problems, if they happen at all, are most likely to occur early on. Most workplaces experience few compliance issues.<sup>104</sup> However, as with other workplace policies, a smoking policy should contain disciplinary elements in case there is a violation. It is recommended that a staged approach be used rather than an all-or-nothing approach in order to give employees time to adapt to the changes required by the policy. For example, if upon initiation of a new policy employees breach the policy, they would be subject to a verbal warning by their supervisors. If they progress to a second violation, a written warning would be placed in their employee files, and so on for future violations until possible termination could occur. In matters where the smoking behavior of an employee would compromise the safety of other employees, such as smoking around flammable or toxic materials, then other safety-related policies or regulations could also come into play.<sup>105</sup> Whatever the approach determined to deal with violations, sanctions for violation should be clearly delineated through the normal means of updating employees and supervisors of similar policy requirements.<sup>106</sup> It is imperative to ensure fair and equal

enforcement of the policy in all areas and among all employees.<sup>107</sup> Active enforcement of policies also reduces morale problems associated with employee perceptions of fairness.

Early on in the process, it should be decided who will handle complaints, address violations, and actively enforce the policy. Training, with a focus on the negative health impacts of secondhand smoke, should be given to those who are expected to conduct disciplinary actions.<sup>108</sup> Train middle managers and other employees who interact with the public and are involved in enforcement, health and safety, human resources and employee assistance programs. Role plays scenarios such as how to advise visitors of the policy and what to do with non-compliance and complaints.<sup>109</sup>

As mentioned earlier, one of the most effective ways to prevent disciplinary problems is to post signs liberally and use staff meetings, new employee orientations, etc. to inform everyone about why the policy is necessary and when they will be expected to comply. By doing so, many disciplinary actions can be avoided.

## **Who Enforces the Law?**

Building owners, agents, or operators of places where smoking is prohibited under §26-38-3(1) of the Utah Indoor Clean Air Act<sup>110</sup> are required to enforce the law by asking persons to extinguish any lighted tobacco products where smoking is prohibited. If the person refuses, he/she must be asked to leave the premises as per §26-38-7 of the Act.<sup>111</sup>

Employers also have a duty to make sure that employees comply with workplace smoking policies and Utah Indoor Clean Air requirements.<sup>112</sup>

Local health departments and the Utah Department of Health are charged with investigating complaints regarding violations of the Utah Indoor Clean Air Act and for enforcing it.<sup>113</sup> When a complaint is lodged, the respective health department dispatches staff to conduct an inspection of the location. If violations of the Act are discovered, an order to correct the situation(s) that is (are) out of compliance is issued. For a list of state and local health department contacts go to: <http://www.tobaccofreeutah.org/violationsuicaa.html>

## **Penalties for Violations**

An individual in possession of a lighted tobacco product in a smoking prohibited area as per 26-38-3 and 4) is subject to a civil penalty of not more than \$100 for the first violation and not less than \$100 but no more than \$500 for subsequent violations.<sup>114</sup>

The Utah Indoor Clean Air Act Administrative Rule also places responsibilities on building owners, agents, and operators to assure compliance with the Utah Indoor Clean Air Act statute and rule.<sup>115</sup>

In cases of non-compliance, local or state health departments may impose a civil penalty of \$5,000 per occurrence against businesses, government agencies, and other organizations who refuse to comply.<sup>116</sup>

## ? Track your Progress

- ◆ Was a written policy document produced?
- ◆ Did you check with appropriate state or local health department authorities to make sure that the policy complies with the Utah Indoor Clean Air Act?
- ◆ Does the policy include clear statements on where smoking is prohibited/permitted and appropriate placement of signs?
- ◆ Does the policy include clear statements regarding enforcement and consequences of non-compliance?
- ◆ Does the policy include plans for tobacco users who need support in quitting?
- ◆ Does the policy include contact information for questions about the policy?
- ◆ Does the policy address its purpose?
- ◆ Has a detailed marketing plan for a new policy been developed?

## Action Step 5: Get the Word Out/Gain Support

Effective communication of a new or revised policy is crucial in order to win initial support and ensure sustainability.<sup>117</sup> When people are asked to change significant behaviors, they respond best if they understand why a change is necessary. Providing employees with education and opportunities to be involved with the implementation process will facilitate compliance with the new smokefree policy. The emphasis of communication should focus on protection of employee health and safety.<sup>118</sup> The Chief Executive Officer or similar high-profile officer should announce the plan to demonstrate that it is a priority issue.<sup>119</sup>

The approach you select to inform your employees that a new or revised policy is being implemented will depend on the size of your organization and the amount of education needed, as determined by your employee survey. It is important to educate employees about the hazards of secondhand smoke before introducing a policy so they understand the rationale for the policy.

The following are some ways to inform employees of the new policy:

- Intranet
- Payroll stuffers (brochures, relevant articles, flyers)
- Regular articles in the company newsletter
- Posters, displays, buttons
- Presentations
- Speakers
- Information kits
- Brown bag lunches<sup>120</sup>

Employee orientations, staff, and management meetings are also good ways to inform employees about a new policy. They provide opportunities for discussion and questions to be addressed. Sample language that can be placed in an employee handbook is contained in **Attachment I**.

## Impact of Workplace Smoking Policy Changes on Businesses

The Surgeon General of the U.S. determined that if all U.S. workplaces implemented a 100% smokefree policy, it would result in “1.3 million smokers quitting, 950 million fewer cigarette packs being smoked, 1,540 myocardial infarctions and 360 strokes being averted, and \$49 million in direct medical cost savings being realized all within one year.” And these cost savings would increase over time.<sup>121</sup> A 2002 review of 26 studies concluded that a complete smoking ban in the workplace reduces smoking prevalence among employees by 3.8 percent and daily cigarette consumption by 3.1 cigarettes among employees who continue to smoke.<sup>122</sup>

Monitoring the impact of the change on their business and employees may motivate employers to implement and enforce the smoking policy. Possible aspects to monitor include reductions in tobacco-using employees, the amount they smoke, and their intentions to do so.<sup>123</sup> Additional evaluation outcomes that can occur are listed in *Research Tool 6*. In order to ensure that the momentum continues, it is recommended that a review of these measures be conducted every 12 to 18 months. Staff, either directly or through representation, should be involved in this process.<sup>124</sup>

## Dealing with Dire Economic Projections

There has generally been no controversy regarding the economic impact of smokefree laws on private workplaces. Instead, the debate on the economic impact of such laws has centered around the effect that they have on the hospitality industry, particularly restaurants and bars.<sup>125</sup> One of the primary contentions of those opposed to implementing smokefree policies is the projected impact on business receipts. This has especially been true for businesses such as restaurants, other types of eateries, bars, and taverns. When reviewing impacts on hospitality businesses it is important to note, “It’s normal that some restaurants and bars lose money or go out of business (in the hospitality industry). The restaurant/bar business has extremely high turnover. A bar or club that was trendy last year might not be trendy this year.”<sup>126</sup>

The typical assertion is that passage of smoke-free policies will result in dire losses of income to these types of establishments. Typically, these claims are postulated on asking proprietors what they believe the impact will be or has been on their business when a smoke-free policy is passed. Seldom are these reports backed with impartial sources of data to support the claims. The results of all credible peer-reviewed studies show that smokefree policies and regulations do not have a negative impact on business revenues.<sup>127</sup> “No peer-reviewed study using objective indicators such as sales tax revenues and employment levels found an adverse economic impact of smoke-free laws on restaurants and bars.” Studies that found otherwise relied on proprietor prediction or estimates, rather than on actual sales or revenue data.<sup>128</sup> For example, a major study was conducted to review all studies in English prior to August 31, 2002 indicated that studies supported by the tobacco industry were significantly more likely to conclude there was or would be a negative economic impact associated with implementing smoke-free policies. It is important to distinguish between favorable studies conducted by independent researchers and academics and unfavorable studies sponsored by the tobacco industry, which have tended to rely solely on anecdotal information and predictions.<sup>129</sup> Furthermore, lower quality studies were much more likely to conclude that smoke-free policies adversely impact the hospitality

industry.<sup>130</sup> Several reports, based on tax receipts paid by these types of establishments, simply do not support typical predictions of business loss. Some even indicate increases in business as indicated by tax receipts.

