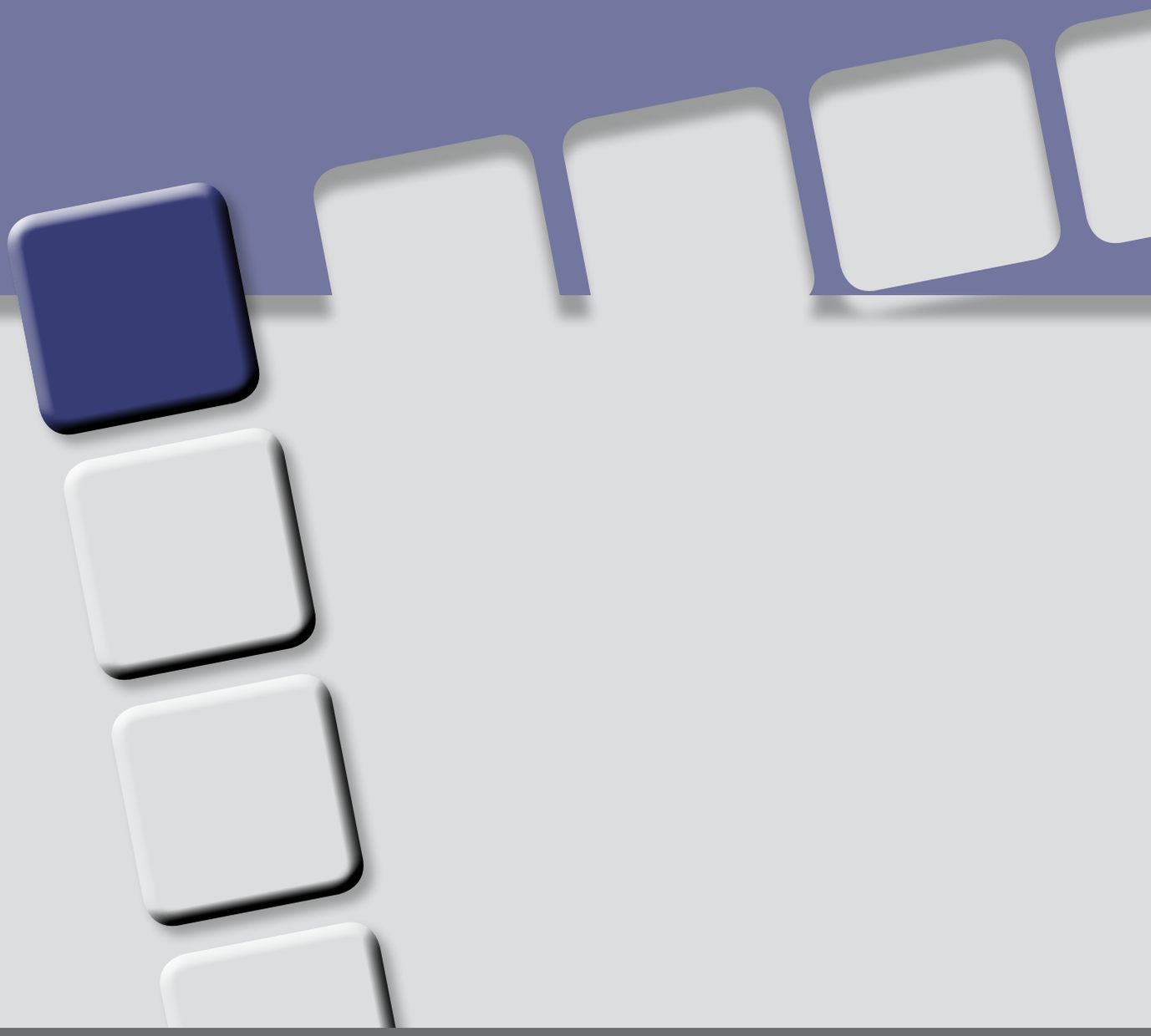
Supporting smoke-free workplaces – a policy implementation guide



Delivering a **Healthy WA**

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1. Introduction

The health effects of exposure to environmental tobacco smoke (ETS), or passive smoking, are well known, and studies have shown that the majority of Australians support the prohibition of smoking in the workplace.[1, 2, 3] *'Supporting smoke-free workplaces – a policy implementation guide'* has been designed to assist in the development and implementation of a smoke-free workplace policy that complements legislative bans in enclosed workplaces and workplaces that are also enclosed public places, and extends to all outdoor workplaces.

