



# ORGANIZATIONS

TOTAL ECONOMIC COST  
OF SMOKING IS MORE THAN  
**\$300** BILLION A YEAR,  
INCLUDING:<sup>31</sup>

- ▶ NEARLY **\$170** BILLION IN DIRECT MEDICAL CARE FOR ADULTS
- ▶ MORE THAN **\$156** BILLION IN LOST PRODUCTIVITY DUE TO PREMATURE DEATH AND EXPOSURE TO SECONDHAND SMOKE





**Assess your company's current policy**



**Enlist support of diverse champions**



**Draft your policy using the model tobacco-free policy as a guide**



**Prepare and Present Your Policy to the leadership/decision makers**



**Communicating the policy to employees**



**Enforcing the policy**




**Evaluate your policy**

# Background

**Tobacco use is an addiction** and quitting is an ongoing effort for individuals and requires significant support and incentives in their personal as well as professional life. The effects of tobacco use extend beyond the individual to their community. In order to create clean indoor air and smoke-free public places organizations need to work with all of their employees to create a plan to develop a 100% tobacco-free organization.<sup>32</sup>

The last American Productivity Audit data of the U.S. workforce in 2003, found that tobacco use was the greatest variable for LPT or Lost Production.<sup>33</sup> A loss of productivity is a substantial cost to the employer since it is estimated that employees who use tobacco products have two times more lost production time each week. More than 1 in 3 Greater Cincinnati adults (34%) use some type of tobacco product.<sup>34</sup>

About 600,000 adults in Greater Cincinnati currently use some type of tobacco product, which costs our business community roughly \$3.5 billion per year.<sup>36</sup>



The average additional cost to an employer for an employee who uses tobacco is

**\$5,816** per year.

LPT is not the only cost employers are absorbing. There are significant health insurance costs associated with tobacco use, averaging \$2,000 more than non-smokers. When added together the average additional cost to an employer for an employee who uses tobacco is \$5,816 per year.<sup>35</sup>

# Organization Model Policy

Developing and implementing written organizational policies can be a critical step in creating a supportive physical and social environment for health improvement within your organization (worksite and remote workforce).

The model policy language provided in this document does not reflect formal policy recommendations by the American Heart Association. This document has been developed to provide guidance for organizations that seek to develop organizational policies to **improve health** outcomes. Listed here are the core components of a Tobacco-Free model policy but not all components are required.

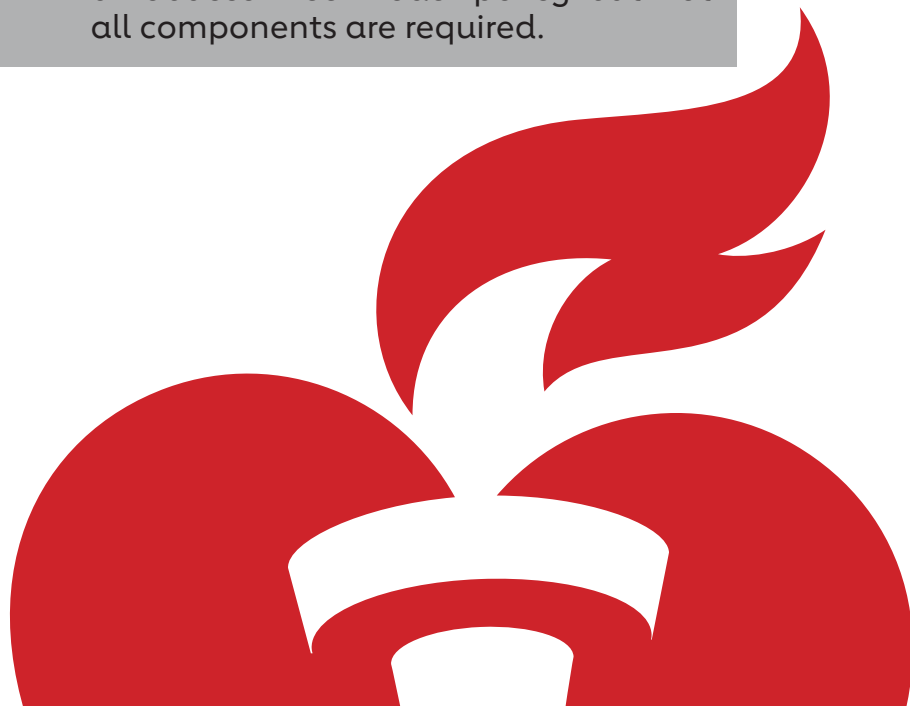


The organization shall enforce a tobacco-free policy that defines a "Tobacco Product" as but not limited to:

1. Any product containing, made of, or derived from tobacco nicotine that is intended for human consumption or is likely to be consumed, whether inhaled, absorbed, or ingested by any other means, including, but not limited to, a cigarette, cigar, pipe tobacco, roll-your-own tobacco, heat-not-burn, water pipe/hookah, chewing tobacco, snuff, or snus;
2. Any electronic nicotine delivery device, such as an electronic cigarette, and any substances that may be aerosolized or vaporized by such a device, whether or not the substance contains nicotine. Tobacco Product does not include drugs, devices, or combination products authorized for sale by the U.S. Food and Drug Administration, as those terms are defined in the Federal Food, Drug, and Cosmetic Act.



