Chapter **4**

SUPPORT FOR EMPLOYEES WHO SMOKE

minimum, smoking policies tend to result in a reduction in the number of cigarettes smoked.[2]

The Goal: A Smokefree Workplace, Not Stigmatizing Employees Who Smoke

The goal of a smokefree policy is to provide a safe and healthful workplace for all employees. Unfortunately, the simple message of "smokefree" can sometimes be misinterpreted to mean "smoker-free" or "anti-smoker." Communication is important to allay any misconceptions. Also, a company can demonstrate its commitment to employees who smoke by offering help: Cessation support may help employees quit successfully and reassures smokers that the company is not trying to stigmatize them.

Nicotine Addiction

With over three decades of research documenting evidence that quitting smoking can increase life expectancy through avoiding disease, why don't smokers quit? Usually, because they are addicted to nicotine.[3] When nicotine is withheld, withdrawal symptoms can occur in less than 24 hours. Craving for nicotine, anxiety, frustration, irritability, anger, loss of concentration, increased heart rate, fatigue, light-headedness, and

---

What We Know About Nicotine[4]:

1. Cigarettes and other forms of tobacco are addicting.

2. Nicotine is the drug in tobacco that causes addiction.

3. The pharmacologic and behavioral processes that determine tobacco addiction are similar to those that determine addiction to drugs such as heroin and cocaine.

The effect of implementing a smokefree policy will be most immediate for employees who smoke. You can help them adjust to changes introduced by your smoking policy.

- Inform employees in advance that a new policy is being developed.

- After the policy is implemented, let smokers know that you appreciate their efforts to comply with the policy.

- Offer smoking cessation assistance.

- Ask nonsmoking employees to support and encourage smokers.

- Plan for continuing support of smokers who want to quit.

Providing cessation support is important because a new policy may encourage smokers to try to quit smoking. At a

tightness in the chest have all been related to nicotine withdrawal. Although many symptoms disappear within one to three weeks, the craving and physical urge to smoke can remain for months and even years.[4]

Immediate Benefits of Quitting Smoking

Despite the physical discomforts that may accompany cessation, benefits accrue almost immediately. These benefits include the following[5]:

• Carbon monoxide level in blood declines within eight hours.

• Sense of taste and smell quickly improves.

• Oral health improves (cessation helps to prevent or stabilize dental disease and eliminates "smoker's breath").

• Stamina and vigor improve as a result of increased oxygen in the system and improved circulation.

• Enhanced self-image is brought on by a sense of accomplishment.

• Acute effects of nicotine on pulse rate, blood pressure, and body temperature are eliminated within 20 minutes of the last cigarette.

Smoking Cessation and the Workplace

The workplace is an ideal environment in which to encourage smokers to quit. Employees spend so much time at work that smokefree policies can provide the incentive they need to succeed.

However, quitting is not easy for most smokers. In fact, many smokers try to quit repeatedly before they succeed; others may go through longer term "cycles" of not smoking and then smoking again. Although more than 90% of smokers who quit "for good" do so without a structured smoking cessation program, they may have gained valuable practice in how to quit through previous experience with formal methods, such as those offered at the workplace.

Smoking cessation support at worksites ideally includes a variety of methods and materials to meet the diverse needs of employees who smoke. Although 70% of smokers indicate that they would like to quit smoking,[1] not all smokers will make a serious attempt to quit at the same time, and not all smokers will respond to the same program or "prescription" for quitting. Smokers vary in their readiness to quit. Some may have quit and need support to stay away from cigarettes, some may be ready to try to quit, and others may still be just thinking about it. Still others may not

be ready even to contemplate a cessation attempt. Thus, it is important to consider providing both different types of support and ongoing support (not just when a new policy is announced).

Types of Support for Employees Who Smoke

A number of choices are available. Voluntary agencies, health departments, and national organizations have developed self-help materials (such as booklets, audiotapes, and videotapes) and group behavior-modification programs (either on-site or in a community setting). In some communities they also sponsor presentations and health fairs at worksites. These resources are listed in Appendix A.

Employees who smoke can be offered a variety of assistance, from comprehensive programs to more limited referrals. Table 4-1 lists some of these types of programs. To tailor a program to fit your company, you can mix and match from these options.

Match Support to Employee Needs

One way to decide what kinds of support to offer is to look at the options most helpful for smokers at different stages of readiness to quit, then make sure there is at least one supportive option available for each type of smoker.

New Ex-Smokers

When smokers quit smoking, they may face physical discomfort, weight gain, and stress. The following steps help minimize these obstacles.

