Worksite Wellness:

A resource kit for smoke-free workplaces

Developed by:

PHFI
Public Health
Foundation
of India

and

HRIDAY
Health Related
Information
Dissemination
Amongst Youth

on behalf of

AFTC
Advocacy Forum for
Tobacco Control

Acknowledgements

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Section I:
Smoke-free workplaces

"Lifestyle can do more to improve well-being, now and for years to come, than the availability of the best medicines"

Walter C. Willet, M.D.

❖ Health and wellness programmes must form an integral part of the strategic development plan for companies who truly value their employees.

❖ Workplace environment is clearly identified as an important area of action for health promotion and disease prevention.

❖ Through congenial and pollution free workplace environments, it is possible to reach large number of employees and influence their health behaviours. These behaviours include avoidance of tobacco use, both smoking and chewing, regular physical activity and healthy diet.

❖ Health promotion in the workplace has been recommended by international bodies through numerous charters and declarations including the 1986 Ottawa Charter for Health Promotion, the 1997 Jakarta Declaration on Leading Health Promotion into the 21st Century and the 2005 Bangkok Charter for Health Promotion in a Globalized World.

❖ A World Health Organization (WHO) report on chronic diseases in 2005 revealed that, Non-Communicable Diseases (NCDs) such as heart disease, stroke, cancer and diabetes accounted for over 50% of all projected deaths worldwide. Some 80% of the deaths from NCDs occur in low- and middle-income countries.

❖ NCDs, in India, presently account for 57% of all deaths - many of these deaths occur in the age group of 35-64 years, leading to huge productivity losses.

❖ About 10 lakh Indians die annually due to tobacco- related causes.

❖ It is estimated that India will lose around 237 billion USD in 2015 as result of heart diseases, stroke and diabetes as compared to the loss of 9 billion USD that was incurred in 2005.

❖ The International Labour Organization's (ILO) safe work programme (SOLVE) addresses tobacco use as a serious workplace health hazard. Promotion and implementation of a smoke-free work environment is, therefore, part of ILO's mandate to create healthy and safe workplaces.

❖ Smoking at workplaces not only harms the health of smokers but also of those around them. Occupational exposure to Second Hand Smoke (SHS) at work causes about 14 % of all work-related deaths.

❖ Keeping in view the evident ill effects of smoking and exposure to SHS, the Cigarette and Other Tobacco Products (Prohibition of Advertisement and Regulation of Trade and Commerce, Production, Supply and Distribution) Act, 2003 envisages protecting the non-smoker's right to smoke-free air and preventing diseases leading to disability and premature death.

❖ Both legal and health promotion measures are vital to such preventive and control efforts. The management of any industry or corporate organisation has a key role in establishing smoke-free and healthy, stress-free work places.

The goal of this manual is to:

- ❖ Provide guidelines for a 100% smoke-free work place environment
- ❖ Protect all employees from exposure to SHS
- ❖ Provide cessation support to tobacco users who want to QUIT tobacco use

The rationale for developing an organisational response

- ❖ Smoking will cause premature death of half of the employees who smoke in the long term. Half of these will die in middle age. These highly experienced staff members are often difficult to replace.

- ❖ Smokers generally take more sick leave than non-smokers. This is typically an additional 1-3 days each year per smoking employee, but smokers with chronic smoking related disease may be off work for much longer.

- ❖ The combination of lost productivity and other costs, including health insurance, associated with workplace smoking can cost employers and employees a huge amount every year.

- ❖ Smoking at workplace can increase the risk of fire, harm working relationships and have negative impact on public perception of the organisation.

- ❖ ILO estimates that every year, globally, around 2, 00,000 workers die due to exposure to SHS in the workplace.

- ❖ Undue exposure of adults and children to SHS can only be effectively prevented by making public places including workplaces/offices 100% smoke-free.

- ❖ 97% of people (smokers as well as non-smokers) in major metros in India (Delhi, Chennai, Kolkata and Mumbai) prefer smoke-free workplaces, restaurants and bars. This shows that majority of people would favour clearly defined smoke-free policies at workplaces (The Tribune, September 2008).

> Keeping these facts in view, **PHFI** in partnership with **HRIDAY** is launching a year long Worksite Wellness Programme, that will include addressing ubiquitous health issues at the worksites, viz. unhealthy diet, physical inactivity, obesity, stress at work environment and most importantly consumption of tobacco. The long term objective is preventing and reducing chronic diseases at worksites, with active involvement of the management and workers.

Sources:

- ❖ Preventing Non-communicable Diseases in the Workplace through Diet and Physical Activity WHO/World Economic Forum Report of a Joint Event, available at
  http://www.weforum.org/pdf/Wellness/WHOWEF_report.pdf accessed on 02-02-09.

- ❖ Preventing Chronic Diseases: A Vital Investment. WHO, 2005. Available at
  http://www.who.int/chp/chronic_disease_report/media/INDIA.pdf

- ❖ Takala J (2005). Introductory report: decent work, safe work. International Labor Organization: Geneva. Available at
  http://www.ilo.org/public/english/protection/safework/wdcongrs17/intrep.pdf. Accessed 11.01.09

The **Framework Convention on Tobacco Control (FCTC),** is a global public health treaty. It requires the ratifying Parties (countries) to adopt and implement measures to provide for protection from exposure to tobacco smoke in indoor workplaces, public transport and indoor and other appropriate public places.

The Article 8 guidelines to FCTC also state that there is no safe level of exposure to tobacco smoke and that smoke-free air means 100% smoke-free, with no strings attached. Therefore, it suggests that there should be no designated smoking rooms and all indoor workplaces and indoor public places should be absolutely smoke-free.

Section 4 of the Cigarettes and Other Tobacco Products Act (COTPA) prescribes that, **"No person shall smoke in any public place".** The Government of India has also passed rules for effective realisation of the objectives of smoke-free environments as stipulated under the law. The Indian law is in line with FCTC. However, its ineffective implementation is still a hurdle in achieving 100% smoke-free environment in the recommended public places, including workplaces.