This guide provides information on the health effects of exposure to ETS, current smoke-free legislation and the steps that must be taken in order to comply with legal requirements. This guide also details the ways in which organisations can help to encourage and support smoking cessation. It offers a step-by-step guide to the policy planning and decision making process and provides a sample smoke-free workplace policy.

Implementing a smoke-free workplace policy sends a strong message to all staff and visitors that your workplace takes a strong stance on the issue of smoking and exposure to ETS, and is committed to providing a healthy, supportive working environment.

2. Background

2.1 Environmental tobacco smoke

ETS, sometimes referred to as second hand smoke (SHS), is the complex mixture of chemicals and particles (particulate matter) released into the air whenever someone smokes a cigarette, cigar or pipe.[4] ETS is described as a combination of side stream smoke (smoke from the burning end of a tobacco product) and exhaled mainstream smoke (the smoke breathed out by a smoker).

Passive smoking occurs when non-smokers inhale ETS, and they too are breathing the same harmful chemicals as a smoker. The United States Environmental Protection Agency classifies ETS as a proven human carcinogen (cancer causing agent).[5]

There are many adverse health effects of passive smoking. In the short term non-smokers suffer physical discomfort and annoyance from tobacco smoke. Breathing ETS has immediate harmful effects on the cardiovascular system that can increase the risk of heart attack, particularly for those with existing heart disease.[6] Even brief exposure to ETS can trigger symptoms such as:

- Irritation of the eyes and nose
- Headaches
- Sore throat and cough

Long-term exposure to ETS can have serious adverse health effects including:

- Heart disease
- Lung cancer

Studies have confirmed that non-smokers who are exposed to ETS at home or at work increase their risk of heart disease by 25-30% and lung cancer by 20-30%.[7]

Smoking is known to have an effect on babies even before they are born.[8] Evidence shows that women who smoke have a greater risk of ectopic pregnancy and miscarriage, and have a higher risk of delivering a premature or low birth weight baby.[8]

Mothers who smoke during pregnancy or after birth increase the risk of SIDS (Sudden Infant Death Syndrome), and babies of smokers are more prone to asthma and other respiratory infections. Children exposed to tobacco smoke experience more middle ear infections.[8] ETS can cause many diseases and conditions including:[7, 6]

- Bronchitis, pneumonia and other respiratory infections
- Middle ear disease (glue ear)
- Exacerbated asthma

2.2 Legal considerations

The right to protection from exposure to ETS is asserted in various sources across jurisdictions. Commonwealth and State occupational safety and health legislation stipulates the duty of care owed by employers to provide a safe working environment, as well as the duty of care owed by employees to take reasonable care for the safety of themselves and others in all employment circumstances. The *Disability Discrimination Act 1994* protects the right of access and service to people with specific disabilities or susceptibilities.

Specific to Western Australia, the *Tobacco Products Control Act 2006* and associated regulations legislate against smoking in enclosed public places, and the *Occupational Safety and Health Regulations 1996* prohibit employers, employees and self-employed persons smoking in enclosed workplaces. The legislative requirements are further examined in Section 3 of this document.

