EUROPEAN NETWORK FOR SMOKING PREVENTION
RESEAU EUROPEEN POUR LA PREVENTION DU TABAGISME

# SMOKE FREE WORKPLACES
## Optimising organisational and employee performance

**POLICY RECOMMENDATIONS**

144 Chaussée d'Ixelles 1050 Bruxelles – Belgium
Tel : + 32 2 230 65 15 Fax : + 32 2 230 75 07
e-mail: info@ensp.org internet: http://www.ensp.org

These policy recommendations have been produced by:

John Griffiths
Work2Health

Responsible editor: Sibylle Fleitmann
Co-ordinator: Sophie Kazan
European Network for Smoking Prevention

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**We would like following persons for their special input and collaboration:**

**Dr Annie Sasco,** International Agency for Research on Cancer.

**Ms Tamara Raaijmakers,** Center for Workplace Health Promotion, The Netherlands.

**Prof. Manfred Neuberger,** University of Vienna, Austria.

**Prof. Tore Sanner,** Tobacco Free - Institute for Cancer Research, Norway.

**Prof. Friedrich Wiebel,** German Medical Action, Germany.

**Ms Marijke Huydts**, European Union of Non Smokers.

**Mr Jean Tostain**, European Union of Non Smokers.

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# Executive Summary

Investment of time and effort in the development and implementation of a comprehensive workplace policy has been justified in many technical reports and scientific studies. One of the most notable reports has been published by the International Labour Organisation (ILO) which highlights that second hand smoke, sometimes referred to as environmental tobacco smoke (ETS) is a main contributor and preventable factor to work-related cancer, cardiovascular and cerebrovascular disease. Effective workplace tobacco policies contribute to reduce cost of accidents and work related disease which account for 4% of gross domestic product, according to ILO.

Employers in Europe are becoming increasingly aware of the need to maximise the productivity of their workforce and the effective management of sickness absence is growing in importance. Annual additional cost per smoking employee (sickness absence, increased cost of cleaning, costs associated with fire caused by cigarettes and matches) has been estimated to amount to 1025 US $ in the Netherlands, to 1226 US $ in Germany, to 1794 US $ in Canada and 2258 US $ in Sweden.

Recruiting and retaining a fit and health workforce is a vital factor in the European Social Agenda. Smoking and second hand tobacco smoke has been classified by the International Agency for Research on Cancer (IARC) as “carcinogenic” to humans. Of the 4000 chemical contained in second hand smoke some are pharmacologically active, mutagenic or toxic; more than 40 are known as carcinogens. There is no safe level of exposure and contrary to what is advocated by the tobacco industry, ventilation has proven not to be a solution. Exposure of pregnant women to ETS is particularly detrimental to the health of the mother and the foetus. Everyone’s right to clean air should be respected.

Workplace tobacco control policies have resulted in 12-39% of employees quitting smoking, the reduction of smokers’ cigarette consumption by 3-4 cigarettes a day and the fall in sickness absence rates. Policies should be comprehensive and be developed as a collaborative effort at all organisational levels of a company. Smoking cessation support and advice must be part of any comprehensive tobacco control policy.

The efficient implementation of workplace tobacco control policy is essential for the development of a comprehensive legislative framework in collaboration with occupational health authorities. Legislation leading to the universal creation of smoke free workplaces must become the priority of political decision makers and regulatory authorities on national and European level.

# The Workplace

***A key setting for reducing the smoking epidemic***

## Introduction

An unavoidable question facing policy makers seeking to address the impact of tobacco on organisational and employee health and well being is: Can the investment of time and effort in the development and implementation of comprehensive workplace tobacco policies be justified?
The answer is a clear: Yes, with the basis for this response being found in many technical reports and scientific studies.