Public places where smoking is prohibited are defined very comprehensively under COTPA. "Public place" includes auditorium, hospital buildings, railway waiting room, amusement centres, restaurants, public offices, court buildings, educational institutions, libraries, public conveyances and the like visited by general public. 'Open spaces' are excluded but not open auditorium, stadium, railway station, bus stop/stand and such other places, which need to be smoke-free.

The rules notified on May 30, 2008 expanded the definition of public places under COTPA and have included all 'workplaces' which also need to be totally smoke-free. Effective from October 2, 2008, all workplaces - public and private, have been mandated to be completely smoke-free, with no provisions whatsoever for smoking anywhere on their premises.

The exception that the law provides extends only to:

❖ Hotels with 30 or more rooms
❖ Restaurants with seating capacity for 30 or more people
❖ Airports

These places may provide for a smoking area or space that conforms to the strict ventilation guidelines under the smoke-free rules which state that air from the smoking area should not permeate into the non-smoking area. The rules further state that, the smoking area shall be used only for the purpose of smoking and no services are allowed. This is to protect any employee in the hotel, restaurant or the airport who might be forced to involuntary exposure to SHS in the smoking area or space, in case services are allowed.

Responsibility to ensure smoke-free workplaces

It is the responsibility of the owner/manager/proprietor to keep the area under his/her jurisdiction (in this case workplaces) smoke-free, failing to do so will amount to dereliction of duty and he/she shall be liable to the pay fine which will be equivalent to the sum of individual offences at his/her premises.

Signages and boards to be displayed

❖ Owner, manager, supervisor or in-charge of the affairs of the public place shall display a board containing the warning "No Smoking Area Smoking Here is an Offence" in English or one Indian language and shall also display the name of the person(s) to whom a complaint may be made.

❖ Such board shall be displayed at all public places at:

- every entrance,
- conspicuous place(s) inside
- in case of more than one floor, at each floor
- staircase and the entrance to the lift at each floor

NO SMOKING SIGNAGE TO BE DISPLAYED AT ALL PUBLIC PLACES

**No Smoking Area
Smoking Here is an Offence**

Specifications for the above signage

❖ The board shall be of a minimum size of 60 cm by 30 cm of white background.

❖ It shall contain a circle of no less than 15 cm outer diameter with a red perimeter of no less than 3 cm wide with a picture, in the centre, of a cigarette or bidi with black smoke and crossed by a red band.

❖ The width of the red band across the cigarette shall equal the width of the red perimeter.

❖ The board shall contain the warning "No Smoking Area Smoking Here is an Offence", in English or one Indian language, as applicable.

❖ The board shall be prominently displayed at each entrance of the public place and conspicuous places(s) inside.

In addition, to the above signage a board containing name of the person to whom a complaint may be made should be displayed

SAMPLE BOARD

In case some one smokes here, please lodge a complaint to:

Name: ....

Designation: ....

Telephone No.: ....

Email : ....

Tobacco smoking is the leading preventable cause of disease, disability and death. It is responsible for death of about 10 lakh people every year in India. In addition, non-smokers exposed to SHS passive smoking have higher death rates from cardiovascular disease than non-smokers who are not exposed to SHS.

Tobacco smoking can:

❖ Transform existing chemicals into more harmful ones
❖ Increase exposure to existing toxic chemicals
❖ Add to the biological effects caused by certain chemicals
❖ Interact synergistically with existing chemicals.

For example, asbestos workers who smoke have ten times the risk of developing lung cancer as compared to asbestos workers who do not smoke.

Examples of hazardous materials that when combined with smoking presents a serious health risk:

➢ Coal	➢ Grain	➢ Silica
➢ Welding materials	➢ Asbestos	➢ Petrochemicals
➢ Aromatic amines	➢ Pesticides	➢ Cotton dust
➢ Ionizing radiation		

Health consequences of tobacco use and SHS

❖ Mortality and morbidity
❖ Premature death
❖ Significant disease and disability

Cardiovascular effects

❖ Coronary heart disease
❖ Cerebro-vascular disease (stroke)
❖ Atherosclerotic peripheral vascular disease

Cancers

❖ Lung cancer
❖ Pancreatic cancer
❖ Laryngeal cancer
❖ Renal cancer
❖ Cancer of the oral cavity (lip, tongue, mouth and pharynx). Using smokeless tobacco is a cause of oral cancer.

Third Hand Smoke

Third Hand Smoke is a recently identified health hazard. It refers to the invisible yet toxic brew of gases and particles clinging to smokers' hair and clothing, not to mention cushions and carpeting that lingers long after SHS is cleared from a room. It is now identified as a SHS related threat to children's health that isn't as easy to get rid of.

The residue includes heavy metals, carcinogens and even radioactive materials that young children can get on their hands and ingest, especially if they're crawling or playing on the floor.

Lung diseases

- ❖ Chronic bronchitis
- ❖ Emphysema

Health effects on Women

- ❖ Intrauterine growth retardation, leading to low birth weight babies.
- ❖ Cervical cancer
- ❖ Increased risk of infertility and miscarriage

Other health effects

- ❖ Addiction to nicotine
- ❖ Adverse interactions with occupational hazads that increase the risk of cancer
- ❖ Alteration of the actions and effects of prescription and non-prescription medications
- ❖ Peptic ulcer
- ❖ Impotence in males

Sources:

- ❖ Campaign for Tobacco-Free Kids, 2008, About: Factsheet Second Hand Smoke, accessed: 25/11/08, http://www.tobaccofreecenter.org/smoke_free_laws/smoke_free_laws_factsheet

- ❖ Global Smokefree Partnership, 2008, About: Smokefree-in-a-Box: A Guide for Companies Going Smokefree, accessed: 25/11/08, http://www.globalsmokefree.com/gsp/pdf.php?id=125

