

# MAKING YOUR WORKSITE TOBACCO-FREE



Third Edition

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# INTRODUCTION

## Welcome!

Thank you for taking the time to consider making your worksite tobacco-free!

As you start this process, it is likely that you have many questions. This toolkit will help answer these questions and guide you through the entire process of implementing a tobacco-free worksite policy. Choosing to go tobacco-free is one of the best decisions you can make for your worksite and your employees!



### Topics you can learn more about within this toolkit:

#### 1. Who is this toolkit for?

This toolkit can be used by any worksite making the choice to go tobacco-free. The information in this toolkit is relevant for hospitals, corporate businesses, small businesses, commercial businesses, industry, K-12 schools, colleges and universities, cities, counties and many others.

#### 2. How do I use this toolkit?

This toolkit contains step by step instructions on how to implement a tobacco-free worksite policy. You can follow this toolkit in its entirety or skip around to the sections that most pertain to you and your worksite.

#### 3. My worksite is already smoke-free. Why should we update our policy to tobacco-free?

Implementing a tobacco-free worksite policy involves more than simply stating that smoking is prohibited in buildings or on the grounds. A comprehensive tobacco-free policy prohibits the use of all tobacco products, including electronic cigarettes, in company buildings, on company grounds, and in company owned vehicles. By only prohibiting smoking, you may send a message that the use of other tobacco products is acceptable.<sup>1</sup> All tobacco products are harmful<sup>2</sup>.

Implementing a tobacco-free policy ensures that smokers do not replace cigarettes with other tobacco products during work hours.<sup>1</sup> Four model tobacco-free worksite policies can be seen within the Additional Resources section of this toolkit.

#### 4. My worksite is already tobacco-free. What can the American Lung Association do for me?

Congratulations on your tobacco-free worksite! We are able to offer worksites in our service area: cessation resources, media awareness, and other technical assistance at no cost! If your worksite is looking to update to a nicotine-free policy, more options may be available. To connect with local resources, please contact the American Lung Association at **651-337-5104** or **Info@LungMN.org**.

#### 5. Will implementing a tobacco-free worksite policy improve the health of my employees?

Yes! Smoking and using other forms of tobacco impact almost every organ in the body.<sup>3</sup> Using tobacco can lead to cancers, cardiovascular and respiratory issues, and even death.<sup>3</sup> Research has shown that implementing tobacco-free worksite policies can help users quit!<sup>4-7</sup> For more information on the negative health effects of tobacco, see pages 6-11.

## Topics you can learn more about within this toolkit: (continued)

### 6. Will implementing a tobacco-free worksite policy save my company money?

Yes! For every smoker that successfully quits, an employer can save \$5,816 annually due to reduced absenteeism, increased productivity, and decreased healthcare costs.<sup>8</sup> To see how much money this policy change could save you, see pages 11-13.

### 7. Have other worksites made the decision to go tobacco-free?

Yes! Many businesses across Minnesota and the United States have taken this important step toward employee health and cost-savings.

### 8. Is it legal to implement a tobacco-free policy?

Yes. The U.S. Constitution does not grant individuals a right to smoke or a right to use tobacco products.<sup>9</sup> Smokers are not a protected group of people under the Equal Protection Clause of the U.S. Constitution.<sup>9</sup> For more information about legal issues surrounding a tobacco-free worksite policy, please see the Online Tobacco Resources links within the Additional Resources section of this toolkit.

### 9. What resources are available to help my employees quit using tobacco products?

There are many resources available to help your employees stop smoking or using other tobacco products. These resources include free medications and telephone counseling through QUITPLAN Services, group counseling through the American Lung Association's Freedom From Smoking® course, and web-based cessation support. For more information, please see page 23 and the Additional Resources section at the back of this toolkit.

### 10. If I need additional assistance throughout this process, who can I contact?

To connect with local resources, please contact the American Lung Association at **651-337-5104** or **Info@LungMN.org**.

*\*The information provided in this document is not intended to be legal advice. Please consult an attorney for additional information.*





REASONS TO GO  
TOBACCO-FREE

## REASONS TO GO TOBACCO-FREE

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*THERE ARE THREE MAJOR REASONS TO IMPLEMENT A TOBACCO-FREE POLICY AT YOUR WORKSITE.*



**Reason #1:**

Update existing smoke-free policies to include all tobacco products, including electronic cigarettes.



**Reason #2:**

Improve the health of all employees and visitors.



**Reason #3:**

Reduce employer costs.

### Reason # 1: Update Existing Smoke-free Policies to Include all Tobacco Products Including Electronic Cigarettes



Tobacco-free policies go beyond simply stating that smoking is prohibited in buildings or on the grounds. A comprehensive tobacco-free policy prohibits the use of all tobacco and tobacco-like products in company buildings, on company grounds, and in company owned vehicles.

A smoke-free policy eliminates the use of cigarettes and other smoked forms of tobacco. These other forms can include cigars, little cigars, cigarillo, pipes, and hookahs.<sup>10</sup> A tobacco-free policy will upgrade any smoke-free policies to also include other harmful tobacco products. Some of these products include: chewing tobacco, snuff, dip, snus, and electronic nicotine delivery systems (ENDS), such as electronic cigarettes. These products are not safe alternatives to cigarettes, as all tobacco products cause serious health problems.<sup>2</sup> To ensure that smokers do not replace cigarettes with other tobacco products during work hours, it is important to implement a tobacco-free policy.<sup>1</sup>

When updating or implementing a tobacco-free policy, businesses should also consider making their policy tobacco-free by including electronic cigarettes in their definition of tobacco products. Electronic cigarettes (also referred to as e-cigarettes or e-cigs) are considered tobacco products by Food and Drug Administration (FDA) standards.<sup>11</sup> E-cigarettes are designed to produce an aerosol that contains

nicotine and other toxic chemicals.<sup>12</sup> These products are battery operated, vary in appearance, and little is known regarding the extent of the health problems that these products could create.<sup>11</sup> For current information on e-cigarettes, please contact the American Lung Association in Minnesota at **651-337-5104** or **Info@LungMN.org**.

It is important to note that a tobacco-free policy should make exceptions for the use of FDA approved nicotine replacement therapies that are used for the purpose of tobacco-use cessation. There are seven FDA approved medications for tobacco cessation.<sup>13-14</sup> These come in the forms of patches, gums, nasal sprays, inhalers, lozenges, and prescription medications.<sup>13-14</sup> Electronic cigarettes are not approved as a cessation method.<sup>15</sup>

For more information on the various forms of tobacco, see the Tobacco Products 101 fact sheet on the next page.

### Reason #2: Improve the Health of all Employees and Visitors



More people in the United States die prematurely due to tobacco use than any other cause.<sup>16</sup> Approximately 480,000 Americans and 5,900 Minnesotans die each year as a result of smoking and exposure to secondhand smoke.<sup>16-17</sup> Implementing a tobacco-free policy at your worksite can help tobacco users quit and extend their lives.



### TOBACCO PRODUCTS 101



**Cigarettes:** Tobacco rolled into a paper wrapping. The smoke produced by cigarettes contains 7,000 chemicals. Seventy of these chemicals have been proven to cause cancer.

**Light Cigarettes:** These may be labeled “low-tar,” “mild,” “light,” or “ultra-light.” In 2010, the use of this terminology in labeling was banned. These are not a safer alternative to regular cigarettes.

**Cigars, Cigarillos, and Little Cigars:** These are bundles of dried and cured tobacco that are rolled in a paper wrapping. These could be flavored, making them appealing to youth and young adults. These are not a safe alternative to cigarettes.

**Hookah:** These products allow for the inhalation of smoke from flavored tobacco products. Also referred to as water pipes, hookahs are not a safe alternative to other forms of tobacco.

**Menthol Cigarettes:** These are cigarettes that contain a minty flavoring. These are also not a safe alternative to regular cigarettes.

**Snuff:** A dry form of tobacco that can be inhaled through the nose. This is not a safe alternative to smoking.

**Electronic Cigarettes (e-cigs):** These products produce an aerosol of nicotine and other chemicals that are inhaled. They can look like traditional cigarettes, cigars, or even pens. These are particularly dangerous because as of early 2015, they have not been regulated by the FDA. These are not safe alternatives to cigarettes and are not approved for tobacco-use cessation. For information on FDA approved tobacco-cessation medications, please see page 24.

**Chewing Tobacco:** A smokeless tobacco that users typically place between their cheek and gums. Tobacco juices are usually spit out, but some users may swallow these juices. This is not a safe alternative to smoking.

**Snus:** Moist snuff that is placed in a small pouch and placed between the cheek and gums. This product does not require the user to spit. This is not a safe alternative to smoking.

**Dissolvable products:** Lozenges, orbs, strips, and sticks that can be consumed similarly to candy or other dissolvable food item. These products also do not require any form of spitting. These products are not a safe alternative to smoking.

Source: <http://betobaccofree.hhs.gov/about-tobacco/index.html>

## Current Tobacco Use in Minnesota

In 2014, 14.4% of Minnesotans reported being current smokers compared to 17.3% nationally.<sup>38</sup> The smokers in Minnesota are more likely to be male, have lower incomes, and completed less schooling than their nonsmoking counterparts.<sup>38</sup> Adults 25-44 years old had the highest rate of smoking in 2014, compared to young adults 18-24 years old.<sup>38</sup> Cigarette smoking in Minnesota varies by region with higher percentages in northern Minnesota and lower percentages in southern Minnesota.<sup>38</sup>

In addition to cigarettes, the use of other tobacco products such as snus, cigars, smokeless tobacco, and electronic cigarettes (e-cigarettes) is rising. The number of adults in Minnesota using e-cigarettes in the past 30 days increased from .7% in 2010 to 5.9% in 2014.<sup>38</sup> Currently in Minnesota, 25.1% of smokers smoke menthol cigarettes.<sup>38</sup>

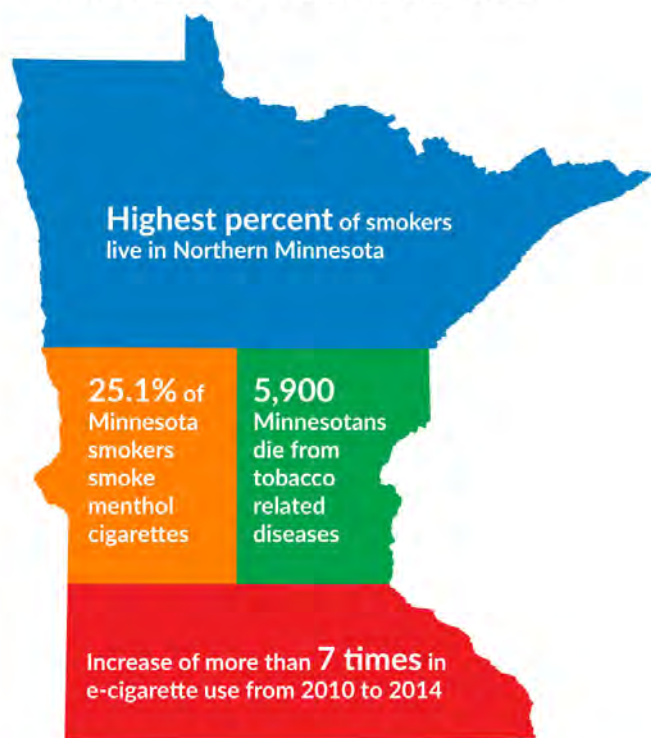
Smoking also continues to be a problem in youth. Although cigarette smoking among Minnesota high school students has decreased sharply from 18.1% in 2011 to 10.6% in 2014, e-cigarette use has increased dramatically.<sup>39</sup> In fact, 12.9% of students reported using e-cigarettes in the past 30 days and 60.1% of high school students who used an e-cigarette in the past 30 days also used conventional tobacco products in the past 30 days.<sup>39</sup>

Tobacco use continues to be a leading cause of preventable death and disease in Minnesota. Each year 5,900 Minnesotans die from tobacco related diseases and costs Minnesotans \$2.51 billion annually.<sup>17</sup>