### *Safe Work – The ILO Report*

One of the most notable reports in 2002, on subject of tobacco in the workplace was: "Decent Work – Safe Work" [(1)] produced by the International Labour Organisation (ILO). The report addressed the issues connected with occupational diseases, safety and health at work. Mr Kofi Annan, Secretary General of the United Nations is quoted in the introduction to the Report: *"… Safety and health of workers is a part and parcel of human security… Safe work is not only sound economic policy, it is a basic human right."* These points were developed by Mr Juan Somavia, Director General of the ILO, when he stated: *"Work is central to people's lives, to the stability of families and societies…Such work must be of acceptable quality. Decent work must be safe work and we are a long way from achieving that goal".*

The ILO Report highlights the impact of tobacco on the workplace, it notes that second-hand or environmental tobacco smoke (ETS) is a main contributing and preventable factor in work related cancer. Of all passive smoking related diseases:

- 1.1% are caused by chronic pulmonary disease.
- 2.8% of deaths are caused by cardiovascular and cerebrovascular disease.
- 3.4% are due to ischaemic heart disease.
- 4.5% of lung cancer mortalities are caused by asthma.
- 9.4% of deaths are due to cerebrovascular disease (stroke).

In terms of cost,*"… the ILO has estimated that 4% of gross domestic product is lost due to accidents and work related diseases".* And since second-hand smoke is a main contributing factor to these diseases, it follows that some of the 4% loss is attributable to it and also that effective workplace tobacco policies would therefore have a significant impact in reducing this loss.

The ILO Report highlights the findings of studies by the World Economic Forum and the Lausanne Institute of Management which demonstrate that the most competitive countries are also the safest.

One of the objectives set by the ILO report is to reduce work related diseases by targeting their causal factors. The implementation of effective and comprehensive workplace tobacco policies will contribute greatly to the achievement of that target.

***The European Labour Market***

As we learn from the ILO report, employers under increasing pressure to fill posts that become vacant, due largely to the fact that the working population of Europe is ageing, and the effects of this demographic change are expected to become even more pronounced during the next twenty years. While key stakeholders, including Ministries of Labour, employers' organisations, trades unions and individual employers are already addressing the issues created by the changing labour market by introducing core changes in the retirement age, a more flexible approach to retirement generally and the development of retraining programmes, tobacco consumption is working against these, and having an adverse effect on the labour force.

Recruiting and retaining a fit and healthy workforce is a vital factor in the continued economic growth and prosperity of the region. However tobacco consumption poses a major threat to the health and wellbeing of the workforce: Tobacco consumption will cause the premature death of a half of all regular smokers [(2)]. Of these, half will die in mid-life i.e. between the age of 45 and 69. This means that tobacco will remove from the labour force large numbers of experienced and difficult to replace personnel, either by causing their premature death or by causing workers to experience disabling, chronic disease – and it is doing this at a time when the workforce in Europe is ageing.

While employers in Europe are becoming increasingly aware of the need to maximise the productivity of their workforce, the effective management of sickness absence is growing in importance. Tobacco consumption is a creator of sickness absence. Many studies have shown that smokers take more time off work due to sickness than do non-smokers and ex-smokers.

The following calculation shows how much time an organisation may lose each year due to the increased sickness absence of smokers. In the calculation the following estimations are made:

- An adult smoking prevalence of 33%
- A smoker taking an additional 2 days sickness absence (a low estimate as studies show a range of 25% - 80% additional sickness absence for smokers)
- A working year of 220 days.

| | Organisation with 10000 employees | Organisation with 1000 employees | Organisation with 100 employees |
|---|---|---|---|
| Estimated number days lost due to tobacco related sickness absence | Number of smokers - 3333 x 2 days<br>**Total = 6666 days** | Number of smokers - 333 x 2<br>**Total 666 days** | Number of smokers 33 x 2<br>**Total 66 days** |
| Equivalent number of full time employees | 30 | 3 | 0.3 |

These figures show the scale of the additional cost borne by employers.