- A smokefree work environment may help these ex-smokers by eliminating cues to smoke (e.g., seeing others smoke, ash trays).

- Nicotine replacement therapy reduces withdrawal symptoms.

- Most smoking cessation programs (self-help or formal) include nutritional information and exercise to help manage weight.

- Most cessation programs include stress management techniques such as relaxation training, positive imagery, and deep breathing to decrease the anxiety that surrounds quitting smoking.

TABLE 4-1.   OPTIONS TO SUPPORT EMPLOYEES WHO SMOKE

Level of Support	Pros	Cons
Comprehensive • Offer and pay for smoking cessation programs for smoking employees and covered dependents • Provide communication to all employees about changes in smoking policies and support to be offered	• May enhance health status of employees • May help contain health care costs • Allows employer to assess impact of smoking program • More likely to yield changes in smoking behavior • Demonstrates employer's commitment to helping employees who smoke	• More expensive than other options • Requires a significant effort by the employer
Facilitation • Work with health care providers (insurers and Health Maintenance Organizations) to provide smoking cessation to employees • Provide self-help cessation materials • Provide communication to all employees about changes in smoking policies and support to be offered	• May enhance health status of employees • Takes advantage of existing resources • Does not require continuing effort or monitoring by employer	• Requires significant start-up effort • Health care providers may be unwilling to provide support
Referral • Provide employees with information on community smoking cessation programs • Provide self-help cessation materials • Provide communication to all employees about changes in smoking policies and support to be offered	• Takes advantage of existing resources • Less expensive than comprehensive support • Easier to implement than comprehensive support or facilitation	• Less effect on smoking behavior and health care costs

• Social support options include periodic aftercare sessions offered by formal programs, 1-800 numbers, and supportive messages from the company's management.

Many of the people who quit smoking relapse: effective cessation programs (formal or self-help) also should provide employees with knowledge and skills to help prevent a return to smoking.

Employees Who Are Thinking about Quitting and Those Who Want Help to Quit

Employers can support employees who want to quit by offering (or offering

referral to) a variety of kinds of help, including self-help programs, formal cessation programs, counseling from a health care provider, and pharmacological aides. Incentive programs also support smokers' attempts to quit.

Employees Who Are Not Thinking about Quitting

Communication may help smokers who are not thinking about quitting consider the benefits of quitting. Options include

- providing information through occupational health staff,

- encouraging use of 1-800 number health information lines (1-800-4-CANCER, for example),

- placing articles in company newsletters on the benefits of cessation,

- showing posters and billboards that encourage quit attempts,

- offering health risk appraisals or other health assessments,

- participating in national and international campaigns such as the Great American Smokeout (the Thursday before Thanksgiving), National Employee Health and Fitness Day (the third Wednesday in May), Freedom from Smoking Day (July 5), and World No-Tobacco Day (May 31), and

- offering incentives to quit.

Social support also can encourage smokers to consider quitting. Such support includes the development of environments in both the worksite and the home that support not smoking. Companies should consider offering and paying for smoking cessation programs for both employees and dependents as a means to foster social support.

Cessation Support Options

Many types of cessation support are available in most communities. Some options are described here. Businesses that do not employ enough smokers to warrant on-site cessation activities can turn to existing community resources.

Self-Help Programs

Self-help programs are attractive to many smokers because they offer privacy and flexibility. Good self-help materials should provide employees with information to

- understand their smoking patterns,

- set quit dates,

- identify and resist smoking cues,

- explore alternatives to smoking,

- control weight gain,

- manage stress, and

- prevent relapse to smoking.

Many self-help materials (e.g., booklets, videotapes, and quit kits) are appropriate for worksites. Voluntary health agencies such as the American Cancer Society and the American Lung Association offer excellent self-help materials. Appendix A provides a listing of some of the many resources available. Review a variety of materials to decide which are most appropriate for your employees.

Smoking Cessation Group Programs

Although most smokers quit without formal assistance, some employees need the guidance and support provided by structured programs. Members of a group often provide support and counsel one another. Smoking cessation programs can be contracted to outside providers, or employees can be given a list of programs in the community. You should carefully screen providers before contracting for their services or referring employees. Figure 4-1 provides a checklist for screening such services.

FIGURE 4-1. CHECKLIST: ASSESSING A GROUP CESSATION PROGRAM

1. How long has the organization been in existence? How long has it been providing smoking cessation programs?

2. How many people have gone through the program?

3. Will the approach be appropriate for the employees?
   a. What methods are used to help smokers quit?
   b. How is maintaining abstinence from smoking addressed?
   c. What resources are provided to help promote the program among company employees and stimulate participation?