## Consequences of Tobacco Use

In 1964, the Surgeon General of the United States released a report stating that smoking cigarettes is a cause of both lung cancer and chronic bronchitis.<sup>20</sup> Today, more men and women die of lung cancer than any other cancer.<sup>21</sup> In Minnesota, an estimated 2,430 people will die from cancers of the lung and bronchus in 2016.<sup>22</sup> Smoking increases a man's risk of dying from lung cancer by 80% and a woman's risk by 90%.<sup>23</sup> The effects of tobacco use do not end at lung cancer. Tobacco users can have negative health effects in almost every organ of their body.<sup>3</sup>

## MINNESOTA TOBACCO USE

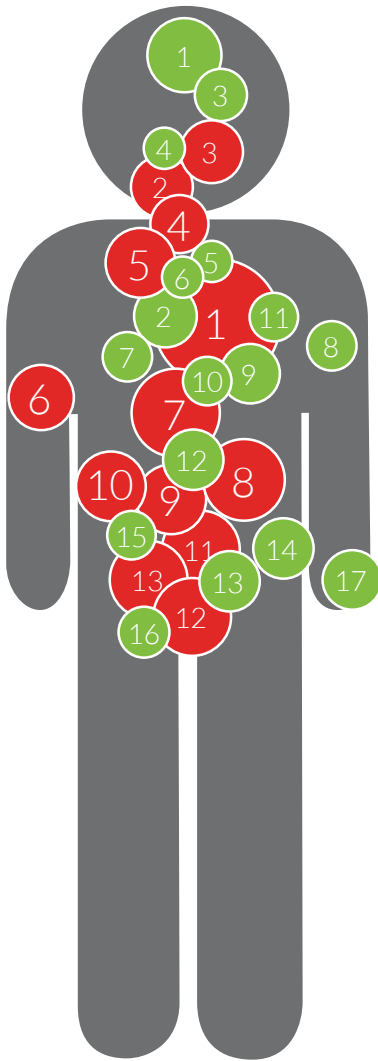


*Since 1964, more than 20 million Americans have died because of smoking. Of the 20 million who died, 2.5 million were nonsmokers who died because of secondhand smoke.*

*- 2015, 50<sup>th</sup> Anniversary  
U.S. Surgeon General's Report*

### Tobacco use effects almost every part of the body

TOBACCO USERS ARE AT AN INCREASED RISK FOR A LONG LIST OF HEALTH CONDITIONS.



#### ***Tobacco use has been proven to cause the following cancers:<sup>16</sup>***

1. Lung, Trachea, and Bronchus Cancer
2. Oropharynx Cancer
3. Cancers of the Lip and Oral Cavity
4. Laryngeal Cancer
5. Esophageal Cancer
6. Acute Myeloid Leukemia
7. Stomach Cancer
8. Liver Cancer
9. Pancreatic Cancer
10. Kidney Cancer
11. Cervical Cancer
12. Bladder Cancer
13. Colorectal Cancer

#### ***Beyond cancer, tobacco-use has also been proven to cause:<sup>16</sup>***

1. Strokes
2. Coronary heart disease
3. Vision loss due to cataracts and macular degeneration
4. Periodontitis (serious gum infection that can end in tooth loss)
5. Aortic aneurysm
6. Early abdominal atherosclerosis
7. Pneumonia
8. Atherosclerotic peripheral vascular disease
9. Chronic obstructive pulmonary disease (COPD)
10. Tuberculosis
11. Asthma
12. Diabetes
13. Reproductive health issues
14. Hip fractures
15. Ectopic pregnancy
16. Erectile dysfunction
17. Rheumatoid arthritis
18. Immune dysfunction
19. Heart Disease

## The Effects of Secondhand and Thirdhand Smoke

Non-smokers that are exposed to cigarette smoke can also suffer negative health effects. Secondhand smoke has been proven to cause strokes, lung cancer, and coronary heart disease in adult non-smokers.<sup>16</sup> Pregnant women exposed to secondhand smoke have an increased risk of delivering a low birth weight infant.<sup>16</sup> It is estimated that 42,000 Americans die each year from secondhand smoke exposure, with the majority of these being from lung cancer and heart disease.<sup>16, 24</sup>

Secondhand smoke also causes numerous health issues for infants and children. Infants that are exposed to secondhand smoke have an increased risk of sudden infant death syndrome (SIDS).<sup>16</sup> Children exposed to secondhand smoke are also more likely to suffer from ear infections, coughing, sneezing, bronchitis, pneumonia, and shortness of breath.<sup>25-26</sup> Children with asthma that are exposed to secondhand smoke are more likely to suffer from severe asthma attacks.<sup>25-26</sup>

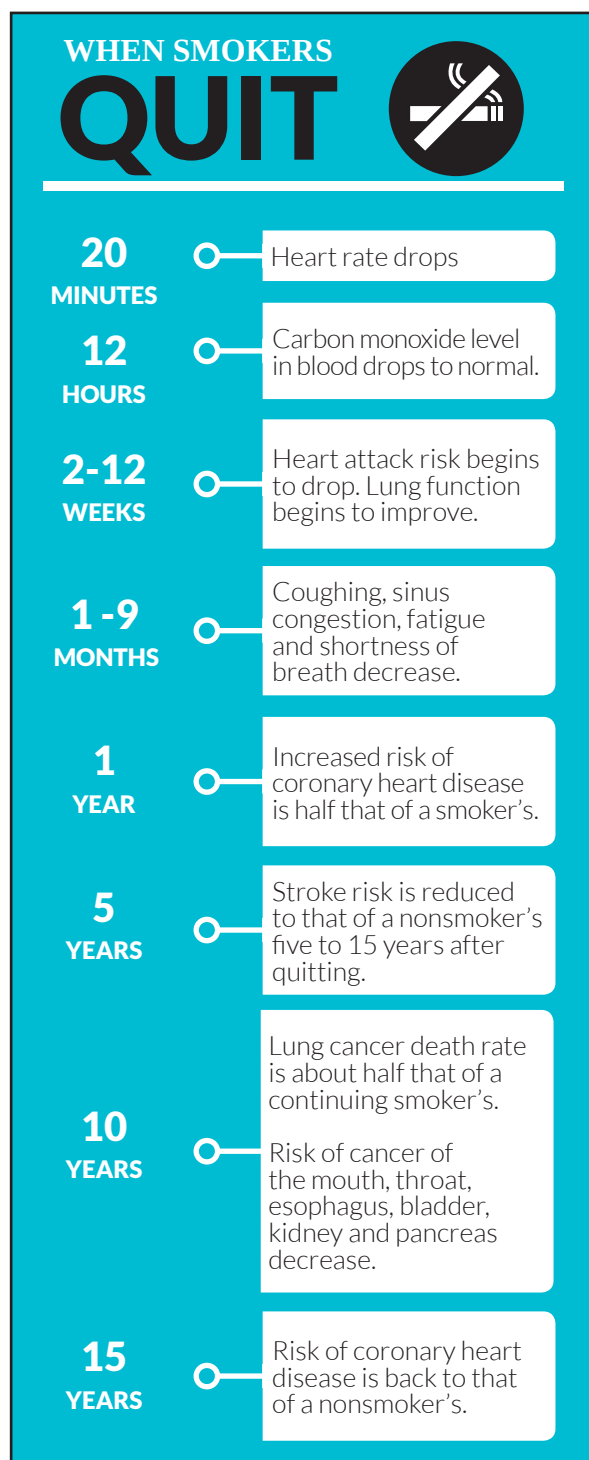
Individuals are exposed to thirdhand smoke when they are forced to inhale the chemicals from tobacco products that remain on a smoker's clothing, hair, or skin.<sup>27</sup> The chemicals from tobacco products that cause thirdhand smoke can also linger on carpets, furniture, window treatments, within vehicles, and on various other surfaces.<sup>27</sup> Workers that take smoke breaks and then return to the office can expose their coworkers to this deadly mix of chemicals.

## Tobacco-free Policies Help People Quit

According to the Community Preventive Services Task Force, smoke-free worksite policies "...reduce consumption by continuing smokers, increase smoking cessation attempts, increase the number of smokers who successfully quit, and reduce the prevalence of tobacco use among workers."<sup>5</sup>

This is especially important because smokers that quit before age 30 can almost entirely eliminate their

risk of dying prematurely of a smoking-related cause and smokers that quit before age 40 reduce their risk of early death by 90%.<sup>16,28</sup> Beyond this, smokers who quit at any age will see health benefits and quality of life improvements.<sup>28</sup>



# REASONS TO GO TOBACCO-FREE

Many recent studies have been able to show that implementing tobacco-free or smoke-free policies at worksites help people quit!

- In 2007, the University of North Carolina Health Care System implemented a tobacco-free worksite policy. Nearly 66% of tobacco users reported making a quit attempt in the preparation for and aftermath of this policy change. This was much higher than the state average for quit attempts of 56.8%. Sixty percent of those that reported quit attempts or cessation success following the policy change indicated that the policy helped them make this life change.<sup>6</sup>
- A New York hospital implemented a smoke-free campus policy in July of 2006. Prior to the policy implementation in 2005, 14.3% of hospital employees reported smoking. In 2007, following the implementation of the policy, only 9% of employees reported themselves as smokers.<sup>4</sup>
- A study of a worksite with over 3,000 adults in South Korea found that smoking decreased by 6.4 percentage points after implementing a smoke-free policy. For smokers that did not quit, they averaged 3.7 fewer cigarettes each per day.<sup>7</sup>

Tobacco-free and smoke-free worksite policies have the ability to help tobacco-users quit.

## Reason # 3: Reduce Employer Costs

In Minnesota, nearly \$2.51 billion per year is spent on healthcare costs as a direct result of smoking and \$1.54 billion is lost in productivity.<sup>17</sup> Tobacco users cost employers in terms of increased absenteeism, reduced productivity as a result of nicotine addiction, missed work time due to smoke breaks, and increased healthcare expenses.<sup>8</sup>



## WHAT TOBACCO USERS **COST** EMPLOYERS

### **2.6 DAYS** Increased Absenteeism

It is estimated that smokers miss approximately 2.6 more days of work than their nonsmoking peers each year.<sup>8</sup>

### **1% LESS** Reduced productivity as a result of nicotine addiction

A smoker can start to feel withdrawal symptoms within 30 minutes of their last cigarette/tobacco use.<sup>16</sup> These withdrawal symptoms, as a result of nicotine addiction, can interfere with an employee's ability to effectively perform his or her job. It is estimated that smokers are 1% less productive than nonsmokers.<sup>8</sup> In a worksite with many smokers, these productivity losses can add up!

### **5.5 DAYS** Missed work time due to smoke breaks

While every person is different, a recent study estimated that the average smoker takes two 15 minute smoke breaks per day in excess of regularly scheduled and allowed breaks.<sup>8</sup> This results in 5½ days per year of paid time that an employee is not working.