Additionally, we have to add lost productivity while employees smoke, the increased costs of cleaning, and the costs associated with fires caused by cigarettes and matches etc. to these figures. Some of these costs are reflected in the following table which provides an overview of the annual costs per smoking employee per year for four countries – the Netherlands, Germany, Canada and Sweden [3].

| **Country** | Annual costs (US $) |
|---|---|
| The Netherlands [1] | 1025 |
| Germany [1] [2] | 1226 |
| Canada [1] [3] | 1794 |
| Sweden [4] | 2258 |

Notes for the table above:

[1] Based on increased absenteeism and sick pay due to smoking

[2] Based on payment for overtime work to cover for absent colleagues, additional ventilation and cleaning, installing designated smoking areas and costs associated with increased fire risk

[3] Based on increased life insurance premiums and costs of providing smoking areas

[4] Based on sickness absence costs and lost productivity due to smoking breaks

***A Smoke Free Workplace***

The development of a workplace tobacco control policy which leads to working areas being entirely smoke-free removes the risks to the health of non-smokers.
A smoke free workplace policy has also been shown to:

- Lead to an improvement in employees' morale.
- Reduce sickness absence.
- Improve working relationships.

- Improve productivity.

It has also been shown to lead to an increase in cessation attempts by workers with between 12 - 39% of smokers using the introduction of the policy as an opportunity to quit the habit or cut down the number of cigarettes they smoke [4] [5] [6] [7]. In the longer term this also leads to a reduction in levels of sickness absence and an increase (both short and longer term) in productivity.

# A Comprehensive Workplace Tobacco Control Policy

This paper outlines the rationale for the development of comprehensive workplace tobacco control policies throughout the European Region. We will deal with four tobacco related workplace issues, each of which will make a significant contribution to the reduction of tobacco related disease and the development of more productive, efficient and profitable organisations.

Further information on these issues can be found in the European Status Report on Smokefree Workplaces available from http://www.ensp.org (in English, French, German, and Spanish)

**Second-hand tobacco smoke**

Second-hand tobacco smoke, which is sometimes referred to as Environmental Tobacco Smoke (ETS), can be inhaled by non-smokers, a process called 'Passive Smoking'. Second-hand smoke consists of the smoke given off from the burning tip of the cigarette together with the smoke exhaled by the smoker.

*Key facts*

- The evidence linking second-hand tobacco smoke with disease in non-smokers is indisputable.
  The particles of second-hand smoke are smaller than those in the smoke drawn in by the smoker. They can travel deeper into the lungs of those breathing in the second-hand smoke where they can cause severe harm [8].
  Additionally, the International Agency for Research on Cancer (IARC)'s international review on tobacco smoking and tobacco smoke has classified both as "carcinogenic to humans", thus establishing a causal relationship between exposure to second-hand smoke and human cancer: "a positive relationship has been observed between the exposure and cancer in studies in which chance, bias and confounding could be ruled out with reasonable confidence"[9].

- Second-hand smoke contains over 4000 compounds and more than 40 are known carcinogens [10]. Some of which are pharmacologically active, mutagenic or toxic.

- In the European Union 7.1 million workers are exposed to environmental tobacco smoker 75% of their working time.
  Exposure to environmental tobacco smoke is the second most common exposure to occupational carcinogens after solar radiation (9.1 million workers) and before: crystalline silica (3.2 million workers); diesel exhaust (3.1 million workers); radon (2.7 million workers; wood dust (2.6 million workers); lead and inorganic lead (1.5 million workers); and benzene (1.4 million workers).

- Second-hand smoke cannot be controlled by ventilation, air cleaning, or by positioning smokers as far away as possible from non-smokers.

Ventilation is a solution promoted by the tobacco industry but there are many studies which show that ventilation does not remove the harmful substances. As one expert states, ventilation would need to achieve "tornado like levels of air flow" to achieve a minimal risk [11].

- The short-term effects of second-hand smoke include irritation to the eyes and nasal cavities and increased risk of asthma. Exposure to second-hand smoke at home or at work puts an adult non-smokers at a 40% - 60% higher risk of developing bronchial asthma [12].