There are numerous instances where economic impact has been studied in relation to the passage of pro-health legislation or ordinances that do not permit smoking. Among them:

Results for the following states indicate that smoke-free laws are good for business

**California-**

- Taxable sales receipts for bars and restaurants have increased every year since 1997 (the year before the law took effect) through 2002. Total employment at bars and restaurants has also increased every year since 1997.<sup>131</sup>
- Despite tobacco industry claims that tourists would resent California's smoke-free policies reports from the California Department of Tourism showed that smoke-free workplace laws did not have an adverse affect on visitor activity or spending.<sup>132</sup>

**Delaware-**

- Business remained steady one year after the state's Clean Indoor Air Act went into effect in November 2002. Data from the Delaware Department for Labor showed that employment in the state's food service and drinking establishments and liquor consumption also increase in the year after the smokefree laws went into effect.<sup>133</sup>

**Florida-**

- The state's voter-approved smoke-free law, which took effect July 1, 2003, has not hurt sales or employment in the hotel, restaurant and tourism industries (the Florida law exempts stand-alone bars).<sup>134,135</sup>

**Massachusetts-**

- A study conducted by researchers at the Harvard School of Public Health of the Commonwealth of Massachusetts' found that "Analyses of economic data prior to and following implementation of the law demonstrated that the Massachusetts statewide law did not negatively affect statewide meals and alcohol beverage excise tax collections.
- The number of employees in food service and drinking places and accommodation establishment, and keno sales were not affected by the law.<sup>136</sup>
- Studies conducted in New York City and Boston, both popular tourist destinations, concluded that neither city experienced a decline in sales following adoption of their early ordinances limiting smoking in restaurants.<sup>137</sup>

**Rhode Island-**

- Tax revenue from bars and restaurants rose 20 percent since a strong clean indoor air laws was enacted in March of 2005.<sup>138</sup>

**New York-**

- The Zagat survey of New York City restaurants found that restaurant openings easily outpaces closings.<sup>139</sup>
- The following conditions were noted at the end of New York City's first year of Smoke-Free workplaces legislation:
  1. Workers are breathing cleaner air.
  2. On January 5, 2004, the Department of Finance reported tax revenues from bars and restaurants increased 12% over the same period a year earlier,

3. On December 15, 2003, USA Today reported that tourism in New York is booming.
  4. Hotel revenues are up for the first time in three years.
  5. On July 23, 2003, 2003, the Department of Labor reported 1,500 new jobs in city bars and restaurants since the Smoke-Free workplace law went into effect.
  6. On October 20, 2003, Zagat Survey reported that 96% of diners were eating out the same amount or more often (23% more often and 73% the same). Only 4% were eating out less.<sup>140</sup>
- A New York City study found that business receipts for restaurants and bars had increased .7 percent, employment has risen (2,800 seasonally adjusted jobs), and cotinine levels (a marker for smoke exposure) in non-smoking workers decreased by 85 percent since the smoking ban was put in place.<sup>141</sup>

#### **El Paso-**

- No declines in total restaurant, bar, or mixed beverage revenue were observed in El Paso, Texas during the first year after that city adopted a smoking ban in all workplaces a public places, including restaurants and bars.<sup>142</sup>



#### **Track your Progress**

- ◆ Was worksite management involved in announcing the new policy?
- ◆ Were all members of the targeted business informed of the new worksite tobacco policy?
- ◆ Were all members of the targeted business informed about the health and economic impacts of secondhand smoke?
- ◆ Did you measure the impact of the policy on the worksite?

#### **Follow-Up and Maintenance:**

- Monitor the policy implementation and evaluate compliance, employee satisfaction, participation in cessation activities, and complaints and praise.
- Evaluate the success of any activities or initiatives offered to help employees quit smoking.
- Evaluate long-term outcomes such as changes in absenteeism, cost reductions (maintenance, productivity improvements), employee and customer satisfaction changes in revenues or number of customers (if your business involves the public).
- Revise the policy if necessary, Reinforce the change
- Continue to include smoking cessation services in ongoing health promotion activities for all employees.<sup>143</sup>

### **Action Step 6: Evaluate Your Efforts**

Many of the businesses, government agencies, and other organizations in Utah are small in size. The evaluation process for smaller worksites need not be formal. Even informal conversations over lunch can provide useful information about how successful a new policy is. Furthermore, asking employees their opinions reminds them that their opinions matter.<sup>144</sup> In addition, conducting observational walk-throughs to make sure the policy is being complied with can produce useful information about compliance and the need for more signs, more explanation, etc.

The tools provided in this section are intended to help you document the process and the initial outcomes of your tobacco policy project. This documentation will be crucial in planning future projects and sharing project outcomes with tobacco prevention and control partners.

1. To fill in the Process Evaluation Worksheet, use the progress tracking questions and the data collection tools provided with each Action Step. Fill in the information requested under each Action Step as you complete the Action Step. If a question does not apply to your project, mark the question as N/A and specify the reason.
2. To fill in the Evaluation Outcomes and Recommendations Table, use the findings listed on the Process Evaluation Worksheet and other pertinent project information.

## **Process Evaluation Worksheet**

### Action Step 1: Gather Relevant Facts and Information

- ♦ Have you identified the types of businesses, government agencies, and organizations in your community?    Yes    No
- ♦ Have you determined criteria for targeting specific businesses, government agencies, or organizations?    Yes    No    If yes, please list the criteria: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- ♦ List the businesses you are planning to target (by name and type of business):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- ♦ Have you developed a plan for contacting these businesses?    Yes    No  
If yes, briefly describe your plan: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Action Step 2: Identify Your Audience/Assess Community Readiness

- ♦ Did you contact the businesses you plan to target?    Yes    No  
If yes, briefly describe the methods you used:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- ♦ How many of the contacted businesses are willing to work on a worksite tobacco policy initiative? \_\_\_\_\_

**(If you will be working with more than two or three complexes, may want to make multiple copies of the remaining documentation sections to ensure that you have enough space to record detailed information for each complex.)**

- ♦ Did you conduct assessments of tobacco policy support with...  
employers                      supervisors                      employees                      other \_\_\_\_\_

- ♦ List important findings: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- ♦ Did you review documentation such as existing policies, union contracts, insurance coverage, etc.?                      Yes                      No

- ♦ List important findings: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- ♦ Did you conduct observational assessments?                      Yes                      No

- ♦ List important findings: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- ♦ Did you find out how existing tobacco policies are enforced?                      Yes                      No

- ♦ List important findings: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Action Step 3: Plan Your Campaign**

- ♦ Have you established a diverse workgroup or partnership to support your workplace tobacco policy campaign?                      Yes                      No  
If yes, who is represented on the workgroup? \_\_\_\_\_  
\_\_\_\_\_

- ♦ Has the workgroup developed a draft plan outlining goals, objectives, and resources needed?                      Yes                      No

If yes, briefly describe major components of the plan:

Goals:

\_\_\_\_\_

Objectives:

\_\_\_\_\_

Resources Needed:

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Briefly describe the timeline and who is responsible for carrying out major components of the plan.

Task	Person Responsible	Timeline

Action Step 4: Implement the Policy

- ◆ Was a written policy document produced? Yes No
- ◆ Does the policy comply with Utah law? Yes No
- ◆ Does the policy address the purpose of the policy? Yes No

If yes, briefly describe: \_\_\_\_\_

- ◆ Does the policy include clear statements on where smoking is prohibited/permitted and plans to post appropriate signs? Yes No

If yes, who will post the signs (position)? \_\_\_\_\_

- ◆ Does the policy include clear statements regarding enforcement and consequences of non-compliance? Yes No

If yes, who will enforce the policy? \_\_\_\_\_

Briefly list consequences of non-compliance:

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- ◆ Does the policy include plans to help tobacco users who need support in quitting?

Yes No List cessation referral programs offered: \_\_\_\_\_

- ◆ Does the policy include contact information for questions about the policy?

Yes No If yes, list the contact (position): \_\_\_\_\_

- ◆ Has a detailed marketing plan for a new policy been developed? Yes No

Briefly describe the marketing plan: \_\_\_\_\_

---

Action Step 5: Get the Word Out

- ◆ Was worksite management involved in announcing the new policy? Yes No

- ◆ Were all members of the targeted business informed of the new work-site tobacco policy?

Yes No If yes, briefly list methods to inform members of the business:

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- ♦ Were all members of the targeted business informed about the health and economic impacts of secondhand smoke?    Yes    No  
 If yes, briefly list methods to inform members of the business: \_\_\_\_\_  
 \_\_\_\_\_
  
- ♦ Have you assessed any changes resulting from the policy change?    Yes    No  
 What did you learn? \_\_\_\_\_  
 \_\_\_\_\_

**Evaluation Outcomes and Recommendations Table**

<b>Outcomes</b>
Did the organization(s) adopt the policy change? Describe policy changes.
Describe any new or improved partnerships resulting from this effort.
If you measured the impact of the policy on the business, describe impact.
<b>Lessons Learned</b>
What factors contributed to success?
What barriers limited or threatened success?
How were barriers addressed?

What were the relative costs (including staff time) and results of different aspects of your efforts? Did some activities appear to work as well as others but cost less?
<b>Recommendations</b>
What are the next steps to support implementation and enforcement of the new policy (if passed) or future passage (if not)?
What will you do differently the next time you attempt to change a workplace secondhand smoke policy?
Which activities and strategies should be continued the next time you attempt to change a workplace secondhand smoke policy?

Source: Utah Department of Health, Tobacco Prevention and Control Program.<sup>145</sup>

## **Action Step 7: Ensuring Policy Sustainability**

Once a policy is implemented there are important steps to take to assure its continued success.