### **8% HIGHER** Increased healthcare expenses

A recent study estimated that the healthcare expenses of a smoker are approximately 8% higher than the expenses for a nonsmoker.<sup>8</sup> For employers that self-insure their employees, this can drastically increase the total amount spent on healthcare costs. Even employers who purchase private insurance are likely to see an increase in healthcare expenses due to their smoking employees.<sup>8</sup> Smokers are likely to have more insurance claims, and this could require employers to pay higher premiums.<sup>8</sup>

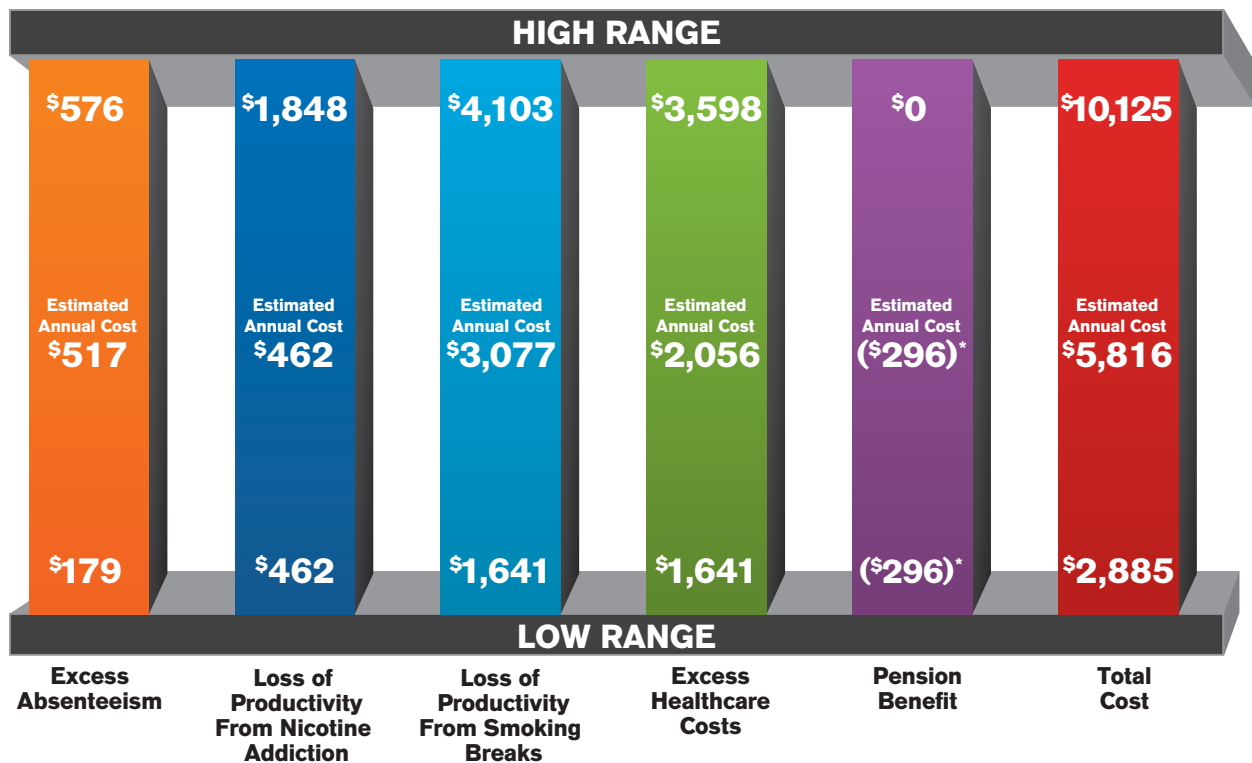
## REASONS TO GO TOBACCO-FREE

**A recent study found that for every smoker that quits, an employer can save between \$2,885 and \$10,125 annually.<sup>8</sup>** The breakdown of these potential savings can be seen in the table below. It is clearly evident that implementing a tobacco-free worksite policy can reduce costs for your business.

By implementing a tobacco-free worksite policy, you could help your employees quit. This life change will not only improve their health and quality of life, it will also save you money!

You can easily estimate the number of smokers at your worksite, the productivity losses of your business due to tobacco use, your excess healthcare costs due to smoking, and the total amount of money your company could save by helping all tobacco using employees quit. Just fill in the simple template on the following page.

**Total Annual Excess Cost of a Smoking Employee to a Private Employer**

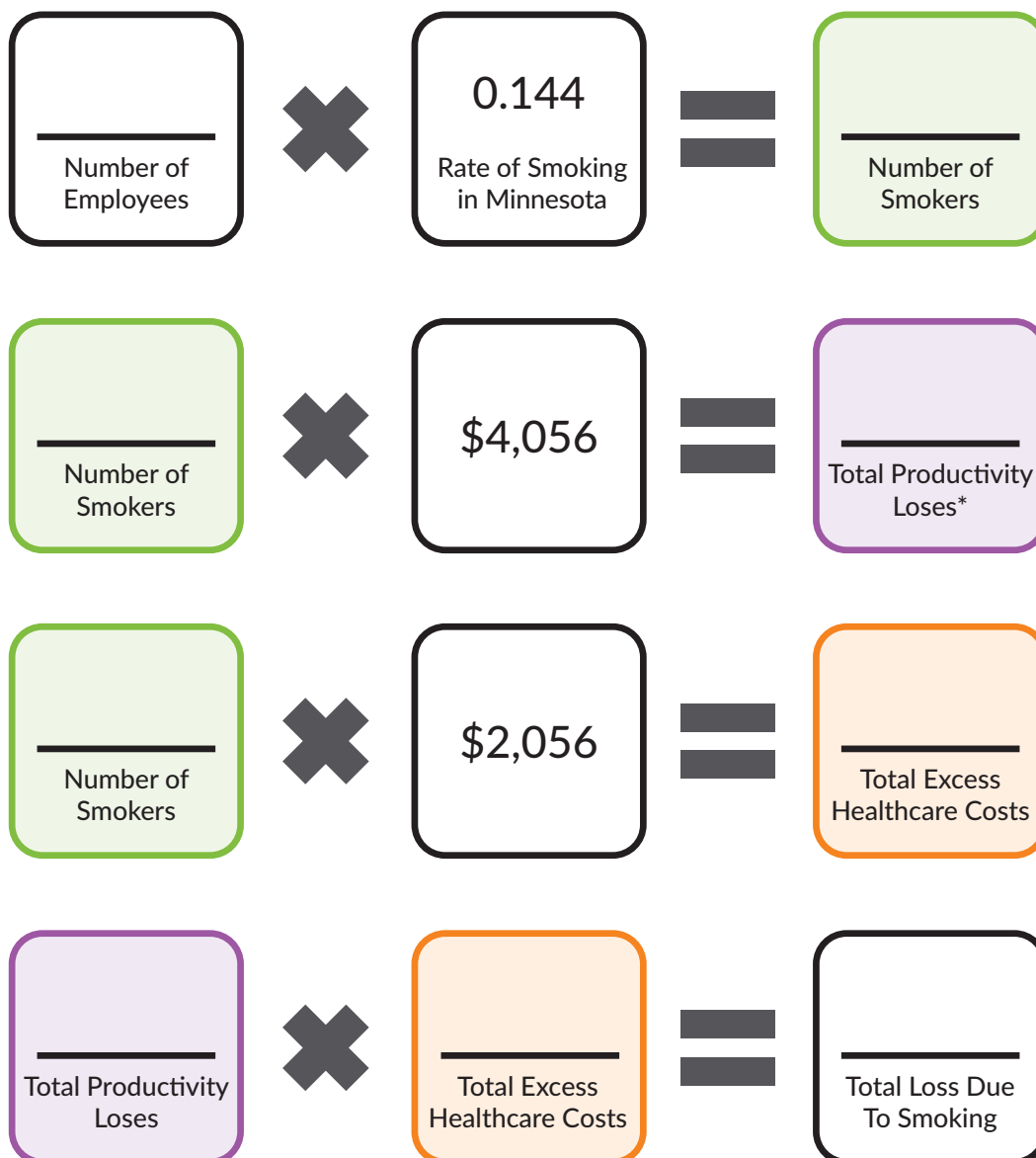


*\*For employers with defined-benefit plans.*



## REASONS TO GO TOBACCO-FREE

### ESTIMATING THE ANNUAL COST OF A TOBACCO USING EMPLOYEE<sup>8</sup>



*\*Productivity losses include costs associated with increased absenteeism, reduced productivity as a result of nicotine addiction, and missed work time due to smoke breaks.*



# IMPLEMENTING A TOBACCO-FREE POLICY

# IMPLEMENTING A TOBACCO-FREE POLICY

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So far, we have given you three very important reasons to consider making your worksite tobacco-free:

- . to upgrade any smoke-free policies to tobacco-free policies
- . to improve the health of your employees
- . to save you money

After deciding that a tobacco-free worksite policy is right for your business and your employees, it is time to begin the policy implementation process. This may seem overwhelming at first, but the following pages of this toolkit will guide you through the following steps.



- 
- |   |   |    |   |
|---|---|----|---|
| 1 | Develop Messaging on Why You Are Implementing This Policy | 7  | Review Insurance Change Options   |
| 2 | Assemble a Tobacco-free Committee or Workgroup            | 8  | Determine Cessation Options   |
| 3 | Select a Timeline and Implementation Date                 | 9  | Determine Compliance and Enforcement Strategies                                 |
| 4 | Assess Tobacco Use at the Worksite                        | 10 | Develop and Disseminate Educational Materials                                   |
| 5 | Tobacco-free Policy Employee Survey                       | 11 | Install Adequate Signage and Remove any Smoking Huts, Ashtrays, and Receptacles |
| 6 | Develop a Comprehensive Policy                            | 12 | Implementation Day Celebration  |
|   |   | 13 | Evaluate Effectiveness of Policy  |

Please remember that each worksite is unique and has different needs while going through this process.

Some suggestions within this toolkit may not be applicable or feasible for your situation. Focus on what is best for your worksite and employees. If you need additional assistance in determining the best steps and timeline for your worksite, there are free resources available to you. To connect with local resources, please contact the American Lung Association at **651-337-5104** or **Info@LungMN.org**.

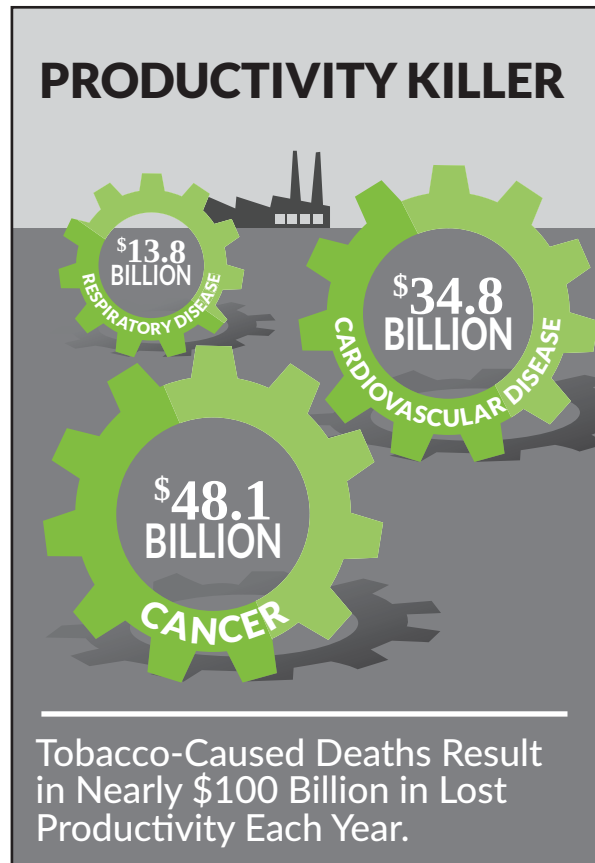


### Develop Messaging on Why You Are Implementing This Policy

It is important to develop messaging on why these changes will be taking place very early in the policy implementation process. By doing this, you can ensure that a positive and consistent message is sent to all impacted by these changes. Notifying employees, clients, vendors, neighbors, and other community members early in the process allows them to express their opinions, get involved in the process, and prepare for the changes. The purpose of this messaging is to state the employer's intention to develop and implement a tobacco-free worksite policy. This message should either come from company leadership or be accompanied by a letter of support from this leadership.

This message will be unique to each worksite. However, below are some examples of things to include:

- Why you have decided to go tobacco-free.
- How a tobacco-free policy aligns with your organization's vision, mission, and strategic goals.
- How a tobacco-free policy can improve the health of employees and visitors.
- The anticipated policy implementation date (if known).
- The organization's plan for proceeding (using committees and subcommittees).
- Ways for employees to provide comments and concerns.
- Ways for employees to get involved in the policy implementation process.
- Where employees can find additional information and look for updates.