- The long term effects of second-hand smoke include an increased risk of lung cancer[13], heart disease and stroke and even though a passive smoker only inhales about 1% of the smoke their risk of heart disease may be as much as half that of someone smoking 20 cigarettes a day [14].

- Second-hand smoke increases the risk of a heart attack in a non-smoker by 32% and of a fatal heart attack by 14% [15]. Second-hand smoke raises the risk of stroke in a non-smoker by up to 80% [16].

- Exposure of non-smoking pregnant women to second-hand smoke can cause a decrease in birth weight [17] [18] [19]. Low birth weight has been linked to neonatal mortality and complications in the health and future development of the child.

*Policy Issues and Action Points*

- Ministries of Health and Labour together with the Labour Inspectorate must act on the rapidly increasing knowledge base linking second-hand smoke and disease in non-smokers.

- Legislation leading to the universal creation of smoke free working environments should be introduced as a matter of priority with the responsibility for regulation led by the Labour Inspectorate.

- The right of non-smokers to breathe clean air while working is paramount. It is common regulatory practice to reduce workplace risks to below a level of 1 in 10 000.
  Workers inhaling second-hand smoke take in up to 1% of the smoke breathed in by a smoker, the non smokers risk of developing a tobacco related disease is therefore well above 1 in 10 000, and in some places , e.g. the hospitality business, it may even be above 1 in 10. The need for action is clear.

- Any legislation must make it possible for employees, either directly or through their representatives, to bring action against employers who do not comply with the regulations. They must be able to do this without risk to their jobs or careers, and must be awarded all the costs they incur in bringing the action.

- While segregated smoking areas protect the health of non-smokers these areas do nothing to protect the health of smokers. Therefore the ideal position is to implement a completely smoke free policy.

**Workplace tobacco policies**

*Key facts*

- The proportion of employers within the Members States of the European Union who operate workplace tobacco policies vary greatly.

- Policies can be divided into four types:

  - No formal policy… the worst scenario, as it affords no protection to non-smokers from the impact of second-hand smoke.

  - The "Democratic Tobacco Policy" …where the workers in a building or area decide among themselves whether smoking will be allowed. Under the normal "one person - one vote" rule the decision is based on a simple majority. Non-smokers in a minority are therefore severely disadvantaged.

  - Workstation/desk area is completely smoke free, but there are designated smoking and non smoking rest areas.

  - Workplace is completely smoke-free … This is easy to monitor, everyone knows what is expected and non-smokers are protected from second-hand smoke. But dependant smokers may have to travel further to a place where they can smoke i.e. off the site, this means that they will be away from their workstation for longer, or that they smoke in areas where this is not permitted.

*Policy Issues and Action Points*

- Every employer in the EU should implement policies that will lead to the creation of smoke-free workplaces so that every employee in the EU should be able to work in an environment that is free from tobacco smoke.

- Governments must recognise that many employers will not develop and implement a workplace smoking policy unless they are compelled to do so by external factors.
  The introduction of a Regulation or Statutory Obligation requiring employers to ensure that work areas are smoke free is an urgent priority. Ideally such measures would necessitate and facilitate the development of a comprehensive workplace policy at the organisational level.

- Existing legislative frameworks that provide a basis for the development of comprehensive workplace policies include health and safety legislation and workplace risk assessment.

- Public sector organisations must recognise their exemplar role and implement workplace tobacco control policies and practices that are based on best practice.

- European Member States should fully support the development and implementation of the WHO Framework Convention on Tobacco Control (FCTC)

**Promoting good practice**

*Key fact*

- Amongst the 15 EU Member States, it is estimated that there are more than 20 million employers, 99.2% employ fewer than 250 employees and the vast majority are in the small or micro enterprise category (SMEs).

| **Enterprise size category** | **Number of employees** |
|---|---|
| SMEs | < 250 |
| Medium sized enterprises | 50 – 249 |
| Small scale enterprises | 10 – 49 |
| Micro enterprises | 1 - 9 |

(from ENWHP Website: http://www.enwhp.org/topics/pdf/report_on_the_current_status.pdf)

*Policy Issues and Action Points*

- Access to good quality advice and guidance on workplace tobacco policy development is a key factor in the development of a response at the organisational level. Mistakes made by others can be avoided and best practice more rapidly put in place.