2.3 Benefits of a smoke-free workplace

There are many benefits of providing a smoke-free workplace. In addition to meeting the legal obligations and eliminating the risk of prosecution for non-compliance in relation to enclosed workplaces, a smoke-free policy can:[9, 10]

- Provide a safer, cleaner and healthier workplace environment
- Encourage and support smokers to cut down or quit
- Educate staff on the health risks of smoking, and of the benefits of quitting
- Promote a healthy corporate image
- Increase productivity
- Reduce absenteeism from illness caused by smoking and passive smoking
- Reduce cleaning and maintenance costs
- Reduce the fire risk
- Reduce the risk of litigation/compensation costs resulting from passive smoking caused illness

2.4 Reduction in tobacco consumption

Research shows that a smoke-free workplace policy plays a significant role in reducing smoking prevalence rates and is considered an important step in the cessation process.[10, 11, 12, 13, 14, 15] Studies have also shown a reduction in cigarette consumption among continuing smokers where workplace smoking bans have been implemented. [11, 12, 13, 14, 16] Of the 2.7 billion decrease in cigarette consumption in Australia between years 1988 – 1995, approximately 22.3 percent can be attributed to smoking policies within workplaces.[14] Additionally, smoke-free workplaces potentially prevent the uptake of smoking by younger employees.[17, 18, 19]

2.5 Cost to the employer

Costs attributed to smoking are of particular importance to employers. The economic impacts of smoking in the workplace include diminished health status of employees, lost productivity due to smoking breaks, and premature retirement and death.[20] Smokers have substantially greater absenteeism, injuries and accidents than do non-smokers, are thought to be less productive, and suffer approximately 30% more industrial accidents and 40% more occupational injuries than non-smokers.[9, 10]

2.6 Public opinion

Studies have consistently shown that the majority of Australians are aware of the health risks of passive smoking, and believe that passive smoking is a cause of ill health among non-smokers.[1,2] There is strong community support for smoking restrictions with 76% of Australians supporting the prohibition of smoking in the workplace. [1, 2, 3] While the majority of people are concerned about exposure to ETS most are unwilling or unable to assert their right to smoke-free air.[1] A smoke-free workplace policy protects the rights of employees to a smoke-free environment and conforms to public expectations.

3. Legal requirements

A role of legislation in tobacco control is to reduce the incidence of illness and death caused by the use of tobacco products. Reducing people's exposure to tobacco smoke from tobacco products that are smoked by other people, and promoting good health and activities that encourage healthy lifestyles can help to achieve this.

As noted in Section 2.2, the right to protection from exposure to ETS is asserted in various sources across Commonwealth and State jurisdictions. In Western Australia, the *Tobacco Products Control Act 2006* and associated regulations regulate smoking in enclosed public places, and the *Occupational Safety and Health Regulations 1996* prohibit employers, employees and self-employed persons smoking in enclosed workplaces.

It is important to note that tobacco control legislation may be subject to change over time. The information contained within this document was correct at the time of publication and has been provided as a guide only. Further information regarding current tobacco control legislation can be obtained by visiting the website www.health.wa.gov.au/tobaccocontrol or by contacting the Tobacco Control Branch, Department of Health, on ph: 08 9242 9633.

3.1 Tobacco Products Control Act 2006 – Smoking in enclosed public places

From 31 July 2006, the *Tobacco Products Control Act 2006* (TPCA 2006) prohibited smoking in all enclosed public places. Enclosed public places such as pubs, clubs and restaurants are now required to be smoke free, in addition to the venues that were previously required to be smoke free (shopping centres, theatres, airports, cinemas, etc). Below is a summary of some of the relevant aspects of the TPCA 2006. A full copy of the TPCA 2006 can be obtained online at www.slp.wa.gov.au

3.1.1 Definition of an enclosed public place

In order to understand the meaning of 'enclosed public place', it is necessary to firstly understand the meaning of a 'public place'.