Source: American Legacy Foundation

# IMPLEMENTING A TOBACCO-FREE POLICY

## Assemble a Tobacco-free Committee or Workgroup

Depending on the size of your worksite, a tobacco-free committee or workgroup may be a crucial part of your implementation process. This committee can take responsibility for many of the activities. Committee members can also provide ongoing support after the implementation has occurred.

Some large worksites may choose to break their committee into sub-committees based on the skills and expertise of the people involved. For example, a worksite could assemble an education subcommittee, a marketing subcommittee, and a facilities subcommittee. These could all be overseen by a steering or advisory committee. If this structure is used, it is highly recommended that current and former tobacco users be included within each subcommittee. An example of the responsibilities of various subcommittees can be found on page 18.

Below is a list of individuals you may want to involve on a committee.

- Human resources staff
- Facilities and operations staff
- Current and former tobacco users
- Any union or labor group representatives
- Communications/public relations representatives
- Employee benefits specialists
- Occupational health and safety representatives
- Managers, supervisors, department heads, others in leadership roles
- Employee wellness staff
- Opinion leaders within the worksite
- Security staff
- Policy/legal representatives

In a smaller business, the committee may be made up of only a few members. These individuals could include a human resources representative, a manager, and a business owner. While subcommittees are not necessary, the tasks on page 18 can provide a good example of activities to include throughout the policy implementation process.

*While it is encouraged to develop a committee to gather input and provide support to the policy implementation process, some worksites may determine this is not feasible. It is perfectly acceptable to not have a committee. You might find it best to have your Wellness Department and/or Human Resources staff take the lead on this initiative. If that is the case, those individuals can easily take care of the responsibilities on the following page.*



For every smoking employee that quits, an employer could save an average of \$4,056 annually due to increased productivity.<sup>8</sup>

## Example of Responsibilities by Committees and Subcommittees\*

\*Please disregard if you have decided a committee is not appropriate for your worksite.

### Steering/Advisory Committee

- Set policy implementation date
- Create overall timeline
- Determine subcommittees needed
- Select subcommittee chairs and help recruit participants
- Approval and oversight of committee activities
- Update affiliate office managers on progress of policy implementation
- Education Subcommittee
  - Create education subcommittee timeline
  - Develop the tobacco-free policy
  - Develop educational materials about the policy
  - Identify community resources and decide how best to utilize them
- Provide resources for those who want to quit tobacco
- Work with public relations/marketing subcommittee to address communication to visitors

### Public Relations/Marketing Subcommittee

- Create public relations/marketing subcommittee timeline
- Create theme/campaign/logo
- Create messaging
- Create internal/external signage
- Media relations/press releases
- Business-to-business communication

### Facilities Subcommittee

- Create facilities subcommittee timeline
- Remove any smoking huts, ashtrays and receptacles
- Install signage on property

Approximately 480,000 Americans and 5,900 Minnesotans die each year as a result of smoking and exposure to secondhand smoke.<sup>16-17</sup>





# IMPLEMENTING A TOBACCO-FREE POLICY



## Select a Timeline and Implementation Date

Many businesses choose to make this policy change over a six-month or one-year timeframe. However, some may require more or less time. The timeline for implementing a tobacco-free worksite policy is influenced by the size of the worksite, the number of individuals involved in making decisions related to the policy, the number of employees and locations that will be affected, the anticipated public impact, and various other factors.

This six month timeline has been provided as a guide. However, a blank six month timeline has also been provided in the Additional Resources section at the back of this toolkit. This blank timeline can be filled out in according to the timeline that works best for your business.

LIST OF ACTIVITIES				
<b>MONTH 1</b>	Develop messaging on WHY you are implementing this policy	Assemble a tobacco-free committee or workgroup		
<b>MONTH 2</b>	Select a timeline and implementation date	Assess tobacco use at the worksite		
<b>MONTH 3</b>	Develop a comprehensive tobacco-free policy language	Review insurance change options	Discuss compliance and enforcement strategies	Develop educational material
<b>MONTH 4</b>	Finalize a comprehensive tobacco-free policy	Assess cessation options	Determine compliance and enforcement strategies	Disseminate educational material
<b>MONTH 5</b>	Disseminate educational material	Promote cessation options		
<b>MONTH 6</b>	Enplace enforcement strategies	Disseminate educational material	Install adequate signage and remove any smoking huts, ashtrays and receptables	Implementation day celebration
<b>ONGOING ACTIVITIES</b>	Disseminate educational material	Promote cessation options	Monitor and address hot spots	Evaluate effectiveness of policy



## Assess Tobacco Use at the Worksite

During the early stages of this implementation process, it may be beneficial for committee members to conduct a broad assessment of tobacco use at the worksite. Gathering additional information now will allow you to get a better picture of the current state of tobacco use with your employees and prepare you for future evaluation of the policy (if you choose to do so).

Please know that while these suggestions can improve the tobacco-free worksite policy implementation process, they are not required. Conduct the strategies that are applicable to your worksite and possible with your resources. American Lung Association staff members are happy to connect you with local resources to assist you in this process and help determine what is best for your worksite.

Here are some ideas of information to gather at this point in the process:

1. Research what your current policies are in relation to smoking and tobacco use. If changes have occurred to these policies in recent years, see if any information exists related to the policy change process. This may better inform you on the steps you should take and any issues that you may encounter.<sup>29</sup>
2. Research what tobacco cessation options are currently available to your employees. This includes an analysis of current insurance benefits for coverage of cessation counseling and/or medications.<sup>29</sup>
3. If applicable, meet with any union representatives to determine if there are any contract issues that may impact the policy implementation process.<sup>29</sup>
4. Ask human resources if they can provide the number of tobacco-related complaints they have received in recent years. While the nature of the complaints may be confidential,

a general number can provide an indication of the need for this policy change.<sup>29</sup>

5. Designate a committee member to perform a walking assessment of the entire worksite at various times throughout the day. On this walk, make note of the number and location of people seen using tobacco products on the property. Also look for cigarette butts or other tobacco related waste on the property. By conducting this assessment at various times throughout the day (in the morning, around lunch, and mid-afternoon), you can get an idea of the amount of tobacco use taking place during the workday.<sup>29</sup>
6. Conduct an anonymous and confidential survey\* of employees to determine the number of tobacco users at your worksite, the types and amounts of products they use, their interest in quitting, the cessation options they find most appealing, and their feelings toward a tobacco-free campus. This survey could be administered through email, using web-based survey software, or with paper copies that can be deposited anonymously in a collection box. This could also be incorporated into any regularly scheduled employee health assessment. Regardless of how survey data is collected, make sure to seek permission and follow any data collection rules that may exist in your workplace.<sup>29</sup>

### Tobacco-free Policy Employee Survey

\*An example of an employee assessment survey can be located within the Additional Resources section at the back of this toolkit. Please feel free to remove this page from the toolkit, make copies, and use as a survey tool for your worksite. You may also choose to make a survey that is personalized for your worksite. If you choose to create your own survey, please feel free to use the questions provided as a guide.

# IMPLEMENTING A TOBACCO-FREE POLICY



## Develop a Comprehensive Policy

A comprehensive tobacco-free worksite policy includes all tobacco and “look-a-like” products and encompasses the entire property. Tobacco and tobacco-like products that should be listed as prohibited substances while on the worksite grounds include but are not limited to:

- Cigarettes
- Electronic cigarettes
- Cigars
- Chewing tobacco
- Snuff
- Pipes
- Dissolvable tobacco products
- Snus

Locations that this policy should apply to include but are not limited to:

- all buildings (including those owned, leased, rented, or maintained by your organization)
- all property grounds
- parking lots and ramps (including while inside privately owned vehicles)
- plazas and contiguous sidewalks within 300 feet of the property
- company owned vehicles

People that would be covered under a comprehensive tobacco-free policy include all those that step onto the property. These include but are not limited to:

- Employees
- Visitors
- Patients (for healthcare facilities)
- Vendors
- Clients
- Contract workers
- Volunteers

Other important things to include in a comprehensive tobacco-free policy include:

- The sale or distribution of any tobacco products on the property is prohibited.
- The procedures for the implementation of the policy.
- The effective date for this policy.
- Any new rules or regulations related to hiring new employees.
- Plans for enforcement of the policy and consequences for violations.
- Any new cessation benefits or options that will be made available to employees.

Four model tobacco-free worksite policies can be seen within the Additional Resources section of this toolkit. If interested in an electronic version, please contact the American Lung Association at **651-337-5104** or **Info@LungMN.org**.

An estimated 2,430 Minnesotans will die from cancers of the lung and bronchus in 2016.<sup>22</sup>



## Review Insurance Change Options

It is important to review your company's health insurance options as you develop a tobacco-free policy. Specifically, you will want to research any current proceedings that differentiate tobacco users from non-tobacco users on insurance premiums. You will also want to investigate the current benefits your company provides for tobacco cessation services. The transition to a tobacco-free environment may serve as encouragement for employees to quit. Offering tobacco cessation services can provide the assistance your employees need to be successful.<sup>30</sup> To ensure this process runs smoothly, involving human resources representatives in the implementation process is crucial. See the Additional Resources section in the back of this toolkit for Minnesota-specific tobacco cessation coverage options.

### The Affordable Care Act and Tobacco Cessation

The Affordable Care Act mandates that most health insurance plans cover preventive services recommended by the United States Preventive Services Task Force. Tobacco cessation interventions are listed as preventive services.

To meet this requirement, plans must cover (without requiring any cost-sharing):

- Tobacco use screening
- At least two tobacco cessation attempts per year for tobacco users. Each cessation attempt includes:
  - a. Four cessation counseling sessions that are each at least 10 minutes in length (telephone, group, or individual counseling) and
  - b. A 90-day treatment regimen of all FDA approved tobacco-cessation medications when prescribed by a healthcare provider.

Source: <http://www.dol.gov/ebsa/faqs/faq-aca19.html>



## Determine and Promote Cessation Options

The Centers for Disease Control and Prevention (CDC) has found that 68.8% of adult smokers are interested in quitting.<sup>31</sup> Tobacco cessation programs offered at worksites as part of a comprehensive tobacco-free policy can help tobacco users achieve this goal.<sup>5</sup> It is important to remember that tobacco users are addicted to nicotine; and this addiction is very difficult to overcome. Sensitivity to the needs of tobacco users is important as you provide resources to help them quit. There are many cessation program options that can help your employees quit. Some of these include.<sup>32</sup>

- A doctor visit to provide advice about quitting
- Internet-based cessation counseling
- Group-based cessation counseling
- Nicotine replacement therapy and medications
- Telephone cessation counseling

While cessation counseling and nicotine replacement therapies have both been proven as effective ways to help tobacco users quit, research has found that individuals that receive counseling and medication support simultaneously are more successful in their quit attempts.<sup>33</sup>

# IMPLEMENTING A TOBACCO-FREE POLICY

In Minnesota, there are many resources that employers can utilize to help their employees quit. These options include telephone and internet-based counseling through QUITPLAN Services and the American Lung Association's Freedom From Smoking® group-based counseling.

## QUITPLAN: Telephone and Internet-based Counseling

Telephone-based quitlines are recommended by the Community Preventive Services Task Force based on strong evidence of effectiveness for tobacco cessation.<sup>34</sup> QUITPLAN provides individualized tobacco cessation counseling either by telephone or online. QUITPLAN can provide support for users of all types of tobacco products and is available 24 hours a day, 7 days a week. The contact information for QUITPLAN is:

**Phone: 1-888-354-PLAN (7526)**

**Online: [www.quitplan.com](http://www.quitplan.com)**

Quitlines are available through other states as well.



For worksite locations in multiple states, refer to the state health department for the state in question to locate local quitline information. For more information on QUITPLAN Services, please see the brochure in the Additional Resources section of this toolkit.

## American Lung Association's Freedom From Smoking®: On-site Cessation Classes

Freedom From Smoking® is the American Lung Association's gold standard smoking cessation program. The program launched in 1975 and has been revised through the years to provide the most current cessation information. Freedom From Smoking® classes are run by a facilitator who guides the conversation. Participants learn tools and techniques for quitting tobacco and gain additional support and ideas from fellow participants.