4. Have others been satisfied with the program?
   a. Will they provide a list of clients, specifically other employers?
   b. Will they provide references so you can check for satisfaction and success rates?

5. What are the qualifications of the instructors? What training have they received? What is their cessation counseling experience?

6. Are printed materials appropriate for the educational level of the employees? Are they attractive and motivational?

7. Will the structure of the program accommodate the needs of the employees? Can they
   a. accommodate all shifts?
   b. provide on-site and off-site programs?
   c. structure flexible program formats?
   d. provide audio or visual equipment?

8. Is the program provider willing to provide ongoing assistance and follow-up once the formal program ends?

9. Does the program incorporate participants' support systems? For example, peers and family members?

10. Does the program offer any form of guarantee? For example, can employees repeat the program for free or at a lower cost?

11. Can the program provider provide evidence of six-month and one-year success rates of previous clients? (A range of 20–40% is realistic.) Remember: if it sounds too good to be true, it probably is.

12. How much does the program cost per employee? Are group discounts available?

Pharmacological Aids

One important reason why it may be difficult for smokers to quit is nicotine addiction. Some smokers find it helpful to use pharmacological aids such as nicotine gum or the nicotine transdermal patch to help overcome their addiction. Nicotine gum releases the nicotine into the mouth, and the nicotine patch is applied directly to the skin, where it releases a continuous flow of nicotine into the bloodstream.

Nicotine replacement has been found to significantly increase the chances of successful cessation for smokers.[6] In the spring of 1996, the Food and Drug Administration (FDA) approved the nicotine gum to be marketed as an over-the-counter product, so smokers can now purchase it without a physician's prescription. As of September 1996, the FDA approved two nicotine patches for over-the-counter sale.

Check the company's health plan regarding coverage of nicotine replacement products. Often, if the products are not available through a health plan, employers provide nicotine replacement products directly as a self-funded benefit or will reimburse employees who use the products in an effort to quit smoking.

Incentives

Incentives are most effective in increasing interest in quitting. Even small rewards or recognition, such as in a company newsletter, can help smokers succeed at cessation by providing a concrete goal. Incentives

- give employees a positive focus,

- reinforce motivation,

- encourage cessation program participation, and

- reinforce employees' not smoking.

Advantages of incentives are numerous. Incentives

- are easy to set up and operate,

- are very flexible and adaptable,

- can have significant behavioral impact,

- can be designed for different departments and different levels, and

- can be linked to organizational goals and objectives.

Some disadvantages of incentives also exist. For example,

- determining the best reward may be difficult,

- employers can be outwitted by employees ("false" cessation), and

- nonsmokers might feel slighted.

The advantages and disadvantages of incentives highlight the need to carefully plan and implement incentive programs.

Deciding What Types of Support to Offer

Each company must decide what type of support fits the work situation best. Questions to ask to help decide include the following:

- How strongly does the company want to support employees who smoke?

- What resources are available in the company, community, and elsewhere?

- How do the employees who smoke feel about pending policies? What kind of support would they like? What kind of support do they expect? How many might be interested in taking advantage of what the company offers?

Chapters Three and Four described different kinds of policies and supportive activities from which companies may choose. The next chapter provides a step-by-step guide to planning your policies and activities and making them work.

References

1. Centers for Disease Control and Prevention. Cigarette smoking among adults—United States, 1994. *Mortality and Morbidity Weekly Report* 1996;45:588–590.

2. Sorensen G, Lando H, Pechacek TF. Promoting smoking cessation at the workplace. *Journal of Occupational Medicine* 1993;35:121–126.

3. U.S. Department of Health and Human Services. *The health consequences of smoking: Nicotine addiction. A report of the Surgeon General.* U.S. Department of Health and Human Services, Public Health Service, Centers for Disease Control, Office on Smoking and Health, 1988. (DHHS Publication No. (CDC) 88-8406)

4. Christen AG, Christen JA. Why is cigarette smoking so addictive? An overview of smoking as a chemical and process addiction. *Health Values: Health Behavior, Education and Promotion* 1994;18:17–24.

5. *American Cancer Society. Dangers of smoking, benefits of quitting, and relative risks of reduced exposure.* New York, NY: American Cancer Society, 1980.

6. U.S. Department of Health and Human Services. *Smoking Cessation: Clinical Practice Guideline No. 18.* Rockville, MD: U.S. Department of Health and Human Services, Public Health Service, Agency for Health Care Policy and Research, 1996. (AHCPR Publication No. 96-0692)