A 'public place' means a place or vehicle that:

a) the public, or a section of the public is entitled to use; or

b) is open to, or is being used by, the public, or a section of the public whether on payment of money, by virtue of membership of a club or other body, by invitation, or otherwise

A place is generally defined as an 'enclosed public place' if it is covered by a ceiling or roof, or part of a roof, and is greater than 50 percent enclosed by walls, or other vertical structures or coverings (including windows, doors and other closable openings, regardless of whether they are open or closed). This also includes walls, vertical structures or coverings located at or within one metre from the perimeter of a ceiling or roof.

3.1.2 Requirements to comply

Responsibilities as an 'occupier'

In relation to an enclosed public place, an 'occupier' means a person or business that has the management or control, or otherwise being in charge of that place. The occupier of an enclosed public place may for example be the owner, proprietor, manager or supervisor.

Signage

Occupiers of licensed premises must display signs in such positions and in such numbers to ensure that they are clearly visible at all public entrances to an enclosed public place within their premises. Enclosed public places that are subject to a restaurant licence are not required to display signs.

The signs must contain:

a) The phrase 'no smoking' or 'smoking prohibited' in letters that are at least 20 mm in height, or
b) The smoking prohibited symbol with a diameter of at least 70 mm, or
c) Other words or symbols that indicate clearly that smoking is prohibited.

Stickers that comply with the above requirements are available free of charge from the Department of Health. Order forms may be obtained online at www.health.wa.gov.au/tobaccocontrol

Enforcing the smoking ban

If someone is committing, or has committed an offence by smoking in an enclosed public place, the occupier of that place is also deemed to have committed an offence. Occupiers are required to actively enforce the smoking ban, and the legislation provides guidance on the steps an occupier or employee should follow if someone is known to be smoking in an enclosed public place:

- Inform the person concerned that he/she is committing an offence; and
- Request that the person stop smoking in the enclosed public place and to extinguish, and properly dispose of, the tobacco product; and
- If the person fails to comply with a request to stop smoking and properly dispose of the tobacco product, request that the person leave the enclosed public place until the person has finished smoking the tobacco product.

Following these steps can be used as defense if there is any prosecution action taken against the occupier.

3.1.3 Penalties for non-compliance

The penalty for an offence under the legislation relating to smoking in enclosed public places is a maximum fine of $2000, however if the offence is a continuing offence a daily penalty, which is not more than $50, may also apply.

3.2 Occupational safety and health legislation

Section 19 of the *Occupational Safety and Health Act 1984* requires an employer, so far as practicable, to provide and maintain a working environment in which the employees are not exposed to hazards. Under regulation 3.44B of the *Occupational Safety and Health Regulations 1996* employers, employees and self-employed persons are prohibited from smoking in enclosed workplaces.

3.2.1 Definition of an enclosed workplace

To understand the meaning of enclosed workplace, it is important to firstly understand the meaning of a 'workplace'. Under the *Occupational Safety and Health Act 1984* a 'workplace' means:

a place, whether or not in an aircraft, ship, vehicle, building, or other structure, where employees or self-employed people work or are likely to be in the course of their work.

A workplace is an 'enclosed workplace' if it has a ceiling or roof and is greater than 50% enclosed by walls, or other vertical structures or coverings.

3.2.2 Requirements to comply

Employers and other people including employees must adhere to certain requirements in order to comply with the *Occupational Safety and Health Regulations 1996*. Some of these requirements are highlighted below, however greater detail is available at www.WorkSafe.wa.gov.au/ and a copy of the full legislation can be obtained online from www.slp.wa.gov.au

Smoking in enclosed vehicles

A vehicle meets the definition of an enclosed workplace, therefore it is an offence for employers, self-employed people and employees to smoke in a work vehicle. The only circumstance under which smoking is not an offence is if the vehicle is supplied by the person smoking, and no person is present who is their employee or an employee of the same employer.

3.2.3 Penalties for non-compliance

If a person smokes in an enclosed workplace, they may incur a fine or be prosecuted, as may the person in control of the workplace at the time. In order to avoid liability, people in control of a workplace must ensure that notice is given or displayed to those working in the workplace to the effect that smoking is prohibited.