The organization shall enforce a tobacco-free policy that applies to employees/parishioners and visitors restricting the use and sales of all tobacco products (including but not limited to cigarettes, cigars, smokeless tobacco products, and vaping/e-cigarettes) within the enclosed areas on the organization's premises (including buildings and vehicles) with no exception to common work areas, auditoriums, classrooms, sanctuaries, conference/meeting rooms, elevators, cafeterias, stairwells, hallways, restrooms, break rooms, garages, warehouse, vehicles owned, leased or operated by the organization or all other enclosed facilities.





The organization shall prohibit all tobacco use on all outside property/grounds owned or leased by the organization, including construction sites, trailers, offices, restrooms, parking lots - locations employees must be to perform work duties or attend worship services or religious activities. This also applies to private vehicles while they are on the organization's property.



The organization shall make employees aware of tobacco-free resources by posting resources/information in common areas, to an online employee portal and/or in the employee manual (e.g., cessation programs).



The organization shall inform employees/parishioners/others of the policy through the organizational policy manual and clearly posted signs.



The organization shall refer tobacco users to a state or other tobacco cessation telephone quit line.



The organization shall provide adequate tobacco cessation coverage as it is defined by the US Department of Labor:

1) Screening for tobacco use

2) For those who use tobacco products, at least two tobacco cessation attempts per year. Covering a cessation attempt includes coverage for at least four tobacco cessation counseling sessions of at least 10 minutes each (including telephone counseling, group counseling, and individual counseling) without prior authorization; and all Food and Drug Administration (FDA)-approved tobacco cessation medications (including both prescription and over-the-counter medications) for a 90-day treatment regimen when prescribed by a health care provider without prior authorization.



The Affordable Care Act (ACA) allows insurance companies to add a premium surcharge of up to 50% based on smoking status. This surcharge is not subsidy-adjusted for low-income consumers.<sup>37</sup> These premium surcharges are increasingly being passed along to the employees. For many tobacco users this is seen as punitive when not combined with resources and support.

## Case Study

### **A local healthcare facility made the decision to go 100% tobacco-free**

as a direct result of their mission which calls for improving the health of the community they serve. Human resources was a key champion and they created the policy. They educated employees and visitors about the new policy with significant signage around the campus. Additionally, they provided employees with resources, specifically the Fresh Start program, a 4-week American Cancer Society program for tobacco use cessation, free of charge. “This isn’t a time of punishment, but of support and education,” said Lisa, one of the employees close to the policy implementation.

As a healthcare facility, this business was uniquely positioned with experts to develop and implement the policy. For businesses that are seeking additional help, Lisa recommends contacting your local health care system or hospital to see if they have a Business Health Division and request their assistance in developing and implementing a tobacco-free policy. Additionally, local health departments may be able to offer businesses an individualized policy creation and implementation approach.

Once you have secured any necessary advisers, Jeanie, an employee focusing on cessation programs recommends:

“

Ask current smokers to be a part of the conversation—create a committee and have them on it so they don’t feel like they are being punished. Have them involved early and often—make it a team effort.

”

Employee involvement is crucial since they are often required to pay their additional insurance premiums. At the local health facility, employees are required to notify their insurance if they are smokers during the benefit renewal period. This in turn will raise their monthly premium by roughly \$90/month, which the employee is responsible for paying. That is, unless an employee enrolls in the Fresh Start. At the end of the program they will have chosen a ‘quit date’ and will receive a certificate of completion. Once the certificate is submitted to HR the employee will no longer have to pay the additional insurance premium each month. New employees are given a nicotine test upon hire. If they test positive for nicotine they are offered the same opportunity as current employees to enroll in and complete the Fresh Start program in order to not pay the additional insurance premium.



Current employees are not being tested for nicotine, but rather relying on self-reporting. Additional solutions and resources are also necessary, Jeanie found that:

“

There is a lot of employee confusion about which medications are covered. We developed a one-page flyer that provides employees with clear messaging around what is covered and when.

”

There are also several new apps and other telehealth options which often resonate with younger employees.

Once the policy has been implemented and you have provided cessation resources to help employees you will need to determine an enforcement model.

We suggest designating a department: security, HR, and ambassadors to enforce no tobacco use on the premise. When making this decision Lisa cautioned businesses to remember “that nicotine is changing brain chemistry and addressing this as an addictive behavior is at the root of this problem.” With that in mind your company will need to determine what to do if an employee is caught using tobacco on the premises.

We encourage you to consider the first offense to be an educational warning with a strong suggestion to utilize available free resources.



# Resources

For assistance with education, development, and implementation to establish your tobacco free organization we recommend utilizing the following resources:

## Education:

- ▶ Hamilton County Public Health Department:  
<https://www.hamiltoncountyhealth.org/contact-us/>
- ▶ American Heart Association:  
<https://www.heart.org/en/healthy-living/healthy-lifestyle/quit-smoking-tobacco>

## Development:

- ▶ Contact your local hospital or health facility to ask if they have a Business Health Division.

## Implementation:

- ▶ Ohio Department of Health cessation program resources:  
<https://odh.ohio.gov/wps/portal/gov/odh/know-our-programs/tobacco-use-prevention-and-cessation/cessation/>
- ▶ Northern Kentucky Health cessation program resources:  
<https://nkyhealth.org/individual-or-family/individual-health/quit-smoking/>
- ▶ CDC Quit Smoking and Tobacco Cessation Resources:  
[https://www.cdc.gov/tobacco/quit\\_smoking/index.htm](https://www.cdc.gov/tobacco/quit_smoking/index.htm)
- ▶ FreshStart: <https://www.acsworkplacesolutions.com/freshstart.asp>
- ▶ Hamilton County Public Health Department, Health Promotion Education Division:



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