### **Include Information About the Tobacco Policy at All New-Hire Orientations**

Make sure all new employee orientations include information about the tobacco policy and any quitting resources available by the company, agency, or organization and their insurance. This would also be a good time to make new hires aware of state quitting resources that are available to them. More information about these resources can be found on the web at:

[http://www.tobaccofreeutah.org/utah\\_tobacco\\_cessation\\_resource\\_directory-introduction-1.htm](http://www.tobaccofreeutah.org/utah_tobacco_cessation_resource_directory-introduction-1.htm)

### **Post Signage**

The most important way to publicize your tobacco free policy is by posting signs. Signs are an excellent way to remind employees about the policy. In addition, customers, vendors, and delivery companies are easily made aware of the policy, eliminating the need for company,

agency, or organization staff to educate visitors about the policy. If you have not done so already, contact the Utah Department of Health, Tobacco Prevention and Control Program for free signs. Call 1.877.220.3466 or go to <http://www.tobaccofreeutah.org/uicaa-busguide-signs&announcements.htm#samsigns> to view signage examples and download an order form.

Before you purchase and post signage keep the following items in mind:

- What is your budget for signage?
- How many signs do you need? (The Utah Indoor Clean Air Act requires that you post signs at all entrances and exits to buildings where smoking is prohibited AR 392-510-13)
- What type of material should your sign be constructed from (i.e., wood, metal, plastic)?
- Are there state or local requirements about signs? (The Utah Indoor Clean Air Act requires that signs contain a universal no-smoking symbol, print that states "No smoking is permitted in this establishment" or similar language, and print that is at least 1.5 inches high AR 392-510-13).
- Does the signage need to be approved by the local government or state before it is printed?
- Consider multiple-language signage if there if there are a large number of employees and/or customers who are bilingual.
- What is the timeline? Signage should be posted when the policy first takes effect or when there are any subsequent changes that take place.
- Strategically place signage. Make sure high risk areas where cheating or slippage may occur contain prominent signs that remind employees and visitors about the policy. High risk areas include: areas closer than 25 feet to entrances, restrooms, little traveled hallways, company vehicles, and break rooms.

### **Continue Educating Managers and Staff About the Policy and Resources Available to Help Employees Quit.**

Management and employees should be reminded about the tobacco policy at staff meetings, via newsletters and emails, and in one-on-one communications. This is especially helpful when a company, agency, or organization is represented by a large number of management and employees who have migrated to Utah from states where smoking policies and laws are lax or less protective. From time-to-time insert pro-health information about non-smoking and non-secondhand smoke exposure in newsletters, e-mails, etc. in order to help management and employees better understand the health implications of tobacco use and secondhand smoke exposure.

### **Make Adjustments When Necessary.**

As with any policy change, it may be necessary to tweak the tobacco policy once it has been in effect for a time. Typical tweaks include: more signs posted in high risk slip or cheat areas, written tobacco policies (if not originally written), increased emphasis on the policy during new-hire orientations, strengthening quitting resources available to employees. When adjustments are made, management and employees should be informed as quickly as possible.

## **Celebrate!**

Celebrate the new change in the company, agency, or organization. This can be done by highlighting successful quitting efforts by management and employees, focusing on the cleaner and fresher smelling workplace environment, or similar meaningful efforts.

## **Evaluation.**

Now that the policy is in place, how is it working? Consider developing a plan to monitor how your policy is being implemented and evaluate the results. With this information, you can strengthen your policy and increase its effectiveness and impact over time.

### Evaluation Checklist:

- Have staff members been informed about the policy and been instructed about how to support the tobacco-free policy? If so, how many. Determine the amount of knowledge they have through a survey assessment.
- Is signage prominently displayed? How many? Take pictures of signage for reference.
- Have staff/employees effectively addressed violations of the policy? How many violations do you have a month?
- Were conflicts anticipated and handled appropriately? Document dates of conflicts.
- Are their resources available at company, agency, or organization offices for those who want to quit using tobacco products?

Has tobacco-related litter noticeably decreased? Collect observational assessments of smoking and littering. If necessary, increase signage on receptacles or other areas where litter is still a problem.

## Research Tool 1: Employer Smoking Policy Survey

**Date:**

**Type of workplace:**             Government             Business             Other Organization

**Name:**

**Address:**

**Person Contacted:**

**Phone Number:**

1. Does your agency, business, or organization have a tobacco use policy?  
 Yes  
 No
2. Does the policy:  
 Prohibit smoking anywhere inside facilities (100% Smoke-Free).  
 Permit smoking in designated areas only.  
 Prohibit smoking inside facilities and within 25 feet of entrance and exit ways, air intakes, and open windows.  
 Prohibit smoking inside facilities and on all premises owned/managed by the agency, business, or organization.
3. Does your agency, business, or organization post signs indicating where smoking is prohibited?  
 Yes  
 No
4. Does your agency, business, or organization prohibit smoking while in vehicles used to conduct job-related functions?  
 Yes  
 No
5. Is there a process in place to inform customers, visitors, vendors, and employees about the smoking policy that is in effect at agency, business, or organizational facilities/premises/vehicles?  
 Yes—Describe process \_\_\_\_\_  
 No
6. How would you perceive support for a Smoke-Free environment at your agency, business, or organization?  
 High  
 Medium  
 Minimal
7. Would you like more information about implementing a smoking policy?  
 Yes  
 No
8. Would you like more information about tobacco cessation resources available to help employees quit using tobacco?  
 Yes  
 No

Source: Utah Department of Health, Tobacco Prevention and Control Program.<sup>146</sup>

## Research Tool 2: Workplace Smoking Policy Survey – Employee Survey

1. **Is there an official policy that restricts smoking at your worksite?**
  - Yes
  - No
  - Not sure
  
2. **During the past TWO WEEKS, has anyone smoked in the area in which you work (indoors or outdoors)?**
  - Yes (please list the location(s)) \_\_\_\_\_  
\_\_\_\_\_
  - No
  
3. **Which of the following statements BEST describes your attitude toward your workplace smoking policy?**
  - I don't know my company's workplace smoking policy.
  - I would prefer a less restrictive workplace smoking policy.
  - I would prefer a more restrictive workplace smoking policy.
  - I am satisfied with the current policy.
  
4. **Have you smoked at least 100 cigarettes in your life?**
  - Yes
  - No
  - Not sure
  
5. **Do you now smoke every day, some days, or not at all?**
  - Every day
  - Some days
  - Not at all
  
6. **Do you currently use any other tobacco products such as cigars, pipes, or chewing tobacco?**
  - Yes
  - No
  
7. **Does your employer offer a quit tobacco program or any other help for employees who want to quit using tobacco?**
  - Yes
  - No
  - Not sure

8. **Do you feel that you smoke less tobacco per day because of your workplace smoking policy?**
  - I don't smoke
  - Definitely yes
  - Probably yes
  - Probably not
  - Definitely not
  
9. **Would you like to stop smoking tobacco? I don't smoke**
  - Yes
  - No
  - Not sure
  
10. **Do you think that it is okay for a person to smoke around nonsmokers in the following settings:**
  - a) **Close to the entrance of businesses and public buildings?**
    - Yes
    - No
  - b) **In outdoor work areas?**
    - Yes
    - No
  - c) **In company vehicles?**
    - Yes
    - No
  - d) **At outdoor community events, such as fairs, rodeos, and concerts?**
    - Yes
    - No
  - e) **At outdoor public places, such as the zoo, playgrounds, or on college campuses?**
    - Yes
    - No

11. **What is your age?** \_\_\_\_\_

**Comments:**

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**Thank you for completing this survey!**

Source: Utah Department of Health, Tobacco Prevention and Control Program<sup>147</sup>

## Research Tool 3: Tobacco Observation Log

Obtain permission to visit all smoking and nonsmoking areas of the property, including outdoor areas, during hours when employees and clients are present to answer the questions below. Complete signage observations once per assessment. Repeat smoking observations at multiple regularly scheduled intervals during your assessment. Make extra copies of smoking observation logs as necessary.

### Signage Observations

• Date of Observation		
• Number of entrances		
• How many building entrances have signs indicating that no smoking is allowed within 25 feet of the entrance?		
• How many of the entrances without signs have double vestibule doors (i.e., two sets of doors that close after entry)?		
• How many building entrances have ashtrays located within 25 feet of building entrances?		
• How many ashtrays located within 25 feet of the entrances are marked with signs stating, "for extinguishing purposes only" or similar language?		
• Are all smoking and nonsmoking areas designated with signs?	Yes	No
• Is the "No Smoking" language at least 1 ½ inches high and do the signs contain a universal no-smoking symbol?	Yes	No
• If not, which areas are missing signs?		

### Smoking Observations (Repeat the following observations at regularly scheduled intervals.)

• Date of Observation		
• Time of Observation:	a.m. / p.m. until	a.m. / p.m.
• Do you see tobacco-related litter (cigarette butts, empty cigarette packets) in indoor nonsmoking areas?	Yes	No
• Do you see tobacco-related litter (cigarette butts, empty cigarette packets) in outdoor areas within 25 feet of windows, entryways, or doors?	Yes	No
• Do you see tobacco-related litter (cigarette butts, empty cigarette packets) in other outdoor nonsmoking areas?	Yes	No
• Do you see smoking or smell tobacco smoke in nonsmoking areas?	Yes	No
• If yes, where do you see smoking or smell tobacco smoke?		
• How many people do you see smoking?		
• Are the smokers employees or visitors?		