- ❖ Repace J., Kawachi I., Glantz S., 1999, About: Fact Sheet on Second Hand Smoke, accessed: 25/11/08, http://www.repace.com/SHSFactsheet.pdf

- ❖ Shopland D. R., Zeise L. et al., 1999, About: Smoking and Tobacco Control Monographs - Monograph 10: Health Effects of Exposure to Environmental Tobacco Smoke, accessed: 25/11/08, http://cancercontrol.cancer.gov/tcrb/monographs/10/

- ❖ The Tribune, 2008, About: 97% Indians want public places smoke-free, accessed: 25/11/08, http://www.tribuneindia.com/2008/20080929/main6.htm

- ❖ U.S. Department of Health and Human Services. 2006, The Health Consequences of Involuntary Exposure to Tobacco Smoke: A Report of the Surgeon General. Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, Coordinating Center for Health Promotion, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health.

- ❖ World Health Organization, 2007, About: Tobacco Control - WHO Tobacco Control Papers - Smoke-Free Inside: Create and Enjoy 100% Smoke-Free Environments, accessed: 25/11/08, www.leb.emro.who.int/tobacco/smoke%20free%20EN%20WTD07.pdf

- ❖ A new cigarette hazard: 'Third-hand smoke', The Indian Express, Page 13, January 4, 2009 Pune edition.

For Employers:

- ❖ A smoke-free environment helps create a safe, healthful workplace.
- ❖ Direct healthcare costs to the organisation may be reduced.
- ❖ Maintenance costs go down when smoke, matches and cigarette/bidi butts are eliminated in facilities.
- ❖ Office equipment, carpets and furniture last longer.
- ❖ It may be possible to negotiate lower health, life and disability coverage as employee tobacco use is reduced.
- ❖ The risk of fire is lower.

For Employees:

- ❖ A smoke-free environment helps create a safe, healthful workplace.
- ❖ Overall health of employees improves.
- ❖ A well planned and carefully implemented effort by the employer to address the effects of smoking on employees' health and the health of their families shows the organisation cares.
- ❖ Workers who are bothered by smoke will not be exposed to it at the workplace.
- ❖ Smokers appreciate a clear company policy about smoking at workplace.
- ❖ Managers are relieved when a process for dealing with smoking in the workplace is clearly defined.

  - ■ Making workplaces tobacco-free further reduces the garbage collected everyday on account of cigarette/bidi stubs and gutkha/zarda pouches. This keeps the place cleaner without stains due to spiting and hygienic without risk of air-borne infections, e.g. Tuberculosis etc.
  - ■ It is a step towards implementing a policy for making a work-place tobacco-free, a very India-specific need due to potential of smokers to shift to chewable tobacco instead of quitting it.

Sources:

- ❖ NC Department of Health and Human Services, 2008, About: Benefits of a smoke-free workplace, accessed: 25/11/08, http://www.tobaccopreventionandcontrol.ncdhhs.gov/lgtoolkit/docs/BenefitsofSmokeFreeWorkplace.pdf
- ❖ U.S. Department of Health and Human Services, 2007, About: Chap 2 Benefits of a smokefree workplace, Making your workplace smokefree a decision maker's guide, accessed: 25/11/08, www.cdc.gov/tobacco/secondhand_smoke/00_pdfs/full**guide**.pdf
- ❖ Tobacco Prevention and Control Branch, NC Department Health and Human Services, 2003, About: Why go smoke-free? Benefits of smoke-free workplaces, accessed: 25/11/08, http://www.workingsmokefree.com/whygosmokefree/benefits.htm

❖ **Successfully creating a smoke-free workplace involves steps in the following areas:**

- Building a comprehensive smoke-free policy
- Creating a supportive workplace environment
- Re-orienting occupational health services

❖ **Build a comprehensive smoke-free policy:**

- **Establish a working committee**: with representatives from different departments in the company to oversee overall smoke-free activities.

- **Review current situation**: with the help of surveys and interviews with members of administrative departments, determine the current smoking situation and appropriateness of cessation services, if any exist.

- **Engage employees**: take their suggestions and list strategies for improvement in the situation.

- **Develop a written smoke-free policy**: which clearly states intent of the policy, the structure and action steps in the policy, distribution of workload and provides all justifications necessary for the development of the policy. This document needs to be a detailed reference for all concerned. This draft should be approved by the working committee and endorsed by the CEO of the organisation.

- **Communicate effectively to raise awareness**: this important step involves use of channels such as intranet, newsletters, worker unions and other similar media to effectively communicate anti-tobacco and no-smoking policy messages. Some of the awareness raising strategies could be no-smoking policy dissemination through interactive discussions with the staff, use of motivational messages to quit smoking, smoking cessation service promotional messages and no-smoking area boards so as to educate the staff about the provisions of smoke-free laws. Messages should be displayed at conspicuous places in the work area.

- **Provide smoking cessation support to employees**: in the form of cessation counseling, medications, educational and self-help material either to individual employees or in groups.

- **Formulate disciplinary issues**: policies should be developed in consultation with the working committee and the union. Disciplinary actions, such as issuing one or two warning notices and further penalties in case of violation of the no-smoking policy should be considered as per the existing norms or, in its absence, through the consensus within the working group.

- **Follow timetable**: the smoke-free rules for India went into effect on October 2, 2008. They require the immediate implementation of a smoke-free workplace policy. To support the smoke-free workplace policy, it is recommended that companies provide support services and/or information to help employees quit smoking. Working with a timeline helps keep companies on track for effectively implementing and enforcing the smoke-free policy.

■ **Monitor and evaluate**: ongoing monitoring of the impact of policy needs to be effected and it should be evaluated at regular intervals (e.g., every quarter in the first year; every six months for the next 2 years and yearly thereafter) using specific indicators such as short-term and long-term quit rates, relapse rates and chronic disease prevalence rates. Feedback from the employees can also play a role in bringing about positive changes in the no-smoking policy.