4. Smoking cessation support

When developing a smoke-free workplace policy it is important to look beyond simply what is required by law and to consider what else can be done to create optimal conditions for its successful implementation, such as building in strategies to provide staff with cessation support and information.

Restricting opportunities to smoke can result in physical and emotional symptoms of nicotine withdrawal, so it is important to provide information and practical support for smokers who feel they may have difficulty adjusting.[21] A supportive attitude from management and colleagues along with access to cessation support can encourage smokers who want to quit. Smokers may view the introduction of a smoke-free workplace policy as an opportunity to reduce cigarette consumption, or even as an incentive to stop smoking. For employees who are not considering quitting, providing information about the benefits may encourage them to contemplate quitting.[22]

4.1 Smoking cessation products and resources

There is no 'one size fits all' approach to smoking cessation and there are a variety of cessation options available to consider when thinking about the support that your organisation will provide.

- **Information resources** are available on a range of topics such as the health risks of smoking, the benefits of quitting, cessation services and quitting methods. The Department of Health Western Australia has produced a range of printed materials, which are available free of charge to the general public and can be ordered by calling **Health Info** on **1300 135 030**.
- **Self-help materials** provide practical information such as understanding triggers, how to set a quit date, controlling stress and weight gain, and preventing relapse.[22] There are a range of self-help materials available, which can be obtained free of charge to the general public by calling **Health Info** on **1300 135 030**. The Quitline provides a free Quit Pack, which can be obtained by calling the **Quitline** on **13 7848**, or **Health Info** on **1300 135 030**.
- **Smoking cessation groups** are run by a trained leader, and help participants understand why they smoke and learn quitting strategies, resistance techniques and coping strategies. The Cancer Council WA *Fresh Start* program offers a number of group counselling options to assist workplaces support employees who want to quit smoking. For more information on *Fresh Start* workplace services contact the Cancer Council WA on (08) 9212 4333 or email freshstart@cancerwa.asn.au
- **Telephone counselling** provides individual counselling on smoking behaviour, addiction, and methods of cessation and relapse prevention. The **Quitline**, **13 7848** is a confidential telephone information and advice service, providing access to qualified counsellors. Callers can opt for the callback service where they receive up to six follow-up phone calls. This approach has been shown to significantly reduce relapse among quitters.[23]
- **Quit Coach** is an online program designed to prepare smokers for quitting as well as providing assistance throughout the quitting process. Quit Coach helps smokers to understand their addiction, know what to expect when quitting and to develop strategies to help resist cravings. Quit Coach can be accessed at www.quitcoach.org.au

- **Nicotine Replacement Therapy (NRT)** has been shown to increase the rate of long-term quitting by up to 70% in smokers who have high levels of nicotine dependence, and who are motivated to quit.[24] NRT products alleviate withdrawal symptoms as they deliver an alternative supply of nicotine without the harmful chemicals found in cigarette smoke. While many NRT products are available over the counter, it is recommended that advice be sought from a doctor, pharmacist or health practitioner when considering NRT options. NRT options include (See Appendix 2 for a full profile of NRT products currently available):
  - Nicotine gum
  - Nicotine patch
  - Nicotine inhaler
  - Nicotine lozenge
  - Sublingual tablet
- **Prescription-only medicines** have been shown to assist smoking cessation.[25] In Australia two prescription-only medicines are registered, and it is recommended that these medicines should be given in combination with counselling support from a health professional or service:[25]
  - Bupropion (Zyban) is a non-nicotine oral tablet, which reduces the urge to smoke and reduces symptoms from nicotine withdrawal.
  - Varenicline (Champix) is a non-nicotine drug that works by reducing craving and withdrawal symptoms, and inhibits the satisfying or enjoyable effects of smoking.

