

# Establishing a Policy

Establishing a smokefree policy is much the same as establishing any other policy. The basics include demonstrating enthusiastic support from top management, involving employees and others affected by the change, making sure all questions are addressed, giving advance notice, providing adequate information about the new policy, and being firm once the policy is implemented. Your organization probably has its own internal procedures for creating new policies.

The biggest hurdle is making the decision to create a smokefree environment. But not addressing the issue is likely to intensify the problem.

Because smoking is an addictive behavior and social norms have tolerated it for years, change in this area warrants care about process. (A formula for problems: lack of information and lack of advance notice.)

Organizations and advisors involved in developing new policies have come up with some ideas that may be helpful to you. Here are their suggestions.

## Vocabulary

Call the new policy a "smokefree air policy" or a "policy for clean indoor air" rather than a "smoking policy." This

establishes the idea that smokefree is the norm and that the policy addresses if, or where, smoking will be permitted.

Don't label people as smokers and nonsmokers. Refer to "employees or customers who smoke." Make it clear that individuals and their smoking behaviors are separable and that it is *smoking* that will be controlled, not *smokers*.

Avoid using the word "right" in connection with smoking. Say "using tobacco" or "smoking behavior" or "nicotine addiction." "Right" implies legal and ethical entitlement to smoke; it endows smoking with respectability. Your vocabulary should refer to smoking as a public health problem.

Use positive words like "comprehensive" and "protection" instead of negative words like "more restrictive" and "ban."

## Research

Assess your organization's situation. Determine the prevalence of smoking among employees, customers, students, and others who use your facilities. What problems are being encountered by your organization because of smoking?

Determine how well your facilities are suited for proposed changes. If your grounds will not be smokefree, is there a



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suitable area outdoors for smoking? It should be away from entrances, windows, and air-intake vents. If you are considering separately enclosed, separately ventilated indoor areas for smoking, estimates for such "lounges" run to \$100,000 and more. You'll need to decide what signs to use, and obtain or design them. Ashtrays must be removed from smokefree areas and receptacles for cigarettes provided at appropriate places, not too near entrances.

Timing may be important, too. It may be easier to go smokefree in the summer when people can step outside to smoke. Or you may want to tie the introduction of your smokefree policy to your annual meeting or a new fiscal, academic, or calendar year. Another good time is the American Cancer Society's Great American Smokeout, which is held the Thursday before Thanksgiving.

One progressive section or division of your organization can try a pilot program first. Once it's completed, that experience can guide other sections.

## Education

When MSI Insurance announced its smokefree policy, it issued an internal memo which started this way: "The loss of the lives of over 200 marines in Lebanon several weeks ago shocked and angered us all." The message went on to compare that death toll to the loss of 1,300 Americans who die prematurely each day because of tobacco use. Comparing tobacco's death toll to a current disaster helps people to recognize the enormity of the tobacco problem and to respond to it more personally.

When the North Plainfield, New Jersey town council first considered enacting tobacco controls, every member of the council reminisced about their early experiences with cigarettes. One council member told how she bought cigarettes as a teen, worrying that shopkeepers would tell her father, the mayor. Your educational task, if you encounter people with fondly remembered, rite-of-passage stories, is to help them look further into the future, to connect their early experiences with later experiences of friends dying prematurely from lung cancer and heart attacks.

Educate people who don't smoke to be gentle with people who smoke. It's not easy to go without nicotine, so those working around people who are quitting or limiting their smoking should be understanding and supportive.

When Group Health Cooperative in Washington went smokefree, it prepared a film for its 6,000 employees. The film included interviews with employees who smoked, explaining why they supported the policy. Your educational program in advance of the implementation of the new policy can use films, talks, your newsletter, posters, paycheck inserts, questionnaires, news releases, and signs.

## Changing Attitudes

Changing your own attitude may be the most important educational task you'll perform. The social acceptance that has enabled smoking to become pervasive and destructive in our society can cause individuals involved in changing behaviors regarding smoking to experience



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trepidation. Accept that as part of the process of change; your discomfort is a signal that your actions are significant. (Please see the Common Sense section for arguments that support your actions.)

## Organizational Image

Take advantage of your organization's image or mission to underscore your smokefree policy. This is a natural for health and welfare institutions, schools, restaurants, insurance companies, and sports facilities. But others can use this strategy. Banks can use financial data in their educational materials; retail companies can use marketing data.

Provident Indemnity Life adopted its smokefree policy because it markets insurance policies with discounts for people who don't smoke; it didn't want its customers offended by smoke in its offices. The Merle Norman Cosmetic Company told employees that one of the reasons for instituting its smokefree policy was to be consistent with its role of enhancing beauty.

## Expand Involvement

Create bonds between smoking and nonsmoking employees. For instance, pair quitting smokers with dieting buddies or employees on exercise programs. Give employees who recruit smokers for cessation programs a bonus. Provide chewing gum, sunflower seeds, or other snacks for nonsmoking employees to give

to employees who smoke. Suggest that nonsmokers also dispense encouragement and thanks, too. Dow Chemical paired quitting smokers and nonsmoking buddies in a raffle for a motorboat.

Involve families. Invite employees' families into cessation programs. In the words of one manager, "You don't want your employees who are trying to quit smoking going home to a smoky ghetto." Andrew Smith, President of Pacific Northwest Bell, decided to offer cessation classes to employees' families because the company provided health benefits for them. The response of one employee's spouse was, "Phone company, I love you. My own employer wouldn't provide me with a cessation program, but I got help from you."