❖ **Create a supportive workplace environment:**

■ Provide alternative recreation facilities at the workplace, such as light refreshments, sport activities etc.

■ Visitor badges should say that the office premises are non-smoking.

■ 'No Smoking Area - Smoking Here is an Offence' signs should be displayed at conspicuous places in the company.

■ Prohibit the sale of tobacco products inside and around company premises.

■ Ensure that no ashtrays, matchboxes, lighters or any other articles designed to facilitate smoking are available in the office.

■ Make sure that job postings for new staff and new employee orientation materials state the smoke-free workplace policy.

❖ **Re-orient occupational health services:**

■ Conduct routine/one-off screening of employees as well as initial check-up of the employee at joining the company, with focus on smoking habits.

■ Developing links with cessation centers for referral/treatment and development of appropriate educational material.

■ Recruit/train staff for providing cessation services.

Sources:

❖ Global Smokefree Partnership, 2008, About: Smokefree-in-a-Box: A Guide for Companies Going Smokefree, accessed: 25/11/08, http://www.globalsmokefree.com/gsp/pdf.php?id=125

❖ World Health Organization, 2002, About: Tobacco in the Workplace: Meeting the Challenges. A Handbook for Employers, accessed: 25/11/08, http://www.euro.who.int/document/e74819.pdf

The tobacco industry has played a major role in spreading unscientific and incorrect information and myths about SHS and smoke-free policies. In particular, tobacco industry targets issues like human rights, economy/business and health issues to spread such rumours. However, major scientific studies and organisations around the world have observed that realities are quite the opposite.

Some examples of such myths and realities are as follows:

❖ **Myth**: "SHS is not harmful to health" OR "SHS is just a nuisance" OR "No one has proven SHS is a health hazard"

Reality: On the basis of research studies, major scientific bodies of the world such as WHO, Centers for Disease Control and Prevention (CDC) USA, as well as major reports such as U.S. Surgeon General's report (2006) have stated that SHS is hazardous for health. Those reports which show an absence of relation between SHS and health hazards are mostly funded by tobacco companies.

❖ **Myth**: "Smoke-free laws are not required. Voluntary policies are better" OR "Voluntary agreements offer 'Courtesy of Choice' to accommodate smokers and non-smokers".

Reality: On the basis of such statements, the hazardous effects which SHS inflicts on non-smokers cannot be negated. Evidence suggests that such voluntary arrangements have been initially tried in U.K., New Zealand, California and many other places. However, results have been disappointing.

❖ **Myth**: "Smoke-free environments are unpopular. Most people don't want them" OR "Smoke-free environments will not work"

Reality: Smoke-free environments are very popular and well supported by smokers as well as non-smokers. High public support has been observed in places like Ireland, Norway and California. A survey conducted in Mumbai, Delhi, Kolkata and Chennai, where 71% of the males were smokers, concluded that 97% of the people want smoke-free environments and 84% urban Indians believe that SHS is harmful for health (The Tribune, September 2008).

❖ **Myth**: "Smoke-free laws violate the individual's right to smoke" OR "Smoking bans infringe smoker's rights and freedom of choice" OR "Businesses have a right to allow smoking"

Reality: Majority of the females and many males in India do not smoke. Many of the smokers want to quit but cannot do so because of the addiction. Moreover, every citizen possesses the right to life which encompasses right to health. Considering the health hazards of SHS, right to full health of workers and public obviously takes precedence over right to smoke.

❖ **Myth**: "Ventilation systems and separate room for smokers provide adequate protection from SHS"

Reality: Ventilation and filtering systems have been promoted by the tobacco industry as alternatives to smoke-free policies. However, American Society of Heating, Refrigerating and Air conditioning Engineers (ASHRAE) concluded that, such systems are ineffective in abolishing the harm caused by SHS.

❖ **Myth**: "Smoke-free regulations will ruin the economy" OR "Smoke-free environments result in loss of business to restaurant and pubs"

Reality: Businesses such as hospitality and tourism have not been affected due to smoke-free laws as observed in places like New York, Canada, Italy, Norway, etc. In fact, business has increased, as observed in Ireland and U. S., especially in bars and pubs.

❖ **Myth**: "Smoke-free laws will result in more people smoking at their homes exposing their family to SHS"

Reality: Smoke-free laws have been designed so that the smoker is encouraged not to smoke for long periods. In this way, smoker is encouraged to quit and voluntarily make their homes smoke-free too. Moreover, studies in Australia and U.S. support this fact.

❖ **Myth**: "Smoke-free laws are not appropriate for our country"

Reality: Smoke-free laws have been implemented in several countries around the world. It is based on the rational concept of protecting the health of those who smoke as well as those who do not smoke. Moreover, the benefits of such laws have been observed in many countries. In India, where tradition supports the principle of 'do not harm others', this would be especially appropriate.

Sources:

❖ Campaign for Tobacco-Free Kids and Global Smokefree Partnership, 2007, About: Smokefree: The Facts. Smokefree Myths and Realities, accessed: 25/11/08, http://www.tobaccofreecenter.org/files/pdfs/SF_myths_realities.pdf

❖ Global Smokefree Partnership, 2008, About: Smokefree-in-a-Box: A Guide for Companies Going Smokefree, accessed: 25/11/08, http://www.globalsmokefree.com/gsp/pdf.php?id=125

❖ Government of India, 2008, About: Smokefree fact card smokefree myths and realities, accessed: 25/11/08, http://www.secondhandsmokekills.in/pdf/myths_realities.pdf

❖ Smokefree Guilford, 2008, About: The Top Ten Myths About Smokefree Indoor Air Laws, accessed: 25/11/08, http://www.smokefreeguilford.org/documents/TheTopTenMyths_001.pdf

❖ The Tribune, 2008, About: 97% Indians want public places smoke-free, accessed: 25/11/08, http://www.tribuneindia.com/2008/20080929/main6.htm

Section II:
Case Studies on
smoke-free/tobacco-free workplaces

Johnson & Johnson is a worldwide family of 250 companies marketing health care products throughout the world. It acknowledged that health and wellness of employees is crucial to the success of the business and took it as its responsibility to provide employees with the resources to lead healthier lives. To follow this principle and to create, promote and sustain a culture of health, Johnson & Johnson implemented a tobacco-free workplace policy on January 1, 2007.