4.2 Smoking cessation support in the workplace

Each workplace should determine what level of support fits their environment best. You may wish to consider providing all, or a combination of several of the strategies listed below when deciding what smoking cessation support will be provided to staff.

Provide information and self-help materials

- Posters and flyers on message boards and in common areas
- Distributing materials such as pamphlets, brochures and fact sheets
- Include articles on the benefits of quitting and quitting tips in staff newsletters and staff email alerts (see Appendix 4 for sample newsletter articles)
- Distribute Quit Kits to employees who want to quit smoking
- Refer employees to local smoking cessation support services, telephone counselling, and support groups
- Promote online smoking cessation support services

Run a quit course in the workplace

Smoking cessation programs run in the workplace have shown to be effective in reducing smoking prevalence among employees. The Cancer Council WA *Fresh Start* program offers a number of group counselling options to assist workplaces support employees who want to quit smoking. For more information on *Fresh Start* workplace services contact the Cancer Council WA on (08) 9212 4333 or email freshstart@cancerwa.asn.au

Celebrate World No Tobacco Day

Celebrate World No Tobacco Day on May 31 every year by holding an event or activity, such as:

- Set up a display or stall providing self-help materials and quitting resources
- Display posters and distribute flyers promoting World No Tobacco Day
- Promote World No Tobacco Day via existing communication channels such as staff newsletters and email alerts
- Hold a lunchtime quitting seminar
- Launch your new smoke-free workplace policy / remind staff of existing policy
- Organise an activity such as a sausage sizzle or picnic
- Partner with other local organisations that are holding No Tobacco Day activities

Subsidise Nicotine Replacement Therapy

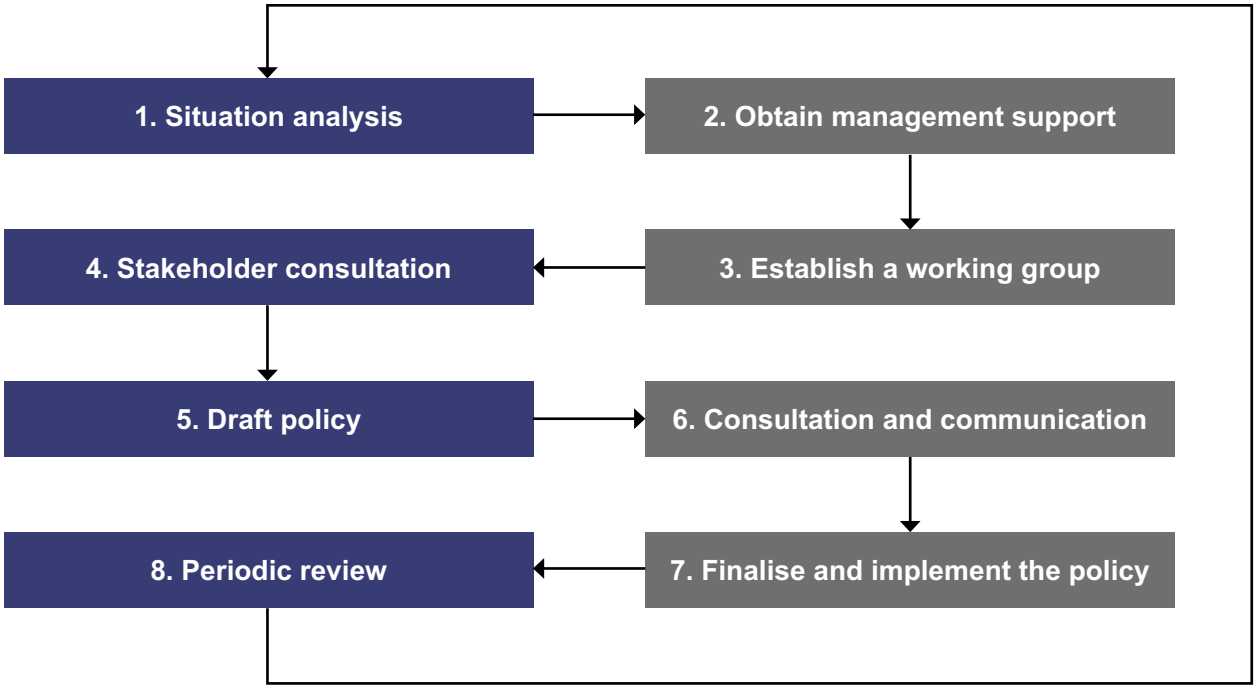
For many people NRT is an effective way to quit smoking, however NRT is not suitable for everyone. Use of these products may require careful consideration for people with certain health conditions or those taking particular medications and advice should be sought from a doctor, pharmacist or health practitioner. While many NRT products are available over the counter, it is not recommended that it be distributed directly to employees (see Appendix 2 for a full profile of NRT products currently available). Consider setting up a subsidised scheme for employees where they purchase an NRT that is suitable for them, and upon presentation of the receipt they are reimbursed for part or all of the cost.