The 8 session Freedom From Smoking® classes address:

1. benefits of quitting
2. how to deal with withdrawal/recovery symptoms
3. importance of social support
4. weight control
5. stress management
6. resisting the urge to use tobacco
7. relapse and success

Freedom From Smoking® also has an online alternative. This may be ideal for multiple worksite locations. This can be found at **[www.ffsonline.org](http://www.ffsonline.org)**.



For worksites that implement a tobacco-free policy or update an existing policy, and are located in our service area, Freedom From Smoking® is available. For more information, please contact the American Lung Association in Minnesota at **651-337-5104** or **[Info@LungMN.org](mailto:Info@LungMN.org)**.

## Nicotine Replacement Therapy and other Cessation Medications

There are seven FDA approved tobacco cessation medications.<sup>13-14</sup> Using nicotine replacement therapies in conjunction with individual or group-based counseling has been shown to increase the chances of successful cessation when compared to counseling alone.<sup>33</sup> See the table below for a list of therapies and common brand names:

FDA Approved Tobacco Cessation Medications <sup>13-14, 35</sup>		
Method	Availability	Common Names
Nicotine Patches	Over the Counter	Nicoderm CQ, Nicotrol, Habitrol, Prostep
Nicotine Gum	Over the Counter	Nicorette
Nicotine Lozenges	Over the Counter	Commit
Nicotine Inhaler	Prescription	Nicotrol inhaler
Nicotine Nasal Spray	Prescription	Nicotrol NS
Bupropion SR	Prescription	Zyban®
Varenicline	Prescription	Chantix®



Tobacco users may experience negative health effects in almost every organ of their body.<sup>3</sup>



# IMPLEMENTING A TOBACCO-FREE POLICY

## Incentives

Companies may wish to offer incentives to encourage employees to participate in tobacco cessation counseling activities or to reward employees who have successfully quit. We recommend rewarding employees for quitting. Below are some examples of incentives that a company could consider:

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|--|--|
| <ul style="list-style-type: none"><li>• Allowing cessation classes be held on the clock</li><li>• Reimbursing the employee for the cessation class if the employee successfully completes all sessions*</li><li>• Inviting employees with tobacco-using spouses, neighbors, or friends to participate in any provided cessation classes</li><li>• Providing nicotine replacement therapy to employees for a set number of weeks, a set number of months, or a specific dollar amount*</li><li>• Allowing any established fitness reimbursement to go toward nicotine replacement therapy*</li><li>• Reimbursing employees for fitness efforts to assist in quitting (gym memberships, at-home fitness equipment, etc.)</li></ul> | <ul style="list-style-type: none"><li>• Gift card after completing class or quitting</li><li>• Additional paid time off or vacation day (full or half day)</li><li>• Public recognition at staff meetings for their willingness and courage to quit at 10 days, 1 month, 3 months, 6 months, 1 year, etc.</li><li>• Lunch/Dinner with significant other or friend paid for by CEO, President, manager, etc. to recognize quit attempt</li><li>• Office pizza party or office potluck to celebrate successful quit attempts or those who are trying to quit</li></ul> |
|--|--|

*\*For those who do not already have comprehensive tobacco cessation coverage through health insurance plan.*



## Determine Enforcement Strategies

The first step in enforcing a tobacco-free worksite policy is to ensure that all staff and visitors are aware of the policy and the reason for its implementation. Taking the time to thoroughly educate employees, vendors, clients, neighbors, and the community of the new policy's content and the reason for the change will make it less likely that individuals will violate the policy. This education should be provided on a continual basis, with reminders being part of ongoing communications at your organization. Installing tobacco-free signage throughout the worksite will also provide notification of the policy to all who enter. In many cases, simply ensuring that everyone is aware of this policy will be sufficient to achieve compliance.<sup>30</sup>

While it is hopeful that all will respect the tobacco-free policy of your worksite, it may be difficult to achieve 100% compliance of any policy. A tobacco-free worksite policy can be enforced in the same manner as other company policies. For worksites that have established progressive discipline policies for worksite policy violations, this same process can be used to enforce a tobacco-free worksite policy (see table). Asking employees to sign a document that states that they have read and understand the new policy and the disciplinary actions that will take place if they are in violation can be helpful toward compliance as well.<sup>30</sup>

Worksites may also find it helpful to provide information to employees on how to handle situations in which they encounter other employees or visitors violating this policy. For example, staff may be

### Sample Progressive Discipline Policy for Violation of Worksite Policies

First Offense	Verbal Warning
Second Offense	Written Warning
Third Offense	Further Disciplinary Action, May Result in Termination
Fourth Offense	Termination

asked to politely inform violators that this worksite is tobacco-free and instruct them on where they can find additional information about the policy. Employees may also be instructed on who to notify if individuals refuse to comply. This could be a security officer for visitors or a human resources representative for other employees. Some worksites may also find it beneficial to provide a means for staff to anonymously submit complaints. A confidential "Complaint Form" could be made available online or in written form, and this may reduce anxiety associated with reporting a co-worker. Each worksite must decide what enforcement strategies will work best for them and their employees.<sup>30</sup> Example Q & A documents and role playing exercises that have been used by other worksites to prepare for the policy change can be found in the Additional Resources section of this toolkit.

# IMPLEMENTING A TOBACCO-FREE POLICY

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## Develop and Disseminate Educational Materials

While implementing a tobacco-free worksite policy it is important to develop and disseminate educational materials for a variety of impacted groups.

### Strategies should be developed for reaching out to:

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- Employees
- Visitors
- Patients (if a healthcare facility)
- Job applicants and new employees
- Vendors, partners, and clients
- Surrounding worksites/neighbors
- General public/community
- Board of Directors
- Students (if a post secondary campus)

### Strategies for reaching these audiences include:

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- Tobacco-free signage
- Company website
- Company intranet
- Email
- Newsletters
- Letter from company leadership
- Pamphlets for visitors
- Appointment card announcements
- Insert with pay slip
- Newspaper articles
- Social media
- Job applications
- Admittance forms or other check-in paperwork (for patients at healthcare facilities)
- Posters/displays/bulletin boards throughout worksite
- Employee handbooks
- Window clings on company vehicles
- Discussion at staff meetings/trainings
- Guest speakers
- New employee orientation
- Mass media (press releases, articles, features, news conferences, conducting interviews, hold special event)

This education should continue on an ongoing basis.

If the number of tobacco users remains constant, 102,000 Minnesota children that are currently under the age of 18 will eventually lose their lives to a smoking-related cause.<sup>17</sup>

### Install Adequate Signage and Remove any Smoking Huts, Ashtrays, and Receptacles

It is important that worksites implementing a tobacco-free policy make changes throughout their buildings and grounds prior to the effective date of the new policy. One important step is to remove any smoking huts, ashtrays, and receptacles. This will ensure that a consistent message is being sent in reference to the policy changes taking place.

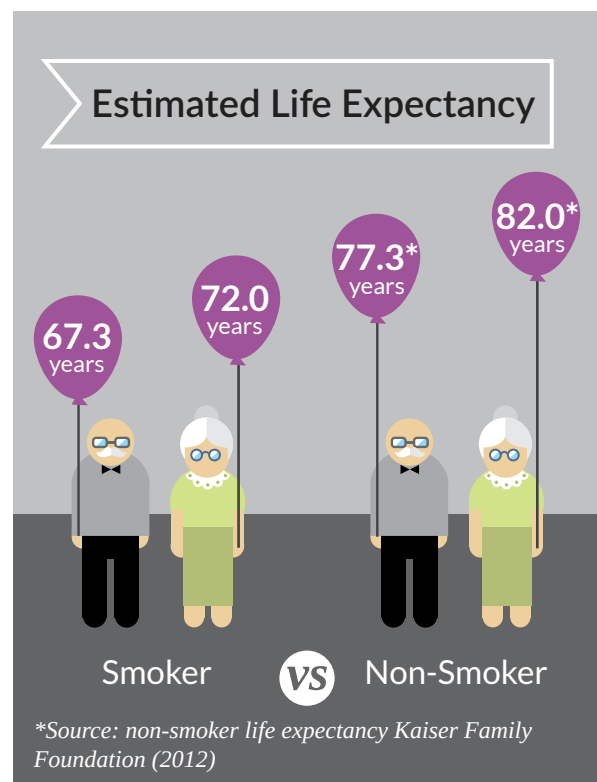
Additionally, it is very important that worksites install tobacco-free signage prior to the effective date of the new policy. These signs should be posted near entrances and throughout the grounds and facilities to make the new policy known to everyone who spends time at the worksite. It may also be beneficial to post these in areas that smokers gathered prior to the policy change to serve as a reminder. These tobacco-free worksite signs should be posted in addition to any smoke-free signage that is already visible.



Smokers die an average of 10 years earlier than their non-smoking peers.<sup>24,28</sup>

### Implementation Day Celebration

Worksites may find it rewarding to have implementation day celebrations. To kick off the new policy, employers may choose to invite staff and community members to an on-site event. This could also be an opportunity to invite members of the media to share your company's commitment to health and wellness. An implementation day celebration could also be as simple as bringing in baked goods or allowing employees to have a potluck lunch. While certainly not required, a celebration such as this can raise awareness about the new policy and cessation options and serve as encouragement for employees to quit.





## Evaluate Effectiveness of Policy

One additional step that you can take after you implement a tobacco-free policy is to evaluate the effectiveness of this policy change. You may wish to know if your tobacco-free policy has helped employees quit using tobacco products, reduced the amount of tobacco they use throughout the day, or saved your company money.<sup>36</sup> Much of your ability to evaluate these changes will be dependent on the information gathered prior to the change (see Assess Tobacco-Use at Worksite).<sup>36</sup> Planning ahead and considering your evaluation needs prior to implementing the policy can help you get the results you want.<sup>36</sup> Undertaking evaluation activities may seem daunting, but there are some simple ways that you can analyze the effect this policy has had on your worksite. Here are a few ways to evaluate your policy:

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### **1. Conduct follow-up surveys of employees.<sup>36</sup>**

If you conducted an employee assessment prior to implementing your policy, you may be able to conduct a follow up survey to analyze changes. This could help you determine the level of employee awareness regarding the new policy and new cessation options. This could also be an opportunity for employers to ask for any concerns or suggestions. We recommend conducting this follow-up survey six months after the policy is implemented.<sup>36</sup>

### **2. Conduct follow-up assessments of the worksite.<sup>36</sup>**

If you performed a walking assessment of the worksite prior to policy implementation you can observe and record changes in the number of people smoking on the grounds and a reduction in cigarette butts or other tobacco product waste throughout the worksite.<sup>36</sup>

### **3. Work with your health insurance provider to compare healthcare costs prior to and following the implementation of the policy.<sup>36</sup>**

Depending on how health insurance is provided to your employees, you may be able to quantify the cost savings of a tobacco-free worksite policy. If you wish to conduct an evaluation in this manner, begin working with your insurance provider prior to the policy implementation.<sup>36</sup>

### **4. Utilize a Health Risk Assessment to determine changes in tobacco usage.<sup>36</sup>**

If your worksite participates in annual Health Risk Assessment activities, you may be able to use this as a method of determining how many of your employees used tobacco products prior to the policy and any changes to this number in the years following the policy implementation.<sup>36-37</sup>



CONCLUSION



Thank you for taking the time to consider making your worksite tobacco-free!



thank you

This toolkit has provided information on three important reasons to implement a tobacco-free policy; to update any smoke-free policies to tobacco-free policies, to improve the health of your employees, and to save you money. It also provided a list of suggested activities to assist with the policy implementation process and a sample timeline to follow when conducting these activities. If you need additional information or assistance with any of the activities provided in this toolkit, free resources are available to you.