Johnson & Johnson's tobacco-free policy prohibits tobacco use at all operating company locations (i.e., property, buildings, leased buildings, company vehicles, and company-sponsored meetings). As the legislative and political background of the areas in which it operates is varied, Johnson & Johnson allowed each of its affiliates in various countries to establish a company policy of its own that incorporated the elements described in the chief corporate policy. Affiliates were also permitted to modify the policy to be in compliance with local and regional laws.

Johnson & Johnson also provided education and other resource materials to its affiliates to facilitate the implementation of the policy. A global toolkit including culturally sensitive implementation plans and materials to support employee behaviour change was disseminated to Johnson & Johnson companies.

As a result of the tobacco-free policy, 98% of Johnson & Johnson's companies were tobacco-free as of March 2008. 100% compliance with the policy has been achieved in Asia Pacific, Latin America and North America.

Non-smokers mentioned the following benefits as a result of the policy:

- ❖ Eliminated the odour of tobacco in the office or elevators
- ❖ Made them proud to be working at a health care company
- ❖ Eliminated their anxiety about SHS
- ❖ Facilitated communication with smokers (smokers do not leave their desk as often as before to take "smoke breaks.")

Smokers mentioned the following benefits as a result of the policy:

- ❖ Helped them to quit smoking
- ❖ Increased their quit attempts
- ❖ Reduced the number of cigarettes they smoked
- ❖ Encouraged them to think more actively about quitting smoking

Compliance of the policy was initially a challenge but it was overcome with time. Lack of cessation products in few countries was another problem faced by Johnson & Johnson.

American Cancer Society (ACS) case study of Rajasthan Police Academy, Jaipur
(www.rpa.rajasthan.gov.in)

The Rajasthan Police Academy (RPA) is the apex state-level training center of the State police workforce, including over 80,000 personnel - recruits and in-service officials at all levels. The Academy is tobacco-free for since May 31, 2008.

Motivation to become tobacco-free

As an Indian workplace of ACS, RPA became sensitised to tobacco control during the course of "Active for Life", the Society's signature programme on physical activity and nutrition. The proposal to become smoke-free was upgraded by the RPA administration to make it tobacco-free, as an equal, if not a larger proportion of its tobacco-using workforce chewed tobacco instead of smoking or were mixed users who smoked as well as chewed tobacco. It also reinforced the ongoing efforts of the State Police department to make police healthier.

Tobacco-free policy

The smoke-free tool-kit shared by ACS was adapted for declaring the Academy tobacco-free by May 31, 2008- the World No Tobacco Day (WNTD) 2008. The staged collaborative process between RPA officials and the Society began in early March 2008.

The process involved: (1) identifying the workgroup- the leaderships of all RPA units (2) administering an employee survey on tobacco use for their attitude, behaviour, practices and quitting (3) developing the policy and its translation in Hindi (4) the communication strategy for its advocacy in smaller groups at all levels (5) the implementation, including support for cessation through the Society's tobacco cessation programme- **Freshstart** and establishing the tobacco cessation services in the Health Centre of Academy, and (6) monitoring and evaluating its impact.

Results

The goal to declare the Academy tobacco-free on May 31, 2008 was accomplished. The tobacco users, apprehending an action against their habit, provided false information. They rectified once the opportunity to quit successfully was recognised.

The cleaner environment, free of tobacco smoke, bidi and cigarette stubs, gutkha pouches and stained walls due to spitting of the quid is highly appreciated. The staff (including tobacco-users) with general sense of positivity considers this change as the unique caring gesture. The RPA administration credits the entire process for a better team building in-house as it involved each and everyone in its successful implementation.

Barriers

The skepticism of a few resisting change was transient. Although the staff refrains from using tobacco on-site, the quitting rate is low. The Academy also inhabits over 1,500 families and has a huge campus. Thus, regulating inhabitants and the visitors is an issue. The proactive approach to extend it locally and statewide is missing.

Next steps

The second phase to make its colony tobacco-free through police-NGO participation is being developed. Extending the process to the 50 police stations of the city located in 5 zones has been proposed and is foreseen as the critical step in making Jaipur city smoke-free (possibly by World No Tobacco Day 2010).

Dell Inc. (NASDAQ: DELL) listens to customers and delivers innovative technology and services they trust and value. Uniquely enabled by its direct business model, Dell is a leading global systems and services company and no. 34 on the Fortune 500. For more information, visit www.dell.com, or to communicate directly with Dell via a variety of online channels, go to www.dell.com/conversations.

Motivation to go tobacco-free

Dell established a tobacco-free environment for the health of all its employees under 'Well at Dell' - a tobacco-free work environment promoting wellness and assisting employees who are attempting to quit or reduce tobacco use. It also helped reduce safety hazards and develop a healthier, cleaner campus - all part of Dell's environmental leadership goals. Dell also made a commitment to improving employee health by offering health improvement and wellness programmes to employees for the last several years. Providing a tobacco-free campus is another example of this commitment.

In addition to causing direct health hazards, smoking contributed to costs in other ways, including potential fire damage, cleaning and maintenance costs, costs associated with absenteeism, health care and medical insurance.

Dell has a responsibility to provide a safe environment for each one of its employees. By eliminating tobacco use on campus, all employees will be protected from SHS, a known carcinogen. Smoking bans do not take away individuals' rights to smoke, but they eliminate smokers' risks of harming others. Dell owes it to its employees to provide a safe and healthy environment.

Tobacco-free policy

The use of all tobacco products on Dell property is prohibited. This policy applies to all people, including contractors and visitors, visiting or working at all Dell India locations, with effect from October 1, 2008.

"Dell property" includes all areas of company property, whether owned or leased by Dell, including office buildings, facilities, parking lots and vehicles owned, leased or managed by Dell. For the purposes of this policy, this definition also includes personal vehicles that are parked or present on Dell property. The policy is applicable 24 hours a day, seven days a week.

Dell's security team informed all contractors and visitors of the policy. Leadership and site management team informed all employees of the policy and disciplinary measures for non-compliance.

Dell is a Tobacco Free Campus

Moreover, Dell's no tobacco policy coincided with the Government of India's law on smoking being prohibitted in all public places/spaces, which came into effect from October 2, 2008.

Results achieved

To employees wanting to kick the habit, the policy helped:

❖ Many smokers quit as they were looking for an external impetus to put a final stop.
❖ Smokers reduced the number of cigarettes/smoke breaks as smoking is banned on Dell premises and to smoke, employees have to step outside the premises to indulge, which is quite a bother.
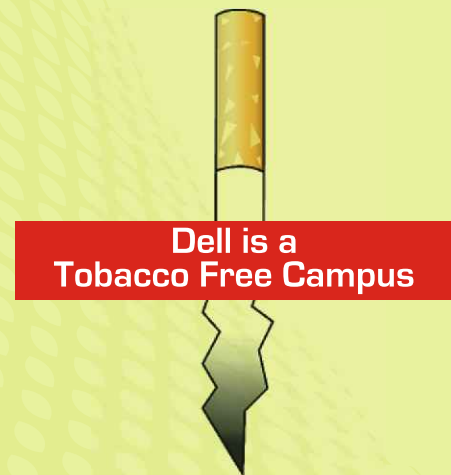
To non smoking employees, the policy meant:

- ❖ That Dell cared about the welfare of its employees
- ❖ A cleaner, healthier and safer work environment
- ❖ It helped eliminate SHS

Obstacles faced

- ❖ There were only two cases of violation in Dell Bangalore (among 13000 employees across India).
- ❖ **Freshstart**, a programme that uses group interactions to support employees who want to quit has not taken off. There has been no registration in all of India, so far.

Lessons learned

- ❖ Involved leadership and site management team from the very beginning to ensure total compliance.
- ❖ Established a core team comprising employees and developed an integrated implementation and communication plan.
- ❖ Assessed current scenario and built a business case for implementing the tobacco-free policy.
- ❖ Studied best practices employed in other companies and applied those that were relevant to Dell.
- ❖ Removed all temptations from within the premises like, ashtrays, sand pits, etc. Converted smoking zones to cafeterias.
- ❖ Set-up a medical/counseling hotline to help smokers. Had a medical doctor on the premises to render medical assistance whenever required.

Communication plan

- ❖ As smoking or using any form of tobacco is a very personal and emotional issue and is perceived to be 'cool'. Communication was crafted to convey there are other very 'cool' things to do, like choosing a healthy lifestyle
- ❖ It was also decided that through communication, employees would be sensitised to the impending ban on tobacco, as this would help ensure that people are more receptive to the ban and comply accordingly. The idea was to help them adapt to this new policy in quick time, real time without any angst.
- ❖ On September 10, 2008, the first e-mail communication was rolled out. This was followed by a series of e-mails re-iterating the choice of opting for a healthier lifestyle or indulging in 'cool' things to do like aerobics, yoga, etc.
- ❖ Simultaneously, spaces within the campus were used to re-iterate the message.
- ❖ Innovative medium and appropriate messaging in synch with the medium and the policy was developed.
- ❖ Communication was also developed around the Tobacco Cessation Programme and the Quitline Programme. These programmes are targeted at smokers who need professional assistance to help quit the habit.

In all, a combination of effective communication and use of innovative medium has helped in an overwhelming employee response to the policy. The campaign has been successful and the incidence of smokers quitting has significantly increased.

The ban on smoking was introduced in Bangalore Metropolitan Road Transport Corporation (BMTC) from November 1, 2005. The Assistant Traffic Manager of BMTC (at Majestic Bus Terminus) initiated the drive to make the premises smoke-free. A few simple methods followed by BMTC were as follows:

❖ Before imposing the ban, BMTC made announcements every hour continuously for eight days regarding the restrictions on smoking.

❖ It did not deploy separate squads for vigilance. The staff members (conductors, drivers, cleaners and security guards) were motivated to stop smoking and prevent others from smoking in the premises. The Assistant Traffic Manager arranged meetings with his staff to create awareness about smoking as well making them realise that they are responsible for preventing smoking in BMTC bus terminus as per the law.

❖ Efforts were put in to de-addict the staff members who were chain smokers. Counseling was the main method followed to convince staff members who smoked to quit. The Assistant Traffic Manager telephonically spoke to family members and asked them to report back if they smoked at home.

❖ No smoking signages were displayed on the walls near the entrance, bus stops and toilets.

❖ The strategy adopted by the authorities to stop smoking is very interesting. If the staff found somebody smoking they would go near him and start shouting without directly addressing the smoker. In general they would say in loud voice "Oh! People are so unabashed! Although we have displayed that smoking is banned in BMTC premises they smoke and harm others' health". As a result of the hullabaloo public would gather and the smoker would realise by then that he should follow the rules. They did not use any harsh words, but followed this unusual indirect way to propel the message as the public till today does not consider smoking as an offence.

