Developing A Smoking Control Policy

For many years, smoking was not considered to be a problem in the workplace. However, times have changed. Smoking is currently a significant issue in almost all workplaces, and is viewed by physicians and many workers as a serious health hazard both to the smoker and the nonsmoker.

Recently, the Congressional Office of Technology Assessment estimated that 314,000 deaths each year were related to smoking. This is 16% of all deaths that occur annually in the United States. Studies cite the lung cancer risk for individuals exposed to indirect or side stream tobacco smoke at 3.5 times the risk of an unexposed population. These statistics, coupled with the fact that only 36% of all U.S. adults smoke, have resulted in the institution of smoking control policies in both the private and public sectors. In addition, cost control studies indicate that the smoking employee incurs higher health care costs than the nonsmoker. Uncontrolled smoking can lead to costly fires and other property damage. Absenteeism is much higher for smokers than nonsmokers. Additionally, the smoking ritual, from opening the pack through crushing the butt, can significantly adversely affect productivity.

Developing a smoking control policy, in and of itself, will not solve the problem. A multifaceted approach should be used which addresses the policy, engineering controls for indoor air quality, and health enhancement programs to help those who want to stop smoking. Proper implementation of all three elements can produce desired results with the least adverse reaction.

Suggested guidelines for a Smoking Control Program include the following:

Develop and implement policies

Written Smoking Control Policy should address the following:

- Control health hazards associated with side stream smoke.
- Clarify employee's rights to a safe and healthy workplace.
- Define procedures for resolving conflicts.

Establish ventilation standards

- The American Society of Heating, Refrigeration, and Air Conditioning Engineers (ASHRAE) recommends standards that require the introduction of 5 cubic feet per minute (cfm) of fresh air per person in areas where smoking is not permitted, and a rate of 20 cfm per person in areas where smoking is permitted.

Designate smoking areas

- Designate areas where smoking is permissible. Smoking areas should generally be established in closed offices and in specific areas such as smoking lounges. Eating areas should be divided into smoking and nonsmoking sections.

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Enforcement and conflict resolution

- Enforcement should be the responsibility of line management. Disciplinary treatment that will be utilized should be considered and established beforehand. Enforcement and disciplinary actions should be reasonable but consistent.

Implement control measures

- Eliminate the source of emission.

- Isolate the source of emission. Limit smoking to only certain areas of the building.

- Improve indoor air quality through ventilation.

- Implement Smoking Cessation Programs. Cessation Programs should consist of a combination of literature, training sessions, support groups, and incentives for those employees who want to quit smoking.

Work force notification

- Worker notification should take place over a period of several weeks or even months, if possible, and include:

  (a) A personal letter from top management expressing their concern for all the employees' health, comfort and well-being.

  (b) Announcements at all staff meetings.

  (c) Articles in the company newsletter.

  (d) Posting the policy on the company bulletin boards.

  (e) Payroll suffers.

  (f) Signs posted in restricted areas.

  (g) Smoking Cessation Program implementation.

Enforcement and follow-up

- First line supervisors should be the main enforcers of the Policy. They should be made clearly aware of their enforcement responsibilities and held accountable for their employees' compliance. Consistent enforcement of the Policy should begin on the effective date of implementation.

Planning the Smoking Control Policy process, based on employee input, engineering assessment of air quality, and effective communication, can smooth implementation considerably. The end result can be a clear Policy that will effectively reduce employee complaints, improve indoor air quality, and reduce the employee health hazard.

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