- The importance of making good quality information available to employers on the development and implementation of workplace tobacco control polices must be recognised as a major priority by relevant government departments, the labour inspectorate and trades unions. And resources should be allocated to the process of information exchange.

- Workplace tobacco control should be included in the curricula of occupational health courses and professional development. Additionally, training events should be offered to relevant professional groups by their professional bodies and academic institutions.

- Relevant pan European institutions and networks such as the European Network for Workplace Health Promotion, The European Network of Health Promoting Hospitals and the European Agency for Safety and Health at Work should make the dissemination of workplace tobacco control good practice a priority action.

**Smoking cessation**

*Key facts*

- Studies indicate that workplace tobacco control results in 12-39% of employees quitting smoking, while the consumption of tobacco among smokers who continue to smoke also decreases by 3-4 cigarettes per day [(4) (5) (6) (7)].

- Sickness absence rates of ex-smokers fall over time [(20)].

- Occupational health services have a key role to play in the provision of smoking cessation advice and support. If an occupational health service is not available then similar advice can be sought from community based health services.

- Smoking cessation rates experienced following the introduction of workplace tobacco control policies would positively effect on national cessation rates – in Member States with population based cessation targets it can be argued that comprehensive workplace policies are the single most important factor needed to achieve those targets.

- The risk of a heart attack falls by 50% in the first year after someone has stopped smoking [(21)]. For employers confronted by an ageing workforce and increasing difficulties in recruitment, keeping employees in work is important. The provision of smoking cessation advice and support is a positive step towards achieving this goal.

- **But** the sale of cigarettes at the workplace undermines attempts at smoking cessation - in fact the practice undermines everything that an employer might be doing to protect the health and well-being of his / her employees.

*Policy Issues and Action Points*

- Workplace tobacco control policies should include the provision of advice and support for smokers wanting help to stop smoking.

- Smoking cessation must be included in initial training courses for medical doctors and nurses and particularly in the syllabi of occupational health institutes.

- Campaigns to raise the awareness of employees of the benefits of smoking cessation should be implemented in all Member States.

- Given the harm that smoking causes to individuals, their families and their employers, employers or workplaces should not facilitate employees access to tobacco. Put simply: tobacco products should not be sold in workplaces. In countries where the sale of tobacco products in the workplaces is permitted, key stakeholders (including Ministries of Labour, employers' organisations, trades unions and individual employers etc.) should ensure that the sale of tobacco products is ended as rapidly as possible.

# Conclusion

The introduction of comprehensive workplace tobacco control policies throughout the EU will lead to a significant improvement in population health and will enhance organisational efficiency and productivity. It should be noted that there is a need to work collaboratively and co-operatively if this process is to achieve its full potential.

***At Governmental Level*** responsibility for workplace tobacco policies can lie within the remit of several ministries and departments e.g. the Ministries of Labour, Health and the Labour Inspectorate. Good co-ordination and unified thinking are important characteristics at this level if employers are to see that their government is committed to a healthy and productive workforce.
The involvement of national representative and professional bodies sends a clear signal to the membership that workplace tobacco policy development is a vitally important and legitimate activity.

***At Organisational Level*** responsibility for the development of a comprehensive workplace tobacco control policy lies within the remit of several professional groups, including occupational health and safety, human resource management, trades unions and employee representatives, and the senior management team.
The likelihood of a sustainable outcome is enhanced when responsibility for the workplace policy is shared among these groups, and diminished when only one group, or even only one person takes it forward. However, making one person on the senior management team formally accountable for the delivery of a comprehensive workplace policy is likely to keep the programme active and clearly demonstrates the organisations commitment to the process.

**Of critical importance is the recognition that taking action now will deliver short, medium and long term benefits to European workers and the organisations in which they work.**

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