❖ Centre For Multidisciplinary Development Research (CMDR) conducted a survey of 1000 passengers in BMTC terminus after one and half years of smoking ban imposed by BMTC. The awareness is such that now, if someone is found smoking, passengers themselves say that "Don't smoke, smoking is banned here". During the survey carried out in BMTC, only 0.5% of smokers admitted smoking often in the bus stand. 78% of non-tobacco users reported that there is reduction in smoking in BMTC bus stand as they have been observing over the past year.

❖ The authorities of BMTC took sudden inspections of the premises after noticing that every morning the sweeper found lots of pieces of smoked bidis and cigarettes in some corridors of the premises. The duties of the staff members who allowed smoking were shifted from night duty, since smoking was observed during night time. Since smoking is higher in winter and rainy season the authorities kept strict vigilance during these days.

❖ The senior authorities hold meetings with the staff, in this connection. This is a set pattern and the staff members are aware that they have to meet on this day. Vigilance is maintained against smoking on regular basis.

❖ The implementation of ban has not imposed any additional cost on BMTC. The display of posters is part of BMTC's routine activities to keep the environment clean. The point of appreciation is that staff members did their duty efficiently with the support from police.

❖ In addition, to restrict the availability of the products BMTC has taken measures to stop the sale of bidis and cigarettes at petty shops in its premises.

Impact

❖ In the first year of implementation, around 600 cases were handed over to the police. After two years of implementation, the authorities felt that smoking is a very rare sight in BMTC bus station. **In 2007, during the period of five months only 40 cases were registered. This reduction was attributed to growing awareness among the passengers regarding the ban on smoking in BMTC bus stations.**

❖ A survey carried out in June 2007 covering 1000 passengers from BMTC bus terminus revealed that 12% of the passengers who did not consume tobacco saw persons smoking in BMTC bus stop while the percentage of those who saw smoking was 20% and 38% in other two bus terminuses of Bangalore where such a ban was not implemented.

❖ There was a reduction in smoking as perceived by 78% of passengers in BMTC who did not use tobacco. But, only 66% and 56% of such passengers in the other two terminuses reported that there was reduction in smoking.

❖ 92% of the tobacco users among BMTC passengers were aware that smoking is banned in the premises. Whereas, only 78% and 55% of them in other two premises knew that smoking is banned (in public places).

1. **Scotland**: 100% smoke-free. Prohibits smoking in enclosed public places and workplaces. Designated Smoking Rooms (DSRs) are not allowed. There are a few exemptions such as residential accommodation, including communal areas such as stairwells and DSRs in psychiatric hospitals and hotel rooms.

2. **France**: Workplaces, including offices, schools, stores and hospitals, went smoke-free in February 2007, but bars, night clubs and restaurants were exempted until February 1, 2008. DSRs are allowed in cafes and restaurants but without any services (customers are not served inside those rooms).

3. **Ireland**: It was the first country in the world to become 100% smoke-free in March 2004. Smoking is banned in enclosed public places and workplaces including all bars, cafés and restaurants. DSRs are not allowed. Prisons, bedrooms in hotel and psychiatric hospitals are exempt.

4. **Sweden**: All public places and workplaces in Sweden, including restaurants, bars, cafés and nightclubs became smoke-free in 2005. Restaurants and bars are allowed to set up DSRs.

5. **UK**: The entire UK is smoke-free, making it the world's most populated smoke-free jurisdiction. Smoking is prohibited in enclosed public places and workplaces. DSRs are not allowed.

6. **Canada**: Canada's first 100% smoke-free laws took effect in Victoria in 1999. In 2004 two provinces and two territories became 100% smoke-free. Each province used individual campaigns to achieve their goals.

7. **Uruguay**: Tobacco law mandates 100% smoke-free policies and covers all public places, workplaces, public transport and some outdoor places. DSRs are not allowed.

8. **Italy**: Smoke-free legislation came into effect in Italy on January 10, 2005 and bans smoking in all indoor public places and workplaces, including public transport and bars and restaurant. DSRs are allowed in bars/ restaurants which must be completely enclosed and ventilated, with an automatically closing door.

9. **South Africa**: Smoke-free law prohibits smoking in all indoor public places. DSRs are allowed. The law now also bans smoking in partially enclosed areas, near doorways, in cars with children under 12 years, and private homes for schooling, tutoring, childcare etc. but waiting for the President to sign.

10. **Thailand**: Tobacco law bans smoking in bars, pubs, discotheques and clubs, indoor and outdoor marketplaces. Non-air conditioned restaurants are also included, but can provide DSRs.

11. **Australia:** Different Australian States each have their own separate smoke-free law. Smoking is banned in enclosed public places and workplaces and only one State allows exemptions for bars.

12. **Hong Kong**: Tobacco law prohibits smoking in most enclosed public places and workplaces, including restaurants, bars, public swimming pools and beaches. However, six categories of 'qualified establishments' are allowed to delay implementing the law until July 1, 2009 which include bars, nightclubs, bathhouses and massage establishments.

13. **Iran**: Smoke-free legislation bans smoking in public places including restaurants, eating places, exhibitions, offices, governmental and non-governmental organisations, universities, hospitals, cinemas, all public transport and terminals. However, shisha (waterpipe) smoking is permitted in tea houses.

14. **New Zealand**: It became 100% smoke-free in 2004. Smoking is prohibited in schools and early childhood centres, all indoor workplaces and hospitality centres (including bars, restaurants, cafés and casinos). DSRs are not allowed.

15. **Norway:** The smoke-free law came into effect on June 1, 2004, updating the 1988 legislation. The law bans smoking in public places, transport, workplaces, and establishments serving food and drinks and institutions where two or more people are gathered. However, DSRs are allowed in some workplaces.

16. **USA:** Thirteen states, Washington DC and Puerto Rico have laws prohibiting smoking in public places and workplaces, with four more in 2009.

17. **Argentina:** Five provinces have comprehensive smoke-free laws: Córdoba, Mendoza, Neuquén, Santa Fe and Tucamán.

18. **Switzerland:** Several cantons have introduced smokefree laws, with Geneva's being the most comprehensive.

19. **Moldova:** Smoking is prohibited in all indoor public places and workplaces. DSRs are allowed. Enforcement has been problematic.

20. **Bhutan:** The Kingdom of Bhutan is the only country in the world which is **completely tobacco-free**. Even sale of any tobacco products is not permitted by law.

Q: I have a big organisation and a lot of employees in my organisation do smoke. Am I obligated under law to provide a smoking area or space?

A: No. All public places are smoke-free, a smoking area or space may be provided only in a restaurant have seating capacity of 30 or more persons, hotel with 30 or more rooms and at airports. Workplaces cannot have smoking area or space. It would be against the law if a company makes any such provision.

Q: Employees from my office go out of the office to smoke on the road or in the park nearby. A road or a park could have a lot of people around. Can the employees be allowed to smoke there?

A: There is no prohibition on smoking in an open space, however, you may advise your employees not to smoke in an area where public is gathered

Q: What if a public place has nobody around? Can smoking be allowed in such circumstances?

A: Any designated public place is a non-smoking area, it is irrelevant whether anybody is around or not, one cannot smoke in any public place.

Q: Are you obligated to an addicted person?

A: No. On the contrary you and others have a right to breathe in a clean and smoke-free air.

Q: Can you allow people to smoke in the workplace once in a while such as during annual gathering or during some official celebration?

A: No person can be allowed to smoke in a public place under any circumstance; it is a punishable offence. If the managers or head of the company fails to take action on any complaint of smoking on their premises, they may be penalised for such a violation.

Q: Can food be catered to in a smoking area or space such as at an airport?

A: No. The law does not allow any service inside a smoking area or space. Therefore, no food may be allowed to be served in such smoking area or space at an airport

Q: Is an organisation obligated to have a cessation center in their premises?

A: No. As smoking or tobacco use is an addictive behaviour, it is advisable to arrange for cessation counseling and medication for employees who might be smoking but now cannot smoke due to the implementation of the law from October 2, 2008. This would encourage them quit and/or adopt to the changed (smoke-free/ tobacco-free) environment.

Q: My industrial campus runs into multi acres and the offices are spread over number of blocks. Can my employee smoke on the road connecting two blocks of the office?

A: One can smoke on the road if is not frequented by public and a no-smoking sign is not dispalyed. However, if the management decides to and declares the whole campus as smoke-free one may not be able to smoke even in the open areas within such campus.

Q: Can employees smoke in cafeteria or non air-conditioned premises, like staircases?

A: A cafeteria is a public place and smoking is not allowed there. One cannot smoke in any part of the building, whether air-conditioned or not, that is a designated public place, including a staircase.

Section III:
Workplace tobacco cessation

❖ Employers have a responsibility to provide cessation information and/or support to employees.

❖ Smoking and tobacco cessation support, which is a part of a broad based workplace smoke-free policy, needs to be integrated with other workplace health activities.

❖ HR personnel and medical personnel can be trained for providing tobacco cessation support services.

❖ Tobacco cessation support should be offered to employees alongside the implementation of smoke-free policy in the workplace. This will help employees to receive timely support and ensure better adherence to smoke-free polices at workplaces.

❖ Tobacco cessation support can be provided in three main ways:

■ **Comprehensive support**: The cessation services such as education, counseling and other support are fully provided by the employer. On site cessation support can be considered by employers by providing quit lines, if the company can support that infrastructure.

■ **Facilitative support**: Only some services such as counseling and/or educational or self-help materials are provided by the employer. Counseling services can either be provided to the individual employee or a group of employees.

■ **Referral service**: Employees who smoke are referred by the employer to cessation services in the community such as Tobacco Cessation Centers or other de-addiction facilities.

❖ Currently, the options available for tobacco cessation include:

■ **Behavioural Therapy/Counseling**: This includes motivational counseling clinic-based or telephonic, training in problem solving/skills training as well as during-treatment and after-treatment social support.

■ **Pharmacotherapy**: This includes Nicotine Replacement Therapy (NRT) as well as a range of non-nicotine drugs such as bupropion and varenicline.

■ **Educational and self-help material/self-help groups**: This can include provision of basic or in-depth information about the harm caused by tobacco use and a cessation guide developed with aid from Tobacco Cessation Centers (Public Health Foundation of India will develop these for this programme).

❖ Besides, the American Cancer Society provides following two services for tobacco cessation that is adapted to Indian needs**:**

■ **Quitline** - the telephone-based counseling; it provides all its participants the self help-books which are specific for smokers (The Break Away Books 1-3) and those who chew tobacco (Quit Chewing Tobacco).

■ **Freshstart-** a four one-hour session two-weeks on-site programme conducted through the Participants' and Facilitators' guides as a group-based activity.

❖ Research shows that behavioural therapy in combination with pharmacotherapy is much more effective as compared to either in isolation. So, employers should aim at providing a combination of all the alternatives mentioned above, wherever possible. At the minimum, counseling services must be provided.

Sources:

❖ American Cancer Society. 2008. The Global Fight Against cancer. American Cancer Society Launches Quitline® Program in India. http://cancer.blogs.com/international/2008/12/american-cancer-society-launches-quitline-program-in-india.html; http://www.acsworkplacesolutions.com/

❖ Global Smokefree Partnership, 2008, About: Smokefree-in-a-Box: A Guide for Companies Going Smokefree, accessed: 25/11/08, URL: http://www.globalsmokefree.com/gsp/pdf.php?id=125

❖ Reddy K. S., Gupta P. C. et al., 2004, Report on Tobacco Control in India, Ministry of Health and Family Welfare, Government of India, New Delhi.

❖ World Health Organisation, 2002, About: Tobacco in the Workplace: Meeting the Challenges. A Handbook for Employers, accessed: 25/11/08, URL: http://www.euro.who.int/document/e74819.pdf