### Making a Connection

Many community resources are available-free of charge-to assist in the implementation of a tobacco-free worksite policy. The American Lung Association in Minnesota (ALAMN) SHIP Technical Assistance team provides comprehensive and individualized technical assistance, consultation and training to communities to assist in the planning and implementation of the SHIP grantees tobacco-related interventions. It is our goal to provide the most efficient and valuable technical assistance needed to the SHIP grantees. Our staff will assist SHIP grantees as they work with local worksites in taking steps to make their worksite tobacco-free. ALAMN staff can assist with linkages for SHIP grantees to implement tobacco-free worksite policies in their communities.

### Our Team

The ALAMN Technical Assistance team brings over 75 years of tobacco control experience to their role as technical assistance providers to all grantees across Minnesota. ALAMN has worked with community partners to adopt and implement a wide variety of policies in many settings, including healthcare, community, school and worksite. Their deep organizing experience has contributed to a good understanding of the challenges and opportunities of policy work on a local level. The ALAMN Technical Assistance team has staff located across the state.

### Contact Information

American Lung Association in Minnesota  
490 Concordia Ave | St. Paul, MN 55103  
Info@LungMN.org | 651-227-8014 | 1-800-LUNGUSA



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## REFERENCES

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ADDITIONAL  
RESOURCES

6 Month Implementation Timeline							
Month	1	2	3	4	5	6	Ongoing
Develop Messaging On Why This Policy Change Will Happen							
Assemble A Tobacco-Free Committee Or Workgroup							
Select A Timeline And Implementation Date							
Assess Tobacco Use At The Worksite							
Develop A Comprehensive Tobacco-Free Policy							
Review Insurance Change Options							
Determine Cessation Options							
Determine Enforcement Strategies							
Develop And Disseminate Educational Material							
Install Adequate Signage And Remove Of Any Smoking Huts, Ashtrays, And Receptacles							
Implementation Day Celebration							
Evaluate Effectiveness Of Policy							

## Tobacco-free Policy Employee Survey

Our company is considering introducing a tobacco-free worksite policy that acknowledges the needs of both tobacco users and non-tobacco users. Please take a few minutes to complete this survey.

Your response is completely confidential. Please do not give your name on this form.

1. Do you currently use tobacco or tobacco-like products? (circle one)      Yes      No\*  
**\*If no, please skip to question 7.**
  
2. If yes, please indicate what form(s)? (circle all that apply)
  - a. Cigarettes
  - b. Little cigars or cigarillos
  - c. Hookahs
  - d. Chewing tobacco, snuff, dip, or snus
  - e. E-cigarettes
  - f. Other \_\_\_\_\_
  
3. If you smoke cigarettes, approximately how many cigarettes do you smoke per day? (circle one)
  - a. Less than 5
  - b. 5 to 10
  - c. 11 to 20
  - d. 21 to 40
  - e. More than 40
  
4. If you use smokeless tobacco, how many cans/tins/pouches/etc. do you use per week?
  - a. Less than 1
  - b. 1 to 2
  - c. 3 to 4
  - d. More than 4
  
5. If you use an electronic nicotine delivery system (e-cigarette, personal vaporizer, vape pen, e-hookah, etc.) do you also use another form of tobacco? (circle one)      Yes      No



6. If you are a tobacco user, are you interested in quitting? (circle one)    Yes    No    Maybe

7. If you are interested in quitting, which of these options would you consider to help you quit?  
(circle all that apply)

- a. I am not interested
- b. Telephone counseling
- c. Online counseling
- d. Group counseling at work
- e. Individual counseling at work
- f. Time off to attend group counseling away from work
- g. Nicotine replacement therapy medications
- h. Cash incentive or fee reimbursement for attending counseling
- i. Other service to help you quit (please list) \_\_\_\_\_

8. Are you ever bothered by tobacco, secondhand smoke, or the scent of smoke on hair or clothes while at work? (circle one)    Yes    No

a. If yes, please comment: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9. Would you be in support of a tobacco-free worksite policy? (circle one)    Yes    No

a. Please provide any additional comments or concerns about this company implementing a tobacco-free worksite policy: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# Memo

## Campus-Wide Tobacco-Free Policy

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At \_\_\_\_\_, we care about providing a healthy environment for our employees, patients and visitors. That's why we, along with our affiliated clinics and facilities, plan to implement a new policy that will make our campuses entirely tobacco-free by \_\_\_\_\_ of next year. We believe that by making this change, we are addressing the inconsistency of providing a healthy environment for all who come to our health care facilities while permitting the use of tobacco products on our campuses.

It is our belief that by eliminating tobacco use at our facilities, we are providing a healthy work environment for our employees, a healthy environment of care for our patients and families, and we are contributing to reducing the health care costs associated with tobacco use.

A Tobacco-Free Task Force consisting of employees has been established to develop, implement and communicate about the new policy, which will take effect on (date). The policy makes a strong statement about the dangers of tobacco consumption by banning its use on our campuses (grounds, facilities, both owned or leased), our vehicles, as well as employees' vehicles parked at our facilities.

### **What is our plan of action?**

Over the next year, we are planning several educational programs for our employees to assist them in preparing for issues related to being a tobacco-free environment. In addition, various tobacco cessation initiatives, including tobacco replacement therapies, will be available to assist our employees and the community with their no smoking efforts.

You can also look forward to additional communication pieces regarding our new policy, timeline for implementation, and our efforts to help our employees, patients and families adjust to a tobacco-free environment.

We have known for years that tobacco cessation is the number one thing Americans can do to improve their health and increase their life expectancy. I look forward to your support of this important community health initiative.



## SAMPLE TOBACCO-FREE WORKSITE POLICY

### PURPOSE

\_\_\_\_\_ is committed to providing safe and healthy work environments. Tobacco use is a major cause of preventable disease and death. Smoking, tobacco use, and exposure to second-hand smoke have been found to cause heart disease, cancer, asthma, bronchitis, and other respiratory problems. Electronic delivery devices, more commonly referred to as electronic cigarettes, closely resemble and purposefully mimic the act of smoking. They produce a vapor of undetermined and potentially harmful substances and typically contain nicotine derived from tobacco, which is a highly addictive substance. Their use in locations where smoking is prohibited creates concern and confusion and makes policy enforcement more difficult.

\_\_\_\_\_ believes the use of tobacco products, including electronic delivery devices, on its property is detrimental to the health and safety of its employees, clients, and other visitors.

### DEFINITIONS

***"All Times"*** means 24 hours a day, seven days a week.

***"Electronic Delivery Devices"*** means any product that can be used by a person to deliver nicotine, lobelia, or any other substance through the inhalation of aerosol or vapor from the product. The term includes, but is not limited to, devices manufactured, distributed, marketed or sold as e-cigarettes, e-cigars, e-pipes, or under any other product name or descriptor.

***"Employee"*** means any person employed by \_\_\_\_\_ in a full- or part-time capacity, or any position contracted for or otherwise employed, with direct or indirect monetary wages or profits paid by \_\_\_\_\_, or any person working on a volunteer basis. The term includes, but is not limited to, personnel, contractors, consultants, and vendors.

***"Property"*** means all facilities, grounds, and property (including vehicles) owned, leased, rented, contracted, used, or controlled by \_\_\_\_\_.

***"Smoking"*** means inhaling or exhaling smoke from any lighted or heated cigar, cigarette, pipe, or any other tobacco or plant product, or inhaling or exhaling aerosol or vapor from any electronic delivery device. Smoking includes being in possession of a lighted or heated cigar, cigarette, pipe, or any other tobacco or plant product intended for inhalation, or an electronic delivery device that is turned on or otherwise activated.

***"Tobacco Products"*** means any product containing, made, or derived from tobacco and intended for human consumption, whether chewed, smoked, absorbed, dissolved, inhaled, snorted, sniffed, or ingested by any other means.

***"Tobacco Use"*** means the act of smoking, the use of smokeless tobacco, or the use of any other tobacco product in any form.

***"Visitor"*** means any person who is not an employee.

**POLICY**

The use of tobacco products and electronic delivery devices is prohibited at all times in or on all property \_\_\_\_\_ has the authority to control regardless of location.

Employees are prohibited from using tobacco products and electronic delivery devices while on duty.

**APPLICABILITY**

This policy applies to all visitors and staff on \_\_\_\_\_ property.

This policy also applies to private vehicles parked on \_\_\_\_\_ parking lots.

**EXCEPTION**

It is not a violation of this policy to use a product that has been approved by the United States Food and Drug Administration for sale as a tobacco cessation product, as a tobacco dependence product, or for other medical purposes, and is being marketed and sold solely for such an approved purpose.

**DISSEMINATION**

Signage will be posted at strategic locations to notify employees and visitors of this policy.

**CESSATION**

\_\_\_\_\_ will identify and/or offer cessation programs and services to those ready to quit.

**COMPLIANCE AND ENFORCEMENT**

The success of this policy depends on the consideration and cooperation of both tobacco users and non-users. Enforcement is a shared responsibility of all staff. Individuals acting in violation of this policy will be reminded and asked to comply. Employees found to have violated this policy may be subject to disciplinary action. Visitors who violate this policy may be asked to leave the property.

**EFFECTIVE DATE**

This policy shall take effect in full on \_\_\_\_\_.

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***May 2016***



## SAMPLE TOBACCO-FREE GROUNDS POLICY

### PURPOSE

\_\_\_\_\_ is committed to providing safe and healthy environments. Tobacco use is a major cause of preventable disease and death. Smoking, tobacco use, and exposure to second-hand smoke have been found to cause heart disease, cancer, asthma, bronchitis, and other respiratory problems. Electronic delivery devices, commonly referred to as electronic cigarettes, closely resemble and purposefully mimic the act of smoking. They produce an aerosol of undetermined and potentially harmful substances and typically contain nicotine derived from tobacco, which is a highly addictive substance. Their use in locations where smoking is prohibited creates concern and confusion and makes policy enforcement more difficult.

\_\_\_\_\_ believes the use of tobacco products, including electronic delivery devices, on its property is detrimental to the health and safety of its employees and other visitors.

### DEFINITIONS

***"All Times"*** means 24 hours a day, seven days a week.

***"Electronic Delivery Devices"*** means any product that can be used by a person to deliver nicotine, lobelia, or any other substance through inhalation of aerosol or vapor from the product. The term includes, but is not limited to, devices manufactured, distributed, marketed or sold as e-cigarettes, e-cigars, e-pipes, or under any other product name or descriptor.

***"Property"*** means all facilities, grounds, and property (including vehicles) owned, leased, rented, contracted, used, or controlled by \_\_\_\_\_.

***"Smoking"*** means inhaling or exhaling smoke from any lighted or heated cigar, cigarette, pipe, or any other tobacco or plant product, or inhaling or exhaling aerosol or vapor from any electronic delivery device. Smoking includes being in possession of a lighted or heated cigar, cigarette, pipe, or any other tobacco or plant product intended for inhalation, or an electronic delivery device that is turned on or otherwise activated.

***"Staff"*** means any person employed by \_\_\_\_\_ in a full- or part-time capacity, or any position contracted for or otherwise employed, with direct or indirect monetary wages or profits paid by \_\_\_\_\_, or any person working on a volunteer basis. The term includes, but is not limited to, elected and appointed officials, personnel, contractors, consultants, and vendors.

***"Tobacco Products"*** means any product containing, made, or derived from tobacco that is intended for human consumption, whether chewed, smoked, absorbed, dissolved, inhaled, snorted, sniffed, or ingested by any other means.

***"Tobacco Use"*** means the act of smoking, the use of smokeless tobacco, or the use of any other tobacco product in any form.

***"Visitor"*** means any person who is not \_\_\_\_\_ staff.

### POLICY

The sale and use of tobacco products and electronic delivery devices is prohibited at all times in or on all property \_\_\_\_\_. \_\_\_\_\_ has the authority to control regardless of location.

There are no areas designated for tobacco use on \_\_\_\_\_ property.

## **APPLICABILITY**

This policy applies to all visitors and staff on \_\_\_\_\_ property. This policy also applies to private vehicles parked on \_\_\_\_\_ parking lots.

Organizers and attendees at public or private events on \_\_\_\_\_ property are required to abide by this policy. Event organizers are also responsible for communicating and enforcing this policy.

When \_\_\_\_\_ events are conducted off \_\_\_\_\_ property, \_\_\_\_\_ staff will work with the owner to prohibit the use of tobacco and electronic delivery devices throughout the property.

## **EXCEPTIONS**

It is not a violation of this policy to use a product that has been approved by the United States Food and Drug Administration for sale as a tobacco cessation product, as a tobacco dependence product, or for other medical purposes, and is being marketed and sold solely for such an approved purpose.

It is not a violation of this policy for a Native American to use tobacco on \_\_\_\_\_ property as part of a traditional Native American spiritual or cultural ceremony. Approval from administration must be requested and received prior to the ceremony.

## **DISSEMINATION**

Signage will be posted at strategic locations to notify staff and visitors of this policy.

## **CESSATION**

\_\_\_\_\_ will identify and/or offer cessation programs and services to those ready to quit.

## **COMPLIANCE AND ENFORCEMENT**

The success of this policy depends on the consideration and cooperation of both tobacco-users and non-users. Enforcement is a shared responsibility of all staff. Individuals acting in violation of this policy will be reminded and asked to comply. Staff found to have violated this policy may be subject to disciplinary action. Visitors who violate this policy may be asked to leave the property.

## **EVALUATION**

This policy will be periodically assessed for effectiveness and revised accordingly.

## **EFFECTIVE DATE**

This policy shall take effect in full on \_\_\_\_\_.

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**May 2016**



## Sample Tobacco-Free Hospital/Healthcare Policy

### Purpose

\_\_\_\_\_ is committed to the health, well-being, and safety of our patients, visitors, and employees. Tobacco is a proven health and safety hazard, both to the smoker and non-smoker, carrying very serious health risks. It has been proven to be the leading cause of preventable death in the United States and is inconsistent with our healthcare mission. Electronic delivery devices commonly known as electronic cigarettes, resemble and purposefully mimic the act of smoking. They produce an aerosol of undetermined and potentially harmful substances and typically contain nicotine derived from tobacco, which is a highly addictive substance. Their use in locations where smoking is prohibited creates concern and confusion and makes policy enforcement more difficult.

Allowing the use of tobacco products and electronic delivery devices in and around our campus does not portray us as a health care leader in the community and does not promote a healthy environment for our patients, employees, or other guests.

### Definitions

***"All Times"*** means 24 hours a day, seven days a week.

***"Electronic Delivery Devices"*** means any product that can be used by a person to deliver nicotine, lobelia, or any other substance through the inhalation of aerosol or vapor from the product. The term includes, but is not limited to, devices manufactured, distributed, marketed or sold as e-cigarettes, e-cigars, e-pipes, or under any other product name or descriptor.

***"Patient"*** means an individual who receives or has received medical services at \_\_\_\_\_.

***"Property"*** means all facilities and property (including vehicles) owned, leased, rented, contracted, used, maintained, or otherwise controlled by \_\_\_\_\_.

***"Smoking"*** means inhaling or exhaling smoke from any lighted or heated cigar, cigarette, pipe, or any other tobacco or plant product, or inhaling or exhaling aerosol or vapor from any electronic delivery device. Smoking includes being in possession of a lighted or heated cigar, cigarette, pipe, or any other tobacco or plant product intended for inhalation, or an electronic delivery device that is turned on or otherwise activated.

***"Staff"*** means any person employed by \_\_\_\_\_ in a full- or part-time capacity, or any position contracted for or otherwise employed, with direct or indirect monetary wages or profits paid by \_\_\_\_\_, or any person working on a volunteer basis. The term includes, but is not limited to, faculty, personnel, contractors, consultants, and vendors.

***"Tobacco Products"*** means any product containing, made, or derived from tobacco and intended for human consumption, whether chewed, smoked, absorbed, dissolved, inhaled, snorted, sniffed, or ingested by any other means.

***"Tobacco Use"*** means the act of smoking, the use of smokeless tobacco, or the use of any other tobacco product in any form.

***"Visitor"*** means any person who is not a patient or \_\_\_\_\_ staff.



## **Policy**

The sale and use of tobacco products and electronic delivery devices is prohibited at all times:

- Within all \_\_\_\_\_ buildings.
- On all property maintained by \_\_\_\_\_, including sidewalks and parking lots.
- In all vehicles owned, leased, or rented by \_\_\_\_\_.

Staff are prohibited from using tobacco products and electronic delivery devices and are not to have a recognizable odor of tobacco smoke on their persons while on duty.

## **Scope**

This policy applies to all patients, staff and visitors.

Whenever \_\_\_\_\_ leases facilities, it will work with the facility owner/manager to prohibit the use of tobacco and electronic delivery devices throughout the property.

Wherever \_\_\_\_\_ does not have jurisdiction over adjoining streets, sidewalks, parking lots or other common areas, patients, staff, and visitors are strongly encouraged to comply with the spirit of the policy. It is the expectation that employees, patients and visitors will not loiter near neighboring properties or discard litter in a way that reflects negatively on \_\_\_\_\_.

## **Sponsorship**

\_\_\_\_\_ ensures that its business practices reflect its commitment to being tobacco-free. This includes refusing donations or gifts, money or materials and research grants from the tobacco industry or related companies. \_\_\_\_\_ will not participate in any type of functions that funded by the tobacco industry. \_\_\_\_\_ will remain free of all tobacco and electronic delivery device product advertising, including those in hospital publications or magazines purchased for waiting rooms.

## **Cessation**

\_\_\_\_\_ supports and encourages all cessations efforts by our patients and our staff.

It is not a violation of this policy to use a product that has been approved by the United States Food and Drug Administration for sale as a tobacco cessation product, as a tobacco dependence product, or for other medical purposes, and is being marketed and sold solely for such an approved purpose.

## **Dissemination**

Members of the \_\_\_\_\_ community will be notified of the policy through staff handbooks, orientation sessions, workplace postings, and any others means available. Patients and visitors will be notified of this policy prior to arrival whenever possible.

Signage will be posted at strategic locations to notify staff, patients, and visitors of this policy.

### **Enforcement**

All employees are authorized and encouraged to communicate this policy with courtesy and diplomacy. It is everyone's responsibility to see that the policy is followed.

Individuals acting in violation of this policy will be informed or reminded and asked to comply. Patients who refuse to comply with the tobacco-free policy should be reported to treating staff for follow-up action. Staff found to have violated this policy may be subject to disciplinary action. Visitors who violate this policy may be asked to leave.

Any questions regarding this policy should be addressed to (insert appropriate contact).

### **Effective Date**

This policy shall take effect in full on \_\_\_\_\_.

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***May 2016***



## Sample Tobacco-Free Post-Secondary Campus Policy

### Purpose

\_\_\_\_\_ is committed to promoting healthier educational, work, and living environments. \_\_\_\_\_ recognizes that the use of tobacco products and electronic delivery devices is a health, safety, and environmental hazard for students, staff, visitors, and facilities. \_\_\_\_\_ is acutely aware of the serious health risks associated with the use of tobacco products, both to users and non-users alike, and believes that permitting the use of tobacco products and electronic delivery devices is detrimental to its community.

### Definitions

**"All Times"** means 24 hours a day, seven days a week.

**"Electronic Delivery Devices"** means any product that can be used by a person to deliver nicotine, lobelia, or any other substance through the inhalation of aerosol or vapor from the product. The term includes, but is not limited to, devices manufactured, distributed, marketed or sold as e-cigarettes, e-cigars, e-pipes, or under any other product name or descriptor.

**"Off-Campus, School-Sponsored Event"** means any event sponsored by \_\_\_\_\_ that is not conducted on \_\_\_\_\_ property.

**"Property"** means all facilities and property, including vehicles, owned, leased, rented, contracted, used, or controlled by \_\_\_\_\_.

**"Staff"** means any person employed by \_\_\_\_\_ in a full- or part-time capacity, or any position contracted for or otherwise employed, with direct or indirect monetary wages or profits paid by \_\_\_\_\_, or any person working on a volunteer basis. The term includes, but is not limited to, faculty, personnel, contractors, consultants, and vendors.

**"Student"** means any person enrolled in an educational course or program offered by \_\_\_\_\_.

**"Tobacco Products"** means any product containing, made, or derived from tobacco and intended for human consumption, whether chewed, smoked, absorbed, dissolved, inhaled, snorted, sniffed, or ingested by any other means.

**"Tobacco Use"** means the act of smoking, the use of smokeless tobacco, or the use of any other tobacco product in any form.

**"Visitor"** means any person subject to this policy who is not a student or staff.

### Policy

The sale and use of tobacco products and electronic delivery devices is prohibited at all times:

- In or on all property \_\_\_\_\_ has the authority to control regardless of location;
- At any off-campus, school-sponsored event; or
- Whenever off-campus while representing \_\_\_\_\_.

### Applicability

This policy applies to all students, staff, and visitors.

\_\_\_\_\_ commonly leases facilities for educational and administrative purposes and will work with the facility owners to prohibit the use of tobacco and electronic delivery devices throughout the property.

Whenever \_\_\_\_\_ does not have jurisdiction over adjoining streets, sidewalks, parking lots or other common areas, students, staff, and visitors are expected to comply with the spirit of the policy.

If local laws restrict certain provisions of this policy, it will be modified and/or enforced as is permissible.

### **Exceptions**

It is not a violation of this policy for a Native American to use tobacco as part of a traditional Native American spiritual or cultural ceremony. Approval from administration must be requested and received prior to the ceremony.

It is not a violation of this policy to use tobacco products, electronic delivery devices, or related devices and products in instructional or work-related activities in or on \_\_\_\_\_ property, so long as the activity is conducted by a staff member or an approved visitor and the activity does not include smoking, chewing, or otherwise ingesting the products.

It is not a violation of this policy to use a product that has been approved by the U.S. Food and Drug Administration for use as a tobacco cessation product, as a tobacco dependence product, or for other medical purposes, and is being marketed and sold solely for such an approved purpose.

### **Dissemination**

Signage shall be posted indicating that \_\_\_\_\_ is a tobacco-free environment. Members of the \_\_\_\_\_ community will be notified through student and staff handbooks.

### **Opportunities for Cessation Programs**

\_\_\_\_\_ will identify and/or offer cessation programs and services for students and staff ready to quit tobacco use.

### **Enforcement**

The success of this policy is dependent upon the thoughtfulness, consideration, and cooperation of both tobacco users and non-users. All members of the \_\_\_\_\_ community are expected to support this policy and cooperate in its implementation and enforcement.

Students, staff, and visitors acting in violation of this policy should be reminded and asked to comply. Violation of this policy may be cause for disciplinary action in accordance with applicable student or staff codes of conduct. Visitors who violate this policy may be asked to leave.

### **Evaluation**

This policy will be assessed periodically and revised as needed.

### **Effective Date**

This policy shall take effect in full on \_\_\_\_\_.

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**May 2016**

## Frequently Asked Questions

On (date), \_\_\_\_\_ is implementing a comprehensive tobacco-free campus policy for employees and visitors. Tobacco use will be prohibited for employees, residents, and visitors both indoors and outdoors on all properties owned and cared for by \_\_\_\_\_. In preparation for this transition, employees have asked questions about what a tobacco-free environment means to them. The following are frequently asked questions and responses regarding the tobacco-free campus.

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### Q: Why are we becoming totally tobacco-free?

A: Tobacco use is the leading cause of disease and death in the US. As an organization that is concerned about the health of our community, we need to take action to help people take control of their health. Our organization has made a commitment to participate with local and state partners to create healthy communities; this is a step in that direction.

### Q: How does this policy differ from our existing smoking policies?

A: Our existing policy prohibits smoking inside any facility but allows employees and visitors to smoke in designated outdoor areas. Effective (date), employees will not be allowed to smoke or use any tobacco product anywhere on \_\_\_\_\_ property inside or outside, which include personal vehicles and vehicles leased or owned by \_\_\_\_\_.

### Q: Why can't we have designated smoking areas?

A: Eliminating tobacco use on our campus supports those who are trying to quit, and helps to eliminate employees', residents', and visitors' exposures to 2nd hand smoke. Strong tobacco odors have been known to trigger allergy or asthma reactions with fellow workers, residents, and visitors. Tobacco odors on others can serve as a trigger for the desire to smoke in persons attempting to quit. In compliance with the promotion of a healthy environment, we need to effectively eliminate the secondhand smoke that may trigger adverse health effects for employees, residents, and visitors who are attempting to make positive

life changes. Eliminating tobacco use completely is the most effective and considerate way for us to provide the best possible environment.

### Q: What does this mean to \_\_\_\_\_ staff?

A: Employees who do NOT choose to stop using tobacco products will need to learn how to not smoke and manage their tobacco use (i.e., by the use of nicotine replacement therapy) during work hours. Several support programs are planned for staff includes: Freedom From Smoking tobacco cessation program and Nicotine Replacement Therapy reimbursement. The Freedom From Smoking cessation classes are also open to family and community members.

### Q: Will I have to quit by (date)?

A: Becoming a tobacco-free workplace and campus does not mean you have to quit. What it means is that you will not be able to smoke or use tobacco products on the grounds of \_\_\_\_\_ or while on work time. However, we will encourage everyone to quit because of the great health benefits associated with being tobacco free.

### Q: Can I smoke in my car at work?

A: Again, the policy states that no tobacco use by employees is allowed while on \_\_\_\_\_ property, including parking areas. You will not be able to smoke in your car if it is parked on the property grounds or on work time. You will also not be able to smoke in your car if it is parked at \_\_\_\_\_ or any of the neighboring areas included in the policy.

**“What are you going to do if I continue to smoke here?”**

“Smoking is not permitted on the hospital campus. Please extinguish your cigarette now.” (Then walk away).

**“I have to have a cigarette! My loved one is very ill or just passed away.”**

“I’m very sorry about your loved one. Is there anything else I can do to help?”

**“How am I supposed to get through the day without smoking?”**

“Free care kits are available in nursing units that might help you, and there is nicotine gum for purchase at the outpatient pharmacy. [Provide assistance if requested. Walk away if no help is requested.] (After hours: call the House Supervisor for nicotine gum.)

**“I’m afraid to leave the property at night and want to smoke.”**

“You may go inside and get nicotine gum that will take away your craving. You can purchase gum inside at the outpatient pharmacy.” (After hours: “If you would like to try the gum, ask your nurse for assistance.” Nurse: call the House Supervisor) [If the individual becomes very upset, walk away and contact public safety if you believe the safety of others is at risk.]

**“I cannot use the nicotine gum (patient, contraindications, don’t like gum).”**

“Let’s go inside the hospital so I can provide you an information card or brochure with smoking cessation information and other options. Also, feel free to talk to the manager on the unit you are visiting to determine other options available.”

## **Policy Enforcement Role-Playing Exercises: Unit Situations with Patients, Families and Visitors**

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**“Where am I (visitor) allowed to smoke?”**

“Nowhere on our property. You may leave our property if you wish to smoke. Nicotine gum is available at the outpatient pharmacy. I have a care kit that might help you. Smoking cessation support information is also available in the information cards at the entrances. Patients are not allowed to leave the property.”

**Staff believes the patient is smoking in the bathroom.**

“I just want to remind you that we are a tobacco-free institution inside and outside on all the property. Would you like me to contact your physician about an order for nicotine gum or other nicotine replacement therapy to help with the cravings while you are in the hospital?” [Contact public safety or follow normal procedures for smoke in the facility.]

**Patient wants to go outside to smoke.**

“We are now a tobacco-free institution inside and outside on all the property. Would you like me to talk with your physician about an order for nicotine gum or other nicotine replacement therapy while you are here? This may help with the cravings.”

Connecting a resident to a cessation program can be essential to their quit attempt. By referring them to cessation programs, you are continuing to do your part in creating a healthy, smokefree environment in your community.



## QUITPLAN®

For even more help, QUITPLAN® Services offers a wide variety of free tools to help all Minnesotans quit.



### TEXT MESSAGING

Tips, tools and advice delivered right to your phone.



### STARTER KIT: PATCHES, GUM OR LOZENGES

Receive two weeks of free patches, gum or lozenges.



### EMAIL PROGRAM

A series of emails full of tips and encouragement.



### QUIT GUIDE

A practical and useful Quit Guide to help you build your plan to quit.



### HELPLINE

One-on-one phone coaching including texts, emails, patches, gum or lozenges and a welcome kit.

**TO LEARN MORE VISIT  
QUITPLAN.COM or CALL  
1-888-354-PLAN.**

 **AMERICAN  
LUNG  
ASSOCIATION®**

**FREEDOM**  
FROM SMOKING®



Freedom From Smoking® is the American Lung Association's proven quit smoking program, and has helped over a million people.



**FREEDOM FROM  
SMOKING® ONLINE BASIC** A free program consisting of seven modules, each containing several activities.



**FREEDOM FROM  
SMOKING® ONLINE  
PREMIUM** A program consisting of eight modules, and each module contains several lessons along with message boards, blogs and other social networking capabilities.



**FREEDOM FROM  
SMOKING® CLINIC  
PROGRAM** A program based on the underlying premise that smoking is a learned habit, so quitting is unlearning this automatic behavior and replacing it with healthy alternatives.



**LUNG HELPLINE  
1-800-LUNGUSA** Compassionate and knowledgeable HelpLine staff can provide you with the support you need and the answers you're looking for.

**TO LEARN MORE VISIT  
FFSONLINE.ORG or LUNG.ORG  
or CALL 1-800-LUNGUSA.**



# Tobacco Cessation Health Coverage in Minnesota



For the best chance at a successful quit, use therapy and cessation aid(s) approved by the Food and Drug Administration (FDA):

## THERAPY:

- Individual
- Group counseling
- Telephone counseling

**AND**

## CESSATION MEDICATIONS:

- Bupropion (Zyban®)
- Varenicline (Chantix®)

**AND/OR**

## NICOTINE REPLACEMENT THERAPIES (NRTs):

- Patch
- Gum
- Lozenge
- Inhaler
- Nasal spray

## MEDICAL ASSISTANCE AND MINNESOTACARE

The Minnesota Medicaid program covers:

- ☒ NRT Gum
- ☒ NRT Patch
- ☒ NRT Nasal Spray
- ☒ NRT Lozenge
- ☒ NRT Inhaler
- ☒ Varenicline (Chantix®)
- ☒ Bupropion (Zyban®)
- ☒ Group Counseling
- ☒ Individual Counseling
- ☒ Phone Counseling

### Legend

- ☒ = Covered
- ☒ = Coverage Varies by Plan
- ☐ = Not Covered

## MNSURE

All plans in the Health Insurance Marketplace are required to cover tobacco cessation treatment with no cost sharing. Specific coverage may vary by plan. Check with your insurance plan to find out what is covered.

## STATE EMPLOYEE HEALTH PROGRAM COVERAGE

The State Employees Group Insurance Program covers:

- ☒ NRT Gum
- ☒ NRT Patch
- ☒ NRT Nasal Spray
- ☒ NRT Lozenge
- ☒ NRT Inhaler
- ☒ Varenicline (Chantix®)
- ☒ Bupropion (Zyban®)
- ☒ No Tobacco Surcharge
- ☒ Individual Counseling
- ☒ Group Counseling
- ☒ Phone Counseling

**COST:** As of January 1, 2016, copays on medications were removed and individual, group and phone counseling was added.



For more information, please call the Minnesota Department of Human Services at **651-431-2670** or **800-657-3739**.

*As of January 1, 2016, Minnesotans insured through Medical Assistance and MinnesotaCare will have free coverage for cessation counseling and smoking cessation medications.*



For more information, visit [mn.gov/mmb/images/SoB-16-17.pdf](http://mn.gov/mmb/images/SoB-16-17.pdf)

## PRIVATE INSURANCE COVERAGE

Minnesota does not require private health insurance plans to cover cessation treatments. Cessation coverage in private health insurance plans varies by employer and/or plan. Smokers with this type of health insurance should contact their insurance plan for information on cessation benefits.

Your health plan's quitline:

- Blue Cross Blue Shield of Minnesota: 1-888-662-BLUE (2583)
- BlueLink: 1-888-662-BLUE (2583)
- CCStpa: 1-888-662-QUIT (7848)
- HealthPartners: 1-800-311-1052
- Medica: 1-800-934-4824
- Metropolitan Health Plan (MHP): 1-888-354-PLAN (7526)
- Mayo Clinic Health Systems Mankato: 1-888-288-1881
- Mayo Medical Plan: 1-888-288-1881
- MMSI: 1-888-642-5566
- PreferredOne: 1-866-QUIT-4-LIFE
- PrimeWest Health: 1-800-474-3186
- South Country Health Alliance: 1-800-504-3451
- UCare: 1-888-642-5566
- United Healthcare: 1-800-930-4977 (nurseline)
- For everyone else: QUITPLAN® Services 1-888-354-PLAN (7526)

Federal regulation requires most private insurance plans to cover tobacco cessation treatment, without cost sharing. Specific coverage may vary by plan. Patients with private insurance should contact their plan for more information on cessation benefits.

## AMERICAN LUNG ASSOCIATION RESOURCES



**FREEDOM**  
FROM SMOKING®

The American Lung Association's **Freedom From Smoking® Online** can provide support and build your coping skills to help you live without nicotine. Go to [FFSonline.org](http://FFSonline.org) for more information.



**N·O·T**  
NOT ON TOBACCO®

**Not-On-Tobacco®** is offered to teens only in a limited number of areas throughout the state.



**LUNG**  
**HELPLINE**  
& TOBACCO QUITLINE

**1-800-LUNGUSA (586-4872)** Our compassionate and knowledgeable HelpLine staff can provide you with the support you need and the answers you're looking for.

## RESOURCES TO HELP YOU QUIT



1-888-354-PLAN [quitplan.com](http://quitplan.com)

**QUITPLAN® Services** offers all Minnesotans free help to quit tobacco. Visit [quitplan.com](http://quitplan.com) or call **1-888-354-PLAN (7526)** anytime to enroll.

### INDIVIDUAL SERVICES (choose any or all)

- Text Messaging— practical advice, games and encouragement that can help you quit
- Starter Kit—two weeks of free patches, gum or lozenges
- Email Program—a series of emails with tips, advice and encouragement to help you quit
- Quit Guide—a guide to help you create a plan to quit (can be downloaded or mailed)

### QUITPLAN® HELPLINE

A complete program to help you quit

- Telephone coaching
- Four weeks of free patches, gum or lozenges
- Text messaging
- Email support
- Welcome kit

**COST:** All QUITPLAN® Services are free.

### MEDICATIONS PROVIDED:

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> NRT Gum     | <input type="checkbox"/> NRT Inhaler            |
| <input checked="" type="checkbox"/> NRT Patch   | <input type="checkbox"/> Varenicline (Chantix®) |
| <input checked="" type="checkbox"/> NRT Lozenge | <input type="checkbox"/> Bupropion (Zyban®)     |
| <input type="checkbox"/> NRT Nasal Spray        |   |

Source: North American Quitline Consortium, [naquitline.org](http://naquitline.org)



**American Lung Association's stance on electronic cigarettes (e-cigarettes):** The American Lung Association is troubled about unproven claims that e-cigarettes can be used to help smokers quit. The FDA's Center for Drug Evaluation and Research has not approved any e-cigarettes as a safe and effective method to help smokers quit.

Revised 1-2016

For more information about program locations and schedules **651-268-7612** | **LUNG.org**

This document was prepared by the American Lung Association in Iowa with funding from the Iowa Department of Public Health, Division of Tobacco Use Prevention and Control.

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651-227-8014 | 1-800-LUNGUSA | LUNG.org