• Date of Observation		
• Time of Observation:	a.m. / p.m. until	a.m. / p.m.
• Do you see tobacco-related litter (cigarette butts, empty cigarette packets) in indoor nonsmoking areas?	Yes	No
• Do you see tobacco-related litter (cigarette butts, empty cigarette packets) in outdoor areas within 25 feet of windows, entryways, or doors?	Yes	No
• Do you see tobacco-related litter (cigarette butts, empty cigarette packets) in other outdoor nonsmoking areas?	Yes	No
• Do you see smoking or smell tobacco smoke in nonsmoking areas?	Yes	No
• If yes, where do you see smoking or smell tobacco smoke?		
• How many people do you see smoking?		
• Are the smokers employees or visitors?		

• Date of Observation		
• Time of Observation:                      a.m. / p.m. until                      a.m. / p.m.		
• Do you see tobacco-related litter (cigarette butts, empty cigarette packets) in indoor nonsmoking areas?	Yes	No
• Do you see tobacco-related litter (cigarette butts, empty cigarette packets) in outdoor areas within 25 feet of windows, entryways, or doors?	Yes	No
• Do you see tobacco-related litter (cigarette butts, empty cigarette packets) in other outdoor nonsmoking areas?	Yes	No
• Do you see smoking or smell tobacco smoke in nonsmoking areas?	Yes	No
• If yes, where do you see smoking or smell tobacco smoke?		
• How many people do you see smoking?		
• Are the smokers employees or visitors?		

• Date of Observation		
• Time of Observation:                      a.m. / p.m. until                      a.m. / p.m.		
• Do you see tobacco-related litter (cigarette butts, empty cigarette packets) in indoor nonsmoking areas?	Yes	No
• Do you see tobacco-related litter (cigarette butts, empty cigarette packets) in outdoor areas within 25 feet of windows, entryways, or doors?	Yes	No
• Do you see tobacco-related litter (cigarette butts, empty cigarette packets) in other outdoor nonsmoking areas?	Yes	No
• Do you see smoking or smell tobacco smoke in nonsmoking areas?	Yes	No
• If yes, where do you see smoking or smell tobacco smoke?		
• How many people do you see smoking?		
• Are the smokers employees or visitors?		

• Date of Observation		
• Time of Observation:                      a.m. / p.m. until                      a.m. / p.m.		
• Do you see tobacco-related litter (cigarette butts, empty cigarette packets) in indoor nonsmoking areas?	Yes	No
• Do you see tobacco-related litter (cigarette butts, empty cigarette packets) in outdoor areas within 25 feet of windows, entryways, or doors?	Yes	No
• Do you see tobacco-related litter (cigarette butts, empty cigarette packets) in other outdoor nonsmoking areas?	Yes	No
• Do you see smoking or smell tobacco smoke in nonsmoking areas?	Yes	No
• If yes, where do you see smoking or smell tobacco smoke?		
• How many people do you see smoking?		
• Are the smokers employees or visitors?		

Source: Utah Department of Health, Tobacco Prevention and Control Program.<sup>148</sup>

## Research Tool 4: Tobacco Policy Checklist

Developing a new tobacco policy or revising an existing policy requires determination and a means to gauge progress. The following checklist is provided to help those efforts.

1. \_\_\_\_ The existing policy is out-of-date or ineffective or there is no existing policy.
2. \_\_\_\_ Management has made the decision to develop/revise a tobacco policy.
3. \_\_\_\_ Establish a work group with an appropriate mix of smokers and nonsmokers, employees and management, and clearly delineate their charge and authority. (In the case of small businesses, government agencies, or other organizations there may not be enough staff to form a work group. In this case it may be necessary to assign one person who carries out the development or revision of a tobacco policy under the auspices of management.)
4. \_\_\_\_ Develop a timetable for revising the existing policy or developing a new one.
5. \_\_\_\_ If there is an existing policy, review it and identify and list known or possible gaps.
6. \_\_\_\_ Review the existing policy in conjunction with Utah Indoor Clean Air statute and rule and identify any parts of the policy that may need to be updated to comply with requirements of the law (e.g. a smoking permitted room is desired but not allowed by law).
7. \_\_\_\_ Gather input from employees, management, and, if possible, customers to determine their needs and to involve them in the process. Information may include:
  - Economic, social, and health impact of smoking
  - Samples of policies in place in similar businesses, agencies, or other organizations.
  - Employee smoking status (smokers, nonsmokers, ex-smokers)
  - Employee questions and concerns about smoking at the worksite.
  - Current agreements and legal issues, (e.g. leases) which may influence policy considerations.
8. \_\_\_\_ Develop a draft revised or new tobacco policy and submit the document for appropriate legal review and final management approval.
9. \_\_\_\_ Publicize the policy and implementation date.
  - Training sessions for managers.
  - Employee orientations and staff meetings.
  - Use posters, newsletters, paycheck stuffers, etc.
  - Post highly visible signs with clear wording about the tobacco policy at all locations the policy will effect. (In cases where the premises are tobacco-free, it may be necessary to erect signage at entrances to the property.)
  - Remove ashtrays and do not allow replacements in smoking-prohibited areas.
  - Remove cigarette vending machines. (If providing vending machines is contemplated for smoking permitted areas, be aware that Utah Code 76-10-105.1 strictly regulated if and where machines can be placed.)
10. \_\_\_\_ Offer tobacco cessation programs or refer employees to statewide resources.
11. \_\_\_\_ At set times, evaluate and refine the policy as warranted.

Source: Utah Department of Health, Tobacco Prevention and Control Program.<sup>149</sup>

## Research Tool 5: Utah Indoor Clean Air Act Compliance Checklist

**\*\*All Applicable Items Should Be Checked \*\***

The Utah Indoor Clean Air Act Compliance Checklist was developed to highlight key points that business managers, supervisors, and employees particularly need to be aware of. It is not designed to replace or supersede requirements stated in Utah Code 26-38-1 to 9 or Administrative Rule 392-510-1 to 16. The statute and rule can be accessed on the Utah Tobacco Prevention and Control Program website at <http://www.tobaccofreeutah.org/uicaastat&rule.html>.

**Note: Smoking permitted areas, even in areas that are exempted, are not required under the Utah Indoor Clean Air Act.** §26-38-2(1) (o) and R392-510-4

1. \_\_\_\_\_ Smoking is prohibited in all enclosed indoor places of public access. §26-38-3(1)” Public access is any enclosed indoor place of business, commerce, banking, financial service, or other service-related activity, whether publicly or privately owned..., to which persons not employed at the place have general and regular access or which the public uses.” § 26-38-2(1) (Includes buildings, offices, shops, elevators, restrooms restaurants, shopping malls, arenas, theaters)
2. \_\_\_\_\_ Smoking is not allowed in any publicly owned buildings and offices. (Libraries, court houses, etc.)
3. \_\_\_\_\_ Outside smoking designated areas are not allowed within 25 feet of building entrances, exits, air intakes, or windows. (e.g.- Ashtrays closer are signed “No Smoking”, “For extinguishing cigarettes only- No Smoking”, or similar)R 392-510-9(1)
4. \_\_\_\_\_ There is an employee policy in place that prohibits employees from smoking within 25 feet of building entrances, exits, air intakes, or windows. R 392-510-9(2)
5. \_\_\_\_\_ In a place where smoking is prohibited entirely, a sign using the words “No Smoking is permitted in this establishment” or a similar statement which includes a universal no-smoking symbol must be posted. Signs must be easily readable and unobscured. The words “No Smoking” must be not less than 1.5" in height. R392-510-13
6. \_\_\_\_\_ If smoking is permitted, (only allowed if section §26-38-3(2) (a), (b), (c), (d), and (e) conditions are met), smoking areas must be clearly indicated by appropriate HVAC, signage, and other requirements of §26- 38-1 to 9 and R392-510 1 to 16.
7. \_\_\_\_\_ Exemptions for taverns and private clubs as per §26-38-2(c) and (d) begin to phase out according to the following schedule: (1) Taverns and Class D private clubs licensed after May 15, 2006; (2) Class A, B, and C private clubs on January 1, 2007; (3) Taverns and Class D Private Clubs licensed on or before May 15, 2006 on January 1, 2009.

8. \_\_\_\_ Smoking permitted areas are designed and operated to prevent the drift of smoke outside the area R392-510-6(1). (If you can smell active tobacco smoke outside the area, assume drift is occurring). Evaluation Tool 5
9. \_\_\_\_ Smoking may be allowed in guest rooms of lodging facilities but smoking is prohibited in the common areas of these facilities, including dining areas, lobbies, laundry facilities, club houses, etc. §26-38-3(2)(b)
10. \_\_\_\_ Smoking is prohibited at all times in public and private elementary or secondary school buildings and the property on which those facilities are located. §26-38-2(1)(k)
11. \_\_\_\_ Smoking is prohibited at all times at buildings operated by social, fraternal, or religious organizations when used solely by the organization members or their guests. §26-38-2(1)(l)
12. \_\_\_\_ Smoking is prohibited at any facility rented or leased for private functions from which the general public is excluded and arrangements for the function are under the control of the function sponsor. §26-38-2(1)(m)
13. \_\_\_\_ If you provide child care, smoking is not allowed when any child, other than the child of the provider, is present. 26-38-2(1)(j)
14. \_\_\_\_ An employer does not discriminate or take adverse action against an employee or applicant because: that person has sought enforcement of provisions of law (Title 26, Chapter 38, R392-510), and/or the smoking policy of the workplace, and/or otherwise protested the smoking of others.