5. Developing a smoke-free workplace policy

A smoke-free policy is a formal, written document addressing all the issues relating to smoking in the workplace. Having a formal policy that has been endorsed by management provides clear direction to all staff as to why your workplace has adopted a smoke-free policy, specifies the requirements of employers and employees, and sends a strong message to all staff and visitors that your workplace takes a strong stance on the issue of smoking and exposure to ETS.

This Section provides a step-by-step guide to help your workplace develop and implement a smoke-free workplace policy.

Figure 1. Policy flow chart



5.1 Step One: Situation analysis

The first step in developing a smoke-free workplace policy is to conduct a situation analysis. This can include conducting employee surveys and reviews of existing policies and facilities. Useful questions to ask include:

- Does a smoke-free policy already exist?
- If so, is it written down?
- Is it enforced?
- Does it need updating?
- Are employees aware of it?
- If not, what do employees know of the current codes of practice regarding smoking in your workplace?
- Is smoking occurring in contravention of legislation?

- What is the knowledge and attitudes among employees of the health effects of smoking and exposure to ETS?
- What is the level of support among employees for smoke-free workplace policy?
- Who will the policy affect, how many employees currently smoke?
- What type of cessation support would employees prefer?

See Appendix 3 for a sample employee survey.

5.2 Step Two: Obtain management support

The support of management is vital to the successful development and implementation of a smoke-free policy in the workplace. By demonstrating leadership and a commitment to the policy, management can facilitate change in the workplace and influence staff attitudes. Place the smoke-free policy on the agenda for your organisation's next meeting and highlight the rationale behind its implementation. Useful points to broach include:

- Facts about the health effects of ETS
- Benefits of implementing a smoke-free policy in your workplace (outlined in Section Two)
- Legislation and legal requirements
- Findings of surveys / review conducted in Step One
- Examples of smoke-free workplace policies
- An outline of the steps in policy development and implementation, including a projected timeline

5.3 Step Three: Establish a working group

As with any workplace policy, consultation with the entire workforce and industrial relations agencies is essential for the successful introduction of a smoke-free policy. An effective way to do this is to create a working group. Membership of the working group should consist of a wide range of representatives, including management, employees, human resources, union representatives and safety and health representatives. It is important to state that participation is not restricted to non-smokers.

Ensuring that a wide range of interests are represented on the working group, and encouraging active participation in the development of the policy will help to create a sense of ownership of the policy. The principal goal of the working party is to develop the smoke-free policy and to guide its implementation.

5.4 Step Four: Stakeholder consultation

As noted above, consultation and communication is vital to the successful implementation of a smoke-free policy in your workplace. If employees are involved in the decision-making process and take ownership of the policy, there will be less resistance and greater acceptance of the policy.

Effective communication is crucial in order to gain initial support and ensure sustainability. Consultation is emphasised in the *Occupational Safety and Health Act 1984*, