

Smoking And The Workplace

National Interagency Council on Smoking & Health

Business Survey

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I. BACKGROUND

Smoking and Health: A Medical and Economic Issue

Smoking is an issue of growing concern among employees, health officials and top management of many business and industrial firms. Besides concern over the health of both the smoker and nonsmoker, the increasing economic impact of smoking has recently caused many companies to look closely at initiating workplace activities discouraging the habit. In addition, since blue-collar workers continue to have the highest smoking incidence rates, public and private health agencies support the development of workplace-based smoking programs as a major tool in assisting smokers to quit.

Cigarette smoking contributes to an estimated 350,000 deaths each year in the U.S. from lung and other cancers, cardiovascular disease, emphysema and chronic bronchitis.¹ As a result, cigarette smoking accounts for an estimated \$5 to \$8 billion in direct health care expenses. In addition, indirect costs incurred in lost productivity, wages, and absenteeism account for another \$12 to \$18 billion.²

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The risk of developing a serious smoking-related illness is especially high for workers in certain industries. For example, employees working with asbestos have a greater likelihood of developing several forms of cancer (notably lung cancer) than those workers not exposed to this substance. However, smokers exposed to asbestos have a far greater risk of incurring asbestos-related disease than non-smoking workers at the same site.³ Asbestos is only one of several hazardous substances found in the workplace, the health effects of which are exacerbated by cigarette smoking. Others include uranium, chlorine, cotton dust, and coal dust.

Although some companies have received public attention as a result of establishing smoking control programs for employees, data are limited on the existence of, or interest in, smoking programs throughout American businesses. Few studies have been conducted in this area.

One such study, conducted by the Dartnell Institute of Business Research in 1977, surveyed 250 office administrators from the United States and Canada. The data collected indicate that 30% of the responding companies have some form of smoking policy restricting or prohibiting smoking in the workplace.⁴ The companies were not questioned about the existence of smoking education or information programs. In addition, Dartnell did not attempt to poll a representative sample of American businesses and no follow-up of non-respondents was conducted.

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The Washington Business Group on Health polled 160 Fortune "500" companies concerning their health promotion, prevention and education programs. An interim report, based on the first 59 responses, was released in December, 1978.⁵ WBGH's data indicate that, with the exception of on-the-job safety training and courses in cardiopulmonary resuscitation (CPR), more companies offer programs on smoking cessation than any other health-related area. Like the Dartnell study, no follow-up was conducted, and only large corporations from the Fortune "500" were contacted.

In order to obtain a more complete and comprehensive understanding of the existence of, and interest in, smoking control initiatives in the workplace, the National Interagency Council on Smoking and Health (NICSH) decided to undertake a survey of American businesses. NICSH is composed of over thirty public and private health organizations who are concerned with reducing death and disability due to cigarette smoking in the United States.

Early in 1979, NICSH initiated a survey of 3,000 companies to collect information on three issues:

1. the number of companies with policies restricting or prohibiting smoking in the workplace;
2. the existence and form of health education or promotion programs (including smoking programs) in companies; and

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3. the level of interest in developing or expanding activities on smoking and health for employees.

In addition to obtaining data which would describe the current situation with regard to smoking policies and programs in the work place, it was thought that the survey would give direction to NIC member agencies in planning smoking control efforts for companies requesting assistance.

METHODOLOGY

Each company in the study was mailed a brief questionnaire addressed to the health educator/medical director. The study sample consisted of 1,000 small companies and 1,000 medium-size companies, chosen at random; and the 1,000 Fortune "Double 500" companies.⁶

Following the mailing, 117 non-deliverable questionnaires were returned to NICSH. Forty-eight of these were Fortune "Double 500" companies. New addresses were obtained for 44 of these companies, and questionnaires were sent with a revised return date. Undeliverable questionnaires addressed to small and medium-sized firms were not followed up.⁷

Recipients were asked to complete and return the survey in an enclosed postage-paid envelope to NICSH. As a result of the first mailing, the Council received 296 (10%) usable

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responses, evenly divided among the three size categories.⁸

A second wave of questionnaires was mailed one month later to all non-respondents. Following this mailing, the Council received an additional 313 (11%) usable responses.

To further increase the response rate, a telephone survey was conducted of non-respondents. A random sample of companies which had not completed the mail survey was systematically drawn for the follow-up. Trained interviewers, using written instruction sheets, conducted this follow-up, which resulted in an additional 231 (9%) usable surveys.

As a result of the mail and telephone surveys, 856 (29%) usable responses were received.⁹ To determine whether the mail and telephone surveys resulted in different responses, a random sample of telephone responses was drawn and compared with an equal random sample of questionnaires received in the mail. No significant differences between the two samples were found. Thus, data received from both mail and telephone surveys were analyzed en masse.

Survey Results

Major findings are summarized below. Survey responses are presented in the order in which the questions were asked.

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Policies Which Restrict or Prohibit Smoking in the Workplace

A. Which of the following best describes your company's policy restricting or prohibiting smoking for some areas of company facilities? (check one answer)

- Company currently has a corporation-wide smoking policy
- Smoking policy is set on an individual facility/plant/office basis
- Company had a smoking policy but policy no longer exists (PLEASE ANSWER QUESTIONS B-F REGARDING COMPANY'S FORMER PROGRAM)
- Company has never had a policy (SKIP TO QUESTION G)
- Don't know (SKIP TO QUESTION G)

TABLE I

SMOKING POLICIES

	Currently Have a Policy		Policy Set On A Company Wide Basis		Policy Set On An Individual Basis	
	#	%	#	%**	#	%**
All Companies* (N=822)	408	49.6	121	29.7	287	70.3
Small (N=269)	125	46.4	55	44.0	70	56.0
Medium (N=280)	137	48.9	42	30.7	95	69.3
Large (N=273)	146	53.5	24	16.4	122	83.6

Thirty-four companies did not answer question I, A. These percentages are based on the 408 respondents who indicated they have a smoking policy.

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Almost half of the companies responding (49.6%) indicate that they have some type of policy, set either on a company-wide or individual facility basis, which restricts or prohibits smoking in the workplace. There is a greater tendency among small companies to set policy on a company wide basis. The opposite is true with larger companies, which are more likely to set their smoking policy on an individual facility basis.

Forty-nine percent of all companies have never had a smoking-related policy. The breakdown is almost evenly divided among the three size categories.*

- B. If your company currently has (or previously had) a policy prohibiting or restricting smoking in company facilities, what year was it implemented?
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Companies report the initiation of smoking regulations as early as 1914 and as recently as 1979. In many firms, the smoking policy was set when the company was first established. However, more (17) companies report starting their smoking policies in 1978 than in any other year.

Of those companies indicating the year in which their policy was initiated (N=159), 65% (N=101) implemented the policy after release of the first Surgeon General's Report in 1964. (However, almost two thirds (N=248) of the companies having smoking policies did not respond to this question.)

*Less than one percent (seven) of the companies responding to the survey previously had a policy restricting smoking, but have now discontinued it.

C. Who was responsible for initiating the policy? (check the one best answer)

- Medical/Health Director
- Personnel Director
- Other Management
- Unions
- Employees
- Don't Know
- Other (Please specify)

TABLE II
WHO INITIATED POLICY

	Medical/ Health Director	Personnel Director	Other Management	Unions	Employees	Don't Know	Other
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	%	%	%	%	%	%	%
All Co. with smoking policies (N=348)*	5.5	12.9	54.0	0.3	2.6	8.6	16.1
Small (N=109)	0.9	14.7	62.4	0	2.8	5.5	13.8
Medium (N=120)	0	10.8	55.8	0.8	0.8	11.7	20.0
Large (N=119)	15.1	13.4	44.5	0	4.2	8.4	14.3

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*Sixty companies with smoking policies did not answer question I,E.

The majority of firms having smoking policies report that "other management", such as the president, vice-president or chairman, initiated these policies. This is especially true for small and medium size companies. However, in most Fortune "Double 500" companies, groups other than "other management" were also involved in initiating the policy. For example, health professionals were responsible for introducing 15 percent of the smoking policies in the large firms. Neither unions nor individual employees appear to have played a significant part in initiating smoking policies.

E. What is (was) the policy of your company with regard to smoking in the following areas:

	No Restrictions on Smoking	Designated Non-Smoking Areas	Smoking Completely Prohibited
g areas	_____	_____	_____
collar areas	_____	_____	_____
collar areas	_____	_____	_____
erence	_____	_____	_____
rooms	_____	_____	_____
al ilities	_____	_____	_____
company erty	_____	_____	_____
(specify)	_____	_____	_____

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TABLE III
RESTRICTIONS ON SMOKING

	NO RESTRICTIONS	DESIGNATED AREAS	COMPLETELY PROHIBITED
	%	%	%
<u>DINING AREAS</u>			
Companies (N=401)	79.6	18.5	2.0
Small (N=122)	87.7	9.8	2.5
Medium (N=137)	86.9	11.7	1.5
Large (N=142)	65.5	32.4	2.1
<u>BLUE COLLAR</u>			
Companies (N=386)	30.6	42.0	27.5
Small (N=120)	34.2	31.7	34.2
Medium (N=134)	32.1	39.6	28.4
Large (N=132)	25.8	53.8	20.5
<u>WHITE COLLAR</u>			
Companies (N=389)	74.3	15.2	10.5
Small (N=123)	62.6	19.5	17.9
Medium (N=134)	78.4	12.7	9.0
Large (N=132)	81.1	13.6	5.3
<u>CONFERENCE ROOMS</u>			
Small Companies (N=385)	87.3	6.2	6.5
Small (N=120)	85.8	4.2	10.0
Medium (N=135)	93.3	1.5	5.2
Large (N=130)	82.3	13.1	4.6
<u>MEDICAL FACILITIES</u>			
Small Companies (N=300)	60.7	14.7	24.7
Small (N=78)	71.8	7.7	24.7
Medium (N=101)	66.3	9.9	23.8
Large (N=121)	48.8	23.1	28.1

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The only area in which a majority of companies restrict smoking is in blue-collar work areas. Companies indicate this is primarily due to safety and health regulations. For example, no smoking is permitted in areas containing flammable goods, public contact areas, and places where food is prepared. Smaller companies were less likely to have any restrictions on smoking.

F. Are (were) there penalties for violating the policy?
 Yes No Don't know

TABLE IV

PENALTIES FOR VIOLATING POLICY

	YES	NO	DON'T KNOW
All Companies (N=406)	53.7	38.9	7.4
Small (N=129)	43.4	53.9	3.1
Medium (N=137)	66.4	27.0	6.6
Large (N=140)	50.7	37.1	12.1

Among companies with restrictions or prohibitions on smoking, more than half the respondents said that penalties are imposed for violations of smoking policy. Reported severity of the punishment varies greatly, ranging from reprimanding to firing the worker involved.

G. Have the financial costs incurred by your company as a result of employees' smoking ever been calculated (i.e., increased absenteeism, health care utilization, housekeeping cost, early retirement)?

Yes No Don't know

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Less than 1 percent (7 companies) indicate that they have calculated their financial costs incurred as a result of smoking. These are evenly distributed among the company size categories.

H. Have any employees claimed that exposure to the cigarette smoke from other employees caused them to develop an illness or physical problem?

Yes

No

Don't know

The majority of companies (67.3%) indicate no employees have reported developing an illness or physical problem due to smoking. However, more large companies (25.8%) reported having had an employee who has filed such a claim, than did medium companies (19.3%) and small companies (11%). Several companies responding (13.8%) reported not knowing if any claims had been filed.

II. PROGRAMS WHICH ENCOURAGE OR ASSIST WORKERS TO QUIT SMOKING

A. Does your company have (or did it ever have) an incentive program for encouraging smokers to quit (e.g. time off, money, prizes, etc.)? (check one answer)

Yes, currently have an incentive program

Previously had an incentive program but no longer exists

No, never had an incentive program (SKIP TO QUESTION B)

Don't know (SKIP TO QUESTION B)

Only 1.1 percent (9 companies) currently have incentive programs of this type. An additional one percent indicated

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that they have had incentive programs in the past. This total figure is lower than the 3 percent reported by the Dartnell Corporation in 1977. The vast majority (96.8%) have never had an incentive program related to smoking and health.

B. Does your company currently have (or did it have) health education or promotion programs on any of the following topics for employees? (check all that apply)

- Weight control/diet
- High blood pressure
- Smoking
- Breast self-examination
- Exercise
- Stress management/control
- Other, please specify _____
- No, never had such program (SKIP TO SECTION III)
- Don't know (SKIP TO SECTION III)

TABLE V
HEALTH EDUCATION/PROMOTION PROGRAM

	Diet	High Blood Pressure	Smoking	Breast Self-Examination	Exercise	Stress Control	Other	No Programs
	%	%	%	%	%	%	%	%
All Companies (N=842)	16.2	27.1	14.7	14.4	13.3	9.2	14.5	51.6
Small (N=274)	4.0	12.8	4.4	3.6	4.4	4.4	10.0	70.0
Medium (N=287)	12.2	23.3	11.8	13.6	9.0	7.3	16.0	51.2
Large (N=281)	32.0	44.8	27.8	25.6	26.6	16.0	17.4	34.5

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The majority of companies (51%) have never had any health education or promotion programs.

Of those who reported having health education or promotion programs, high blood pressure was ranked first (228 companies), weight control second (136), and smoking third (124). Many of the companies which offered high blood pressure programs also offered weight control and smoking programs. Fourteen percent of firms responding to this question indicated they had programs other than the choices given. Of these, first aid and cardiopulmonary resuscitation were mentioned most often.

C. How are your employees made aware of these program(s)?
(check all that apply)

- Payroll staffers
- Posters
- Announcements in company newsletter
- Through their union
- Shop foremen
- Medical department
- Word-of-mouth
- Don't know
- Other (specify) _____

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TABLE VI
AWARENESS OF SMOKING PROGRAMS

	Payroll Stuffers	Posters	Newsletter	Union	Fore- Men	Medical Dept.	Word-Of Mouth
	%	%	%	%	%	%	%
Small Co. with smoking pro- grams (N=124)	25.0	70.2	59.7	6.5	8.1	63.7	20.2
Small (N=12)	25.0	50.0	25.0	0	0	25.0	8.3
Medium (N=34)	38.2	67.6	52.9	0	8.8	52.9	20.6
Large (N=78)	19.2	74.4	67.9	10.3	9.0	74.4	21.8

Posters were mentioned more often than any other method (70.2%), with the medical department ranking second (63.7%).

Neither foremen nor unions appear to have an active role in promoting smoking education programs.

D:- If your company has (had) an education program devoted to helping smokers quit, what form(s) does your company's smoking program take? (check all that apply)

- Physician counseling of smokers
- Other health professional counseling
- Distribution of how-to-quit smoking materials
- Single session smoking presentation/films
- Multi-session group clinics
- Other (specify) _____
- Don't know (SKIP TO QUESTION G)

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TABLE VII
TYPE OF SMOKING CONTROL PROGRAM

	PHYSICIAN COUNSELING	OTHER COUN- SELING	HOW-TO- QUIT MATER- IALS	SINGLE SESSION CLINICS	MULTI- SESSION CLINICS	OTHER
	%	%	%	%	%	%
All Companies (N=124)	32.3	33.1	56.5	22.6	31.5	10.5
Small (N=12)*	0	0	41.7	0	0	8.3
Medium (N=34)	11.8	14.7	61.8	26.5	17.6	11.8
Large (N=78)	46.1	46.2	56.4	24.4	42.3	10.3

The majority of companies having smoking programs report that they distribute "how-to-quit" materials. Companies indicated that the materials distributed are received from the American Cancer Society, the American Lung Association and the National Cancer Institute.