When he announced his new smokefree policy, in the 1970s, Radar Electric President Warren McPherson sent letters to the families of employees who smoked. In his message, he provided an estimate of how much smokers spend each month for cigarettes and he offered a bonus to smokers who would quit smoking. Next, he showed the income that could represent in a family budget. Although many employers today might prefer a more subtle approach, cigarette costs in the 1990s make that an even stronger argument: At \$2.50 a pack, smoking two packs a day costs more than \$1,800 a year. (Note: If you decide to offer a bonus or other incentives, don't give the bonus to smokers who quit smoking. Instead, give the bonus to nonsmokers, who should be rewarded for good choices. Smokers can earn the bonus by becoming nonsmokers.)



## Creativity

Any new policy is more likely to be welcome when it's implemented with creativity and humor. Small touches can be important in setting the tone you want to achieve.

When Robert Rosner was helping to implement a smokefree policy at Group Health in Seattle, he anticipated that employees at reception desks would have the main responsibility for confronting visitors who were smoking when they entered Group Health facilities. To give receptionists a positive task involving the new policy, he provided them with gifts featuring nonsmoking messages, to distribute to visitors.

When Kessler-Ellis Products in Atlantic Highlands, New Jersey went smokefree, it gradually reduced the smoking-permitted hours at work. First, the initial hour at work was designated nonsmoking. Next, the last hour of the day was declared nonsmoking. Then the hours before lunch and after lunch were added. During this phase-in period, employees who smoked were given a few "smoking permit" tickets they could "spend" to smoke one cigarette during an otherwise forbidden period.

Another suggestion for success is to replace anything that's taken away. For instance, when you remove the cigarette machine, replace it with a fruit machine, an arrangement of fresh flowers, a health information reading rack, or a list of successful quitters. Riviera Motors in Portland, Oregon installed a refrigerator with vegetables for snacking; quitting smokers and dieting employees enjoyed that.

## Fairness

It's hard to be fair when dealing with incompatible behaviors like smoking and breathing smokefree air. But for the sake of morale, it is important to respect the desire for fair play. Here are two common fairness issues organizations have encountered when implementing smokefree policies:

- Who is covered by the policy?

Campbell Soup Company made its offices smokefree years ago because its production areas were smokefree and it wanted an evenhanded policy for all employees.

MSI Insurance eliminated smoking in private offices so its smoking ban in group work areas would be more acceptable. It also recognized that employees from group work areas go into private offices in the course of their work. Furthermore, private offices rarely have private ventilation systems. Allowing smoking in private offices also creates an unnecessary equity problem and gives a message that smoking is a benefit.

It is tempting to fudge when it comes to smoking by customers. But the experiences of malls, sports facilities, restaurants, and other public places throughout the country demonstrate that smokefree policies don't hurt business. (Please see the Especially For section for more information about customers' acceptance of smokefree policies.)

Another fairness argument you can use is to point out that smoking is controlled in computer areas, in production areas, and in other places where equipment or materials might be harmed by exposure to



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smoke or fire. Fairness dictates at least as much concern for the well-being of people. Malcolm Stamper, President of the Boeing Co., used this reasoning.

- Why this change in policy?

You may be told you're "changing the rules." Acknowledge that, perhaps with a reminder that change is a part of life. Sometimes employers ask employees to make drastic changes, such as moving to new locations. Landlords change the terms of leases. Restaurants change menus and prices. Point out that your organization makes policy changes to benefit employees, customers, and students. Also explain that the new smokefree policy is based on new information.

## A Few Thoughts on Those Who Smoke

You can expect customers who smoke to comply with your smokefree policy (please see above). You have authority to ensure employee cooperation. The experience of other employers throughout the nation demonstrates that compliance is good.

Some employees may say they will quit their jobs if they can't smoke at work. This almost never happens. If you don't encourage employees to reduce or quit smoking, you may lose them to heart disease or lung cancer. (Also, the lack of a smokefree policy may cause nonsmoking employees to leave for a new job in a smokefree workplace.)

Remember, smokers may be physiologically unable to understand how offensive ETS is, because smoking

damages their sense of taste and smell.

After two or three months as nonsmokers, many former smokers say: "I never realized I smoked up a room that way!" or "I never realized how bad smokers smell!"

## Cessation Programs

While as many as 90 percent of smokers want to become nonsmokers, and one-third of smokers make a serious attempt to quit smoking each year, many fear failure and don't attempt cessation. Experts in the field now recognize that there is a continuum of attitudes and behaviors among smokers about cessation: Some are unwilling to confront the issue; some are thinking about it; some are actively attempting to quit; some are newly recovered nicotine addicts; and some have years of abstinence but may still feel urges to smoke from time to time.

Most smokers make several attempts to quit before succeeding. Each attempt teaches important things about becoming a nonsmoker. Most who quit do so without a formal program. The success rate for any single quit attempt with a group program is in the range of 20 to 30 percent; nicotine replacement therapy augments the success rate.

Smokefree policies, especially at work, encourage smokers to confront their nicotine addiction. It is best to offer a variety of cessation methods and to offer them continuously, not just at the time of implementing a smokefree policy. (Please see the Smoking Prevalence and Smokefree Policies Reduce Smoking sections for more information.)



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Excellent nonprofit programs, both group and self-administered, are available from the American Cancer Society, American Lung Association, American Heart Association, other health organizations, hospitals, adult education schools, health departments, and Seventh Day Adventist churches. For-profit programs advertise widely in the media and in the Yellow Pages. There are no licensing requirements for smoking cessation providers. A buyer-beware approach is recommended with for-profit providers, especially those that offer unproven techniques.

A good source of information is the Office on Smoking and Health of the U.S. Public Health Service, Atlanta, Georgia, 770 488-5705.