This checklist is designed to answer general questions that commonly arise and to help businesses, government agencies and other organizations comply with the Act. It does not list all requirements of the statute and rule. For more specific and detailed information refer to the Utah Indoor Clean Air Act Statute §26-38-1 to 9 and Rule 392-510-1 to 16. Copies of the statute and rule are available on the web at <http://www.tobaccofreeutah.org/uicaastat&rule.html>. You can also call your local health department or the Tobacco Prevention and Control Program 1.877.2466 or (801) 538.6260 or the Office of Epidemiology (801) 538.6754. This checklist is current to 12-27-2006.

Source: Utah Department of Health, Tobacco Prevention and Control Program.<sup>150</sup>

## Research Tool 6: Outcomes That Can Be Expected

<b>Outcomes That Can be Expected</b>
<input type="checkbox"/> <b>Decrease in exposure to ETS (secondhand smoke) in the work environment</b>
<input type="checkbox"/> <b>Increased number of employees attending cessation activities or using self-help materials</b>
<input type="checkbox"/> <b>Increased awareness of the ETS (secondhand smoke) policy</b>
<input type="checkbox"/> <b>Change in employee attitudes toward ETS (secondhand smoke) policy and cessation activities</b>
<input type="checkbox"/> <b>Improved employee morale</b>
<input type="checkbox"/> <b>Less conflict between smokers and nonsmokers</b>
<input type="checkbox"/> <b>Enhanced quality of work</b>
<input type="checkbox"/> <b>Improved job satisfaction</b>
<b>In The Long Term</b>
<input type="checkbox"/> <b>Decrease in the number of employees who smoke</b>
<input type="checkbox"/> <b>More successful cessation activities</b>
<input type="checkbox"/> <b>Decrease in health risks for smokers and nonsmokers</b>
<input type="checkbox"/> <b>Enhanced corporate image</b>
<input type="checkbox"/> <b>Improved employee attitudes toward health</b>
<input type="checkbox"/> <b>Reduced absenteeism</b>
<input type="checkbox"/> <b>Reduced health care costs</b>
<input type="checkbox"/> <b>Lower accident rate</b>
<input type="checkbox"/> <b>Decline in turnover</b>
<input type="checkbox"/> <b>Fewer sick days taken</b>
<input type="checkbox"/> <b>Improved productivity</b>

Source: Making Your Workplace Smoke-Free: A Decision Maker's Guide.<sup>151</sup>

## **Attachment A: Health Impact of Secondhand Tobacco Smoke**

Scientific evidence indicates that there is no risk-free level of exposure to secondhand smoke. Breathing even a little secondhand smoke can be harmful to your health.<sup>152</sup> The effects of even brief exposure (minutes to hours) to secondhand smoke are often nearly as large (average 80-90%) as chronic active smoking.<sup>153</sup> Brief exposure to SHS can trigger respiratory symptoms, including cough, phlegm, wheezing, and breathlessness.<sup>154</sup> Breathing secondhand smoke for even a short time can have immediate adverse effects on the cardiovascular system, interfering with the normal functioning of the heart, blood, and vascular systems in ways that increase the risk of heart attack.<sup>155</sup> Secondhand smoke changes how your heart, blood, and blood vessels work in many ways. Adults who breathe 5 hours of secondhand smoke daily have higher “bad” cholesterol that clogs arteries.<sup>156</sup>

Health problems associated with exposure to secondhand smoke include:

- Lung cancer
- Higher death rates from cardiovascular disease in nonsmokers
- Acute symptoms from the irritant effect, particularly eye irritation, among allergic persons
- Headaches
- Irritation of the eye, nose, and throat
- Irritation of the lungs leading to coughing, excess phlegm, and reduced lung function
- Dizziness or nausea in nonsmokers
- 150,000-300,000 lower respiratory infections in children
- 200,000-1,000,000 asthma attacks in children
- 8,000-26,000 new cases of asthma in children
- Respiratory symptoms of irritation in children
- Significantly reduced lung function in children

Source: National Cancer Institute.<sup>157,158</sup>

For more information about the health effects of secondhand smoke go to:

- The TRUTH fact sheet on secondhand smoke  
<http://www.tobaccofreeutah.org/secondhandsmoke.pdf>
- The U.S. Surgeon General’s report on The Health Consequences of Involuntary Smoke Exposure  
<http://www.surgeongeneral.gov/library/secondhandsmoke/report/>
- The Americans for Nonsmokers’ Rights Bibliography of Secondhand Smoke Studies  
<http://www.no-smoke.org/pdf/SHSBibliography.pdf>

## **Attachment B: Economic Impacts of Smoking at the Worksite**

The impacts of smoking and secondhand smoke on the bottom line of worksites are significant. They include:

- **Absenteeism at higher rates than those of nonsmoking employees**
  - ▶ Employers that hire smokers bear indirect costs, including more employee absenteeism,<sup>159,160</sup> productivity losses (\$92 billion) and increased early retirement due to smoking-related illness.<sup>161</sup>
  
- **Higher health insurance and life insurance costs and claims**
  - ▶ Additional cost of medical care before retirement- smokers have more hospital admission, longer average length of stay, and made six more visits to health care facilities per year.<sup>162,163,164</sup>
  - ▶ Additional cost for life insurance.<sup>165,166,167</sup>
  - ▶ Increased early retirement due to ill health.<sup>168</sup>
  - ▶ Society of Actuaries issued a 2005 report finding that secondhand smoke costs the U.S. economy roughly \$10 billion a year; 5 billion in estimated medical costs associated with secondhand smoke exposure.<sup>169</sup>
  
- **Higher workers compensation payments because of accidents and fires**
  - ▶ Additional cost for Worker's Compensation (more claims and more costly claims) -
  - ▶ Businesses pay an average of \$2189 in workers' compensation for smokers compared to \$176 for nonsmokers.<sup>170</sup>
  - ▶ Workers have been awarded unemployment, disability and worker's compensation benefits for illness and loss of work due to exposure to secondhand smoke.<sup>171,172</sup>
  - ▶ Higher fire insurance premiums.<sup>173</sup>
  
- **Property damage**
  - ▶ Additional cost for fire insurance losses- in 1998, smoking resulted in 8,700 fires in non-residential structures resulting in \$60.6 million in direct property damage; fire insurance is commonly reduced 25-30% in smokefree business<sup>174</sup>
  - ▶ A Business Owners and Management Association Fire Safety survey found that smoking was cited as the number one cause of fires. Of the fires that occurred in non-residential buildings, 26% were attributed to smoking.<sup>175</sup>
  - ▶ Higher risk of fire damage, explosions and other accidents related to smoking.<sup>176</sup>
  - ▶ The National Fire Protection Association Found that in 1998 smoking materials caused 8,700 fires in non-residential structures resulting in direct property damage of \$60.5 million.<sup>177</sup>
  - ▶ Smoking was also cited as the number one cause of fires on a Business Owners and Management Association fire safety survey.<sup>178</sup>
  
- **Increased cleaning and maintenance costs due to smoke pollution**
  - ▶ Additional cost for ventilation.<sup>179</sup>
  - ▶ Survey of businesses by the Building Owners and Management Association (BOMA) International found that the elimination of smoking from building reduced cleaning

expenses by an average of 10%. “A property with no smoking policy would eliminate the need to clean ashtrays and cigarette butts; reduce the number of filter changes and cleanings; reduce the need for wall cleaning and painting; reduce the frequency of all horizontal dusting; and reduces vacuuming frequencies.”<sup>180</sup>