In addition to distributing "how-to-quit" materials, many large companies with smoking programs are likely to use physician counseling (46.1%), other professional counseling (44.9%), and multi-session clinics (42.3%).

The majority (51%) of large companies indicating they have smoking programs report having at least one doctor on staff. Many of these companies (40%) also employ at least one nurse.

*Six companies with smoking programs did not indicate what types of program they have.

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E. Of the program(s) provided, which are (were) conducted primarily by company staff, outside organization(s) or both:

	Company Staff	Outside Organization(s)	Both
Physician counseling	_____	_____	_____
Other health professional counseling	_____	_____	_____
Distribution of how-to-quit smoking materials	_____	_____	_____
Single session smoking presentation	_____	_____	_____
Multi-session group cessation clinics	_____	_____	_____
Other	_____	_____	_____

If outside service(s) or organization(s) are involved, please specify name(s)

TABLE VIII

ADMINISTRATION OF SMOKING PROGRAMS

	Company Staff	Outside Organizations	Both
Physician Counseling	<u>76.1</u>	<u>13.0</u>	<u>10.9</u>
All companies, (N=46)			
Other Health Professional	<u>57.7</u>	<u>26.9</u>	<u>15.4</u>
(N=52)			
How-to-Quit Materials	<u>59.0</u>	<u>29.5</u>	<u>11.5</u>
(N=61)			
Single Session Presentations	<u>51.5</u>	<u>39.4</u>	<u>9.1</u>
(N=33)			
Multi-Session Clinics	<u>22.5</u>	<u>70.0</u>	<u>7.5</u>
(N=40)			

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It is important to note that all services, with the exception of multi-session clinics, are provided primarily by company staff. It is primarily with multi-session clinics that the majority of companies with smoking programs turn to outside organizations for assistance. The outside organizations which most often provided assistance were the American Cancer Society and American Lung Association; commercial programs were also mentioned.

F. Of the services provided, which are (were) administered on company time, before or after hours, or both:

	On Company Time	Before or After Working Hours	Both
Physician counseling	_____	_____	_____
Other health professional counseling	_____	_____	_____
Distribution of how-to-quit smoking materials	_____	_____	_____
Single session smoking presentation/films	_____	_____	_____
Multi-session group cessation clinics	_____	_____	_____
Other	_____	_____	_____

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TABLE IX
WHEN ARE SMOKING PROGRAMS CONDUCTED

	On Company Time %	Before/After Working Hours %	Both %
<hr/>			
Physician Counseling			
All companies (N=45)	84.4	6.7	8.9
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Other Health Professional			
All companies (N=53)	69.8	9.4	20.8
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How-to-Quit Materials			
All companies (N=64)	81.3	6.3	12.5
<hr/>			
Single Session Presentations			
All companies (N=36)	63.9	19.4	16.7
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Multi-Session Clinics			
All companies (N=40)	30.0	50.0	20.0
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Again, with the exception of multi-session group clinics, smoking programs are primarily conducted on company time. The majority of multi-session clinics are run before or after working hours. Some companies report splitting the time required for these sessions between on-work and off-work time.

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G. Has your company allocated any funds to support smoking programs? (check one answer)

- No
 \$100 or less, annually
 \$100 - \$500, annually
 \$500 - \$1,000, annually
 \$1,000 - \$5,000, annually
 Over \$5,000, annually
 Funds allocated one time (specify amount)
 Don't know

TABLE X
FINANCIAL ALLOCATIONS

	No	Under \$100	100-500	500-1000	1000-5000	Over 5000	One Time	Don't Know
	%	%	%	%	%	%	%	%
11 companies (N=92)*	70.7	2.2	3.3	2.2	2.2	2.2	8.7	8.7

A minority of companies (12.3%) allocate separate funds for smoking programs each year. Although the majority of firms do not allocate separate funds for smoking programs, the use of existing health personnel and company time to provide these services constitutes indirect fund allocation for this purpose.

H. Has your company conducted any evaluation of its smoking education program(s)? (check one answer)

- Yes No Don't know

*Thirty-two companies with smoking programs did not answer question II, G.