- ▶ Higher maintenance and cleaning costs.<sup>181</sup>
  - ▶ The U.S. Environmental Protection Agency (EPA) estimates that smokefree restaurants can expect to save about \$190 per 1,000 square feet each year in lower cleaning and maintenance costs.<sup>182</sup>
  - ▶ lower maintenance expenses (carpets, drapes, cloths, paintwork).<sup>183</sup>
  - ▶ The Organization for Economic Cooperation and Development estimates that construction and maintenance costs are seven percent higher in buildings that allow smoking than in buildings that are smoke-free.<sup>184</sup>
- **Illness and discomfort in nonsmokers exposed to passive smoke**
    - ▶ Additional Cost for Illness absences from work- Smokers miss an average of 6.16 days per year, compared to 3.86 for nonsmokers.<sup>185</sup>
    - ▶ One study found that people who were exposed to smoke in the workplace were 17 percent more likely to develop lung cancer than those who were not exposed.<sup>186</sup>
    - ▶ Exposure to secondhand smoke in the workplace is significantly associated with all types of respiratory symptoms and current asthma.<sup>187</sup>
    - ▶ Even the most conservative estimates say that workers in bars, bowling alleys, and billiard halls, betting establishments and bingo parlors have a three to four times greater risk of developing lung cancer. The concentration of chemicals in these businesses is 2 to 18 times higher than in offices or residences and 1 to 12 times higher than in restaurants.<sup>188</sup>
    - ▶ Regular exposure to secondhand smoke, such as in restaurants, heightens one’s chance of stroke by 50 percent.<sup>189</sup>
    - ▶ People who already have heart disease are at especially high risk of suffering adverse effects from breathing secondhand smoke, and should take special precautions to avoid even brief exposure.<sup>190</sup>
  - **Lost productivity**
    - ▶ Additional Cost for Smoking breaks and lost productivity- Smokers have two times more lost production time; smoking is a greater determining variable in lost production time than alcohol consumption, family emergencies, age or education.<sup>191</sup>
    - ▶ A 2000 survey in Michigan found that the average employee who smokes takes three smoking breaks each workday averaging 13 minutes for each break.<sup>192</sup>
    - ▶ Decreased productivity on-the-job.<sup>193</sup>
    - ▶ Cigarette smoking and secondhand smoke cost \$92 billion in productivity losses annually, according to the U.S. Centers for Disease Control and Prevention.<sup>194</sup>
    - ▶ Society of Actuaries issued a 2005 report finding that secondhand smoke costs \$4.6 billion in lost wages. This estimate does not include youth exposure to secondhand smoke.<sup>195</sup>
    - ▶ Experience two times as much lost production time (LPT) per week for smokers as for workers who never smoked.<sup>196</sup>

- **Recruitment and retraining costs for replacement employees**
  - ▶ Cost of smoking in workplace includes premature death of smokers.<sup>197</sup>
  
- **Employee morale problems**
  - ▶ Extra break time for smoking employees
  - ▶ Pressure on non and ex-smoking employees to put up with non-complying employee smoking.
  
- **Increased legal liability problems**
  - ▶ Legal liability- There are five types of cases: Common law suits, ADA/disability discrimination suits, wrongful termination suits, unemployment compensation claims, and workers' compensation claims.<sup>198</sup>
  - ▶ The number of lawsuits based on exposure to secondhand smoke and the likelihood of success for those exposed has increased. These cases fall under a number of categories and include negligence, worker's compensation and disability benefits, and discrimination based on disabilities.<sup>199</sup>
  
- **Corporate image problems**
  - ▶ (88 % of Utahns and almost 80% of other U.S. citizens do not smoke)

Source: U.S. Dept. of Health and Human Services, Centers for Disease Control and Prevention, Office on Smoking and Health, BRFSS <sup>200,201</sup>

## Attachment C: Benefits of a Smoke-Free Worksite: In a Nutshell

Benefits for the Employee
<input type="checkbox"/> A Smoke-Free environment is an important element in a safe and healthy workplace.
<input type="checkbox"/> A carefully implemented Smoke-Free policy shows employees and their families that the company or organization cares about them.
<input type="checkbox"/> Workers will have protection from exposure to Secondhand Smoke at the worksite, where many spend most of their waking hours.
<input type="checkbox"/> It is much clearer to those employees who smoke than no policy at all or one that is comprised of a hodge podge of exceptions.
<input type="checkbox"/> It will reduce management stress, especially if the policy provides them with a mechanism for addressing violations of the policy.
<input type="checkbox"/> Reduction in daily cigarette consumption.
<input type="checkbox"/> Better health.
<input type="checkbox"/> Increased levels of job satisfaction.
Benefits for the Employer
<input type="checkbox"/> A Smoke-Free environment is an important element in an employer's ability to provide a safe and healthy workplace.
<input type="checkbox"/> Direct health care costs to the company or organization will be reduced.
<input type="checkbox"/> Maintenance costs are reduced by eliminating smoke, matches, and cigarette butts from the premises.
<input type="checkbox"/> Office equipment, carpets, and furniture will last longer and provide a more positive image.
<input type="checkbox"/> It may be possible to negotiate lower, health, life, and disability coverage as employee smoking is reduced.
<input type="checkbox"/> The risk of fires is lower.
<input type="checkbox"/> Higher employee productivity
<input type="checkbox"/> Less employee absenteeism
<input type="checkbox"/> Lower employee sickness
<input type="checkbox"/> Less early retirement of employees due to ill health (caused by SHS exposure and smoking)

Adapted from Making Your Workplace Smoke-Free: A Decision Makers Guide,<sup>202</sup> and Why Smoking in the Workplace Matters: An Employee's Guide.<sup>203</sup>

## Attachment D: Timelines Worksheet

Worksite Tobacco Policy Timelines Worksheet		
Task	Activities	Due Date(s)
<b>Step 1 -Assessment</b>		
1. Form Work Group or *Assign Primary Coordinator 2. Review Existing Policy	1. 2. 3. 4. 5. 6.	
<b>Step 2- Development</b>		
1. Develop policy components (new) or modify existing policy. 2. Seek draft review approvals from agency, corporate, or organizational management. 3. Modify as indicated by management reviews (if necessary)	1. 2. 3. 4. 5. 6.	
<b>Step 3 Pre-Implementation Publicity</b>		
1. Determine methods to notify staff about new or modified policy implementation. 2. Be sure to include information about tobacco cessation resources that will be available. 3. Post announcements about the implementation date. 4. Educate supervisors and employees about SHS health impact	1. 2. 3. 4. 5.	
<b>Step 4 Policy Implementation</b>		
1. Launch policy/modified policy. 2. Include review of policy in all employee orientations. 3. Include review of policy a minimum of 2 times per year.	1. 2. 3. 4. 5. 6.	
<b>Step 5 Policy Adjustments</b>		
1. After several months review impact of policy. 2. Make adjustments in signage, announcements, etc.	1. 2.	

\*In small agencies, companies, or organizations only one or two people may responsible for reviewing, modifying, and implementing tobacco policies.

Source: Utah Department of Health, Tobacco Prevention & Control Program.<sup>204</sup>

## **Attachment E: Sample Policies**

### **Sample Policy I. Model Smoke-Free Policy for a Smoke-Free Workplace American's for Nonsmoker's Rights**

#### ABC Company No Smoking Policy

ABC Company is dedicated to providing a healthy, comfortable, and productive work environment for our employees.

The United States Surgeon General in his 1986 report on Involuntary Smoking concluded: Involuntary Smoking is a cause of disease, including lung cancer, in health nonsmokers. The simple separation of smokers and nonsmokers within the same air space may reduce, but does not eliminate, the exposure of nonsmokers to environmental tobacco smoke.

In 1993, the Environmental Protection Agency (EPA) classified environmental tobacco smoke as a Group A carcinogen, that is, a substance known to cause cancer in humans. The EPA recognizes no safe level of exposure for Group A carcinogens.

In light of these findings, ABC Company shall be entirely smoke free effective (date)

Smoking will be strictly prohibited within company buildings including offices, hallways, waiting rooms restrooms, lunchrooms, elevators, meeting rooms and all community work areas. This policy applies to all employees, clients, contractors, and visitors.

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

This policy is being announced 3 months in advance in order to facilitate a smooth transition. Those employees who smoke and would like to take this opportunity to quit are invited to participate in the cessation program being offered by this company.

The success of this policy will depend upon the thoughtfulness, consideration, and cooperation of smokers and nonsmokers. All employees share in the responsibility for adhering to and enforcing this policy.

---

Signature of CEO or President

Source: American's for Nonsmoker's Rights.<sup>205</sup>

## Sample Policy II. Model Smoke-Free Policy

### Policy

Due to the acknowledged hazards arising from exposure to environmental tobacco smoke, it shall be the policy of \_\_\_\_\_ to provide a smokefree environment for all employees and visitors. This policy covers the smoking of any tobacco product and the use of smokeless or “spit” tobacco and applies to both employees and non-employee visitors of \_\_\_\_\_.

### Definition

1. There will be no smoking of tobacco products within the facilities at any time.

The decision to provide or not provide designated smoking areas outside the building will be at the discretion of management or other decision-making body.

The designated smoke areas will be located at least 25 feet from the main entrance, other exits and entrances, open windows, or air intakes.

All materials used for smoking, including cigarette butts and matches, will be extinguished and disposed of in appropriate containers. Supervisors will ensure periodic cleanup of the designated smoking area. If the designated smoke 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.

[For a policy that extends Smoke-Free to include company property, substitute the following: There will be no smoking of tobacco products within the facilities or on the property of \_\_\_\_\_ at any time.]

2. There will be no smoking in any \_\_\_\_\_ vehicle.

There will be no smoking in \_\_\_\_\_ vehicles at any time.

There will be no smoking in personal vehicles when transporting persons on \_\_\_\_\_ authorized business.

3. Breaks

Supervisors will discuss the issue of smoking breaks with their staff. Together they will develop effective solution what do not interfere with the productivity of the staff.

### Procedure

1. Employees will be informed of this policy through signs posted in \_\_\_\_\_ 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 their host will explain it.
3. The \_\_\_\_\_ will assist employees who wish to quit smoking by facilitating access to recommended smoking cessation program and materials.
4. Any violations of this policy will be handled through the standard disciplinary procedure.

Source: Making Your Workplace Smoke-Free: A Decision Maker’s Guide.<sup>206</sup>

### **Sample Policy III. Template for a Model Smoking Policy**

#### **1. Rationale**

Statement of Intent- Background Information

This should briefly explain why the company/organization is introducing a formal approach to tobacco in the workplace and some key data and facts about the company/organization's previous stance (if any) and the dangers of smoking. Include the date that the policy will be introduced (or reinitiated).

#### **2. Objectives (of the policy)**

- To minimize exposure of employees to tobacco smoke while on the company premises or while engaged in the organization's business.
- To consider the welfare of all employees.
- To provide a consistent approach to break entitlements for smokers and non-smokers.

#### **3. Application of the policy**

Clearly, state that the policy applies to all employees, sub-contractors, and visitors.

#### **4. Non-smoking provision**

Clearly, indicate precisely where (if at all) smoking is permitted on company sites(s) - including buildings, car parks, company vehicles, and other external areas. Also, state when smoking is permitted during working time- for example in designated breaks, or with agreement of individual line managers.

#### **5. Employee welfare/cessation support**

Outline how cessation support will be available to staff either internally or externally- and how it can be accessed.

#### **6. Failure to comply**

Indicate the process for dealing with employees who breach the policy.

#### **7. Review**

Set a date for formal review and state this in the written policy. Formal reviews should take place every 12-18 months.

Source: Tobacco in the Workplace: Meeting the Challenges, A Handbook For Employers.<sup>207</sup>

## **Attachment F: Tobacco Cessation Resources Available To Utahans**

Cessation programs are relatively low-cost and yield. One study indicates that worksite smoking cessation program found an average quit rate after 12 months of 13%, much higher than the national average among all smokers of 2.5% (1990 study data) Quit rates were even higher for heavy smokers. Cessation programs are relatively low-cost and are highly cost-effective. The financial returns over the long run that far outweigh their costs.<sup>208</sup>

There are a number of places you can go to get help. Some help, such as the Utah Quit Line, is available without even having to leave your home.

### **Utah Tobacco Quit Line: 1-888-567-TRUTH**

The Utah Tobacco Quit Line is a statewide, toll-free telephone based resource available to all Utahans interested in support for quitting tobacco. Relatives or friends are also able to receive assistance in how to help their loved one/friend quit tobacco. This service provides screening, counseling, support materials, and referral to additional cessation assistance when appropriate. (TTY — 1.877.777.6434; Spanish — 1.877.624.1585).

Hours:

6am-10pm                      Monday-Sunday

For more information call 1.888.567.TRUTH (8788)

### **Utah QuitNet**

The Utah QuitNet is a state-of-the-art quit smoking support program, which combines personalized information with peer and expert support. The site tracks each person's progress and makes suggestions about next steps. Major sections of the site include "My Quit," "Community," "Resources," "Expert Support" and "Quit Med Support," etc. Additionally, QuitNet members have the option of receiving daily "Quit Tips" from the QuitNet via email. For more information go to: <http://www.utahquitnet.com>.

### **Tobacco Free Resource Line: 1.877.220.3466**

The Tobacco Free Resource Line is a statewide, toll-free telephone based resource available to all Utahans seeking information about tobacco. This service provides information about health effects, secondhand smoke, statistics, tobacco laws, teaching materials, tobacco cessation self-help materials, etc. It is also a toll-free link to the Tobacco Prevention & Control Program staff. Hours of operation: Monday – Friday: 8am – 5pm.

### **Utah Tobacco Cessation Resource Directory**

The directory is a statewide listing of tobacco cessation programs and information. If you are currently using tobacco and want to stop, you will find a number of resources available to help you. For more information go to:

[http://www.tobaccofreeutah.org/utah\\_tobacco\\_cessation\\_resource\\_directory-introduction-1.htm](http://www.tobaccofreeutah.org/utah_tobacco_cessation_resource_directory-introduction-1.htm)

## **Tobacco Programs for Medicaid and PCN Clients**

Services available through the Medicaid and the Utah Primary Care Network.

For more information go to:

<http://www.tobaccofreeutah.org/healthcare-medicaid&pcnprograms.html>

State of Utah/Association for Utah Community Health Partnership Association for Utah Community Health (AUCH) community health centers services **free of charge** to their uninsured clients. For more information go to: [http://www.tobaccofreeutah.org/state\\_of\\_utah-association\\_for\\_Utah\\_Community\\_Health\\_Partnership.html](http://www.tobaccofreeutah.org/state_of_utah-association_for_Utah_Community_Health_Partnership.html)

## **Teen Quitting Resources**

END (Ending Nicotine Dependence) Utah's premier youth cessation program

For more information go to: <http://www.tobaccofreeutah.org/end.html>

The Utah Tobacco Quit Line is a way for teens to get help quitting tobacco over the telephone.

For more information go to: <http://www.tobaccofreeutah.org/utahteenquitline1.htm>

Sources: Utah Department of Health, Tobacco Prevention and Control Program. <sup>209,210</sup>

## Attachment G: Utah Tobacco Quit Line Facts

Telephone number  
1-888-567-TRUTH  
(1-888-567-8788)  
TTY: 1-877-777-6534  
Spanish:  
1-877-629-1585

Hours of operation  
Monday -Sunday:  
6 a.m. to 10 p.m.

Target population  
Teen and adult tobacco  
users in Utah.

Intervention  
descriptions  
Callers to the Quit Line  
are eligible for one or more  
of the levels of service  
described below. Eligibility  
for adults is determined  
by the caller's insurance  
coverage, readiness to quit  
and caller's preference.  
Eligibility for teen callers  
is determined by the  
caller's readiness to quit  
and preference.

Level 1: Information and referral  
For callers not interested  
in quitting in the next 30  
days, or those looking for  
referral information only,  
resources and materials  
will be provided. A  
comprehensive database  
allows for callers to be  
referred directly to local  
cessation programs.

All callers are offered a  
free Quit Kit with  
cessation information.

Level 2: Brief intervention and  
counseling  
Callers who are not yet  
ready to set a quit date in  
the next 30 days will  
speak with a trained  
Cessation Specialist for up  
to 15 minutes. The  
Specialist will help the  
caller explore reasons for  
quitting and steps to take  
toward a successful quit  
attempt.

Level 3: Single in-depth intake and  
counseling.  
Callers who are ready to  
quit may speak with a  
trained Cessation  
Specialist for up to 40  
minutes. The Specialist  
will explore the caller's  
pattern of tobacco use,  
barriers to successfully  
quitting, and strengths  
that would contribute to a  
successful quit attempt.

Callers interested in  
additional follow-up  
beyond the single call  
intervention will have the  
option of enrolling in the  
Quit Line's intensive  
program.  
Callers not interested in  
additional follow-up will  
be encouraged to call the  
Quit Line again, visit  
[utahquitnet.com](http://utahquitnet.com) and will  
receive information by  
mail (or via email  
depending on the person's  
preference).

Level 4: Intensive cessation  
program  
Callers interested in  
receiving follow-up  
services can enroll in the  
Quit Line's intensive  
telephone-based program.  
They will receive a series  
of four additional calls  
over the next three  
months with the timing of  
the calls dependent upon  
the caller's quit date and  
availability. A Cessation  
Specialist will provide a  
focused, purposeful  
intervention designed to  
enhance motivation and to  
facilitate behavior change.

Adults enrolled in  
intensive services may be  
eligible for nicotine  
replacement therapy  
through the quit line.

Teens receive participation  
incentives upon  
completion of call three  
and after completion of  
the intensive program.

### About the Quit Kit

The Adult Quit Kit was developed by Free & Clear, Inc. in 2005. The kits are tailored based on a caller's readiness to quit and pilot tested before being widely distributed. The Teen Quit Kit is used with the permission of the California Quit Line. It was developed by researchers at the University of California at San Diego, and tested in a randomized trial.

### Operating the Quit Line

The Utah Department of Health has contracted with *Free & Clear*, Inc. to operate the Utah Tobacco Quit Line.

*Free & Clear*, Inc. holds primary responsibility for the development, implementation, and evaluation of health promotion and preventive care programs for work sites, members, and the community at large.

*Free & Clear*, Inc. currently operates statewide Quit Lines for several other states including Georgia, Hawaii, Maine, Minnesota, Missouri, New Mexico, Oklahoma, Oregon, Washington, and Connecticut, North Carolina, as well as Utah. *Free & Clear*, Inc. has been actively engaged in tobacco cessation and prevention work for over

15 years. *Free & Clear* received the American Association of Health Plans' first place award for Managed Care Achievements in Tobacco Control, Public/Private Partnerships in 1999 and 2000.

### How the Quit Line was developed

The Quit Line was modeled after The Center for Health Promotion, Inc.'s *Free & Clear*® telephone-based tobacco cessation program. In a randomized research trial funded by the National Cancer Institute (1991), *Free & Clear*®, combined with self-help materials, was shown to boost quit rates by over 50% compared to controls. The effectiveness of telephone-based interventions was endorsed by the Public Health Service in its tobacco cessation Clinical Practice Guideline Treating Tobacco Use and Dependence (June 2000).