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Eighteen (14.5%) of the 124 companies with smoking programs indicate that they have contributed an evaluation of their effectiveness. Most companies which have carried out an evaluation are large companies.

III. INTEREST IN DEVELOPING OR EXPANDING SMOKING AND HEALTH PROGRAMS

A. Would your company be interested in developing/expanding a program on smoking and health for employees?

Yes No Don't know

TABLE XI
INTERESTED IN DEVELOPING/EXPANDING PROGRAM

	<u>Yes</u>	<u>Unsure</u>	<u>No</u>
	<u>%</u>	<u>%</u>	<u>%</u>
All companies (N=823)	33.2	32.5	34.3
Small (N=273)	26.0	31.9	42.1
Medium (N=262)	34.2	46.2	29.6
Large (N=288)	39.5	35.8	24.7

B. If yes, would your company like assistance with the program?

Yes No

INTERESTED IN RECEIVING ASSISTANCE

	<u>Yes</u>	<u>No</u>
All Companies (N=317)*	71.9	28.1
Small (N=84)	69.4	30.6
Medium (N=116)	71.3	28.7
Large (N=117)	74.4	25.6

*Several companies who responded "unsure" to the previous question indicated that they are in receiving assistance in developing smoking programs.

About one-third (33.2%) of all respondents are interested in developing or expanding their smoking programs. An additional one-third are unsure; however, these companies may be interested in developing smoking programs if provided with more information.

A large majority of companies interested in developing a program (71.9%) would like assistance in doing so. Although larger companies (74%) expressed a greater interest in receiving assistance, many small (69%) and medium size companies (71%) requested aid as well.

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Conclusions

The results of this nationwide survey of U.S. companies are clear:

- U.S. companies have taken steps to reduce smoking in the workplace to enhance the safety, health and comfort of their employees.

- A sizable number of companies are already providing assistance to their smoking employees who want to quit. And, for the most part, these companies are undertaking programs using existing staff and monetary resources, some with assistance from community health organizations such as the American Lung Association and the American Cancer Society.

- Fully one-third of responding companies want to develop or expand smoking programs for employees, with the majority of interested companies desiring assistance with program development and implementation.

The National Interagency Council on Smoking and Health, through its member agencies, intends to use the information from this survey to assist companies to expand smoking and health programs in the workplace. To obtain additional information on the NICSH and its member agencies, write or call:

National Interagency Council on Smoking & Health
291 Broadway, Suite 1005
New York, New York 10007
(212/227-4390)

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FOOTNOTES

1. Smoking and Health, a report of the Surgeon General, U.S. Department of Health, Education, and Welfare, Public Health Service Office of the Assistant Secretary for Health, Office of Smoking and Health, p. 2.
2. Smoking and Health, p. 2.
3. I.J. Selikoff and E.C. Hammond, "Asbestos and Smoking Editorial", JAMA, Vol. 242, No. 5. (August 3, 1979), p. 458.
4. Dartnell Institute of Business Research, Chicago, Illinois, Target Survey, 1977.
5. Washington Business Group on Health, "A Survey of Industry Sponsored Health Promotion, Prevention and Education Programs." December, 1978, Table I.
6. Small companies were defined as having between 50-499 employees, medium size companies as having between 500-2,199 employees and Fortune "Double 500" as the top 1,000 companies ranked by gross sales. The large majority of Fortune "Double 500" companies employ over 2,200 workers.
7. A follow-up of a random sample of non-deliverable questionnaires indicated that the large majority of these small and medium size firms had gone out of business or moved without leaving a forwarding address.
8. Eighty-three small companies, 103 medium-size companies and 97 Fortune "Double 500" companies returned the questionnaire. Thirteen additional questionnaires did not include the company name or size; data from these responses were included in the overall analysis, but omitted from the analysis by company size.
9. Respondents consist of 274 small firms, 287 medium-sized firms, and 281 Fortune "Double 500" firms.
10. Where sample sizes permit or where noticeable differences exist, results are presented by small, medium and large companies as well as by the total respondents.

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