### How the Quit Line is evaluated

A formal evaluation of the Quit Line is performed annually. A telephone survey of several hundred callers is conducted six months after their initial Quit Line inquiry. The survey includes questions to determine caller satisfaction with Quit Line services and their current tobacco use status.

For more information on services available to help people quit their tobacco use, visit:

<http://www.tobaccofreeutah.org>

## Attachment H: UtahQuitNet.com Facts

### Hours of Operation:

24 hours a day, 7 days a week

### Target Population:

Teens and Adults in Utah

Utah QuitNet is a partnership between QuitNet and the Utah Department of Health. QuitNet is host to a thriving online community. Thousands of messages are posted each day on the site. The Utah QuitNet partnership provides all QuitNet services to Utah residents 24 hours a day, 7 days a week at no cost to the user.

### Services Available

#### My Quit: Personal Quitting Plan

A Road Map for Each User: Each time a user logs into Utah QuitNet, his/her starting point is a personalized “My Quit” page. This page summarizes site features s/he has used, makes suggestions as to what his/her next steps should be, and presents the user with links to quitting information matching his/her stage of readiness and a variety of other self-assessment summaries and tools.

Quit Date Wizard: This key tool walks users through the process of setting a Quit Date. The quit date is combined with other diagnostic data provided by the smoker to generate personalized information, such as a tailored Quitting Calendar & Journal. The Q-Gadget uses the quit date to calculate the savings in money and life expectancy for people who quit.

### Community

Support Day and Night: QuitNet is home to the world’s largest online community of smokers and ex-smokers helping each other to quit and stay quit. This mutual support exists through user-defined Clubs, threaded discussion areas called Forums, and small groups of “Buddies” who decide to support each other because of similarities in their personal profiles, quit dates or use of quitting medication.

### Resources: Tailored to Utah Users

QuitNet’s Quitting Guide features an individually tailored introduction and a comprehensive guide to quitting based on using stage of change and demographic information provide by the user. Users may also search for programs in their area using their zip code.

### Expert Support: Individual Counseling

Expert Advice: State certified counselors are on duty 7 days a week. They provide primary treatment, much like phone counselors. Counselors staff two expert forums for general questions and another for medication-related questions. Counselors are on call to answer user questions, and other users can see the discussion. One-to-one counseling is also available to any registered user. Individual questions are typically answered within a few hours. Registrants may have up to 14 individual counseling exchanges per year. One-to-one counseling is available in Spanish. The Utah QuitNet partnership provides this service at no cost to Utah residents.

**Frequently Asked Questions:** Users can search over 350 frequently asked questions and answers. These valuable snippets of content are all subject and stage of change coded, so that they can be displayed to users when they most need to read them.

**Self-Assessment Tools:** Utah QuitNet provides protocol-based questionnaires that enable a smoker to assess his/her readiness to quit, level of addiction and stage of quitting. The user's answers trigger personalized responses and suggestions from the system.

**Personalized Email Support:** Users who have quit or who have set a quit date may elect to receive tailored Quit Tips and Anniversary

Messages via email. Utah QuitNet's Quit Tips email service is delivered over a six-month time period. The emails include the user's quitting statistics (quit date, money and lifetime saved, site usage), quitting advice and information based on the user's stage of change, an NRT tip and coupon based on the user's reported.

Medication use, QuitNet community management tools, and tobacco news. Anniversary messages are delivered over an 18-month period and celebrate all milestones.

### **Quit Med Support: Counseling, Facts & Discounted NRT**

**Medication Guide:** QuitNet's easy-to-read guide helps users sort out the pros and cons of different options in plain English!

**Medication Wizard<sup>SM</sup>:** The Wizard helps the user determine which, if any quitting medication is best for him/her, and provides dosing and usage information.

**Discounted NRT:** A coupon delivery system delivers targeted coupons to those who select the nicotine gum, nicotine patch or nicotine lozenge in their medication plan.

**Expert Counseling:** Special support forums and one-on-one counseling services are available for those who want assistance with medication related issues.

### **History of QuitNet**

Operational since 1995, QuitNet is host to the world's largest community of smokers and ex-smokers helping each other quit. QuitNet is based on up-to-date scientific research including the most recent US Surgeon General guidelines. QuitNet's service model is based on "stages of change" and contingency management theories, and the clinical literature showing the effectiveness of combined therapy of counseling, intensive support and pharmaceuticals in quitting smoking.

Utah QuitNet has a simple, but important mission: to help people in Utah quit using tobacco.

**On average, a support message is posted every minute of every day.**

**On [QuitNet](http://QuitNet.com), you are never alone.**

*Text for this fact sheet was provided by QuitNet (<http://QuitNet.com>)<sup>212</sup>*



## **Attachment I: Suggested Employee Orientation/Handbook Tobacco Policy Information**

For many employees, supervisors, and managers the first opportunity to become aware of a company, agency, or organizational policy takes place during orientations. Listing the policy, resources available to help tobacco using employees quit, and consequences for violating the policy is important in order to avoid unnecessary time being consumed relevant to employees unwittingly violating the policy because they are unaware of what it entails. The following is offered as a guideline for developing an orientation/handbook tobacco policy education piece.

### **Tobacco Use**

1. (Insert name of the business, agency, or organization) strives to provide and maintain a safe workplace for all of its employees and includes preventing exposure of its employees to secondhand smoke as part of this effort
2. All new employees will be educated about the tobacco policy effective at all (insert name of business, agency or organization) facilities, premises, vehicles, and <company/agency/organizational>-sponsored activities.
3. Whenever feasible, (insert name of business, agency or organization) will participate in tobacco-free awareness activities, e.g.- The Great American Smokeout, supervisor trainings, to promote a tobacco-free worksite.
4. (Insert name of business, agency or organization) will provide employees with or refer employees to tobacco cessation programs.
5. Any employee who violates the tobacco policy will be subject to disciplinary proceedings, which may result in action ranging from verbal/written warnings, referral to tobacco education or cessation programs, or termination of employment.
6. Employees are encouraged to contact supervisors and/or the human resources office if they believe other employees are exposing them to secondhand smoke during their work duties. It shall be the policy of (insert name of business, agency or organization) to respond to complaints in order to assure compliance with pertinent safety, tobacco policy, and Utah Indoor Clean Air Act requirements.

\*The suggested language is offered as a general sample only. Potential users are encouraged to reformat the wording and content to meet their own business, agency, or organizational requirements and may want to solicit human resource and/or legal advisor input before finalizing specific language used in employee orientations or handbooks.

Source: Utah Department of Health, Tobacco Prevention and Control Program.<sup>213</sup>

## **Attachment J: How To Meet the 25-Foot Requirement of the Utah Indoor Clean Air Act**

One of the most often asked questions about the Utah Indoor Clean Air Act is “25 foot Rule.” The rule was developed to protect the air used for ventilation in buildings from becoming contaminated with Secondhand Smoke. It stipulates specific requirements regarding smoking permitted areas within 25 feet of a building and employee smoking within 25 feet of a building. It is important to note that while the rule requires a 25-foot limit, building owners can establish broader perimeters, including a total ban on property as a whole, not just the buildings.

The Administrative Rule states that:

“(1) The building owner, agent, or operator of a place may not designate an outdoor smoking permitted area within 25 feet of any entrance-way, exit, open window, or air intake of a building where smoking is prohibited”. AR R392-510-9(1). The rule goes on to say “Ashtrays may be placed near entrances only if they have easily readable signage indicating that the ashtray is provided for convenience only and the area around it is not a smoking area.” AR R392-510-9(1)(c).

**and**

“(2) An employer must establish a policy to prohibit employee smoking within 25 feet of any entrance- way, exit, open window, or air intake of a building where smoking is prohibited. If the location of an entrance-way, exit, open window, or air intake to any smoking prohibited area or the location of a barrier, such as a wall, property line, parking lot or street, makes the 25-foot requirement impossible to meet, the policy must maximize the distance between the smokers and the entrance-way, exit, open window or air intake.” AR R 392-510-9(2).

While they may sound similar, the first requirement relates to a smoking area relative to anyone visiting a building while the second relates to employees of buildings.

If the location makes the 25-foot requirement impossible to meet the rule allows some leeway:

“If the location of an entrance-way, exit, open window or air intake to any smoking prohibited area or the location of a barrier, such as a wall, property line, parking lot or street, makes the 25-foot requirement impossible to meet, the policy must maximize the distance between the smokers and the entrance-way, exit, open window or air intake.”

AR R 392-510-9(1)(a)

There are exemptions available for nursing home and similar facilities and for building entranceways or exits that have double vestibule doors. See AR R 392-510-9(1)(b) and AR R 392-510-9(3) for more information about these exemptions.

Posting clear and concise signs indicating the smoking status of an area is one of the easiest ways for building managers to obtain compliance. Samples of signs are posted on the Utah Tobacco Prevention and Control Program website at <http://www.tobaccofreeutah.org/uicaa-busguide-signs&announcements.htm>. Limited quantities of signs are available by calling the Tobacco Resource Line at 1-877-220-3466.

Source: Utah Department of Health, Tobacco Prevention and Control Program.<sup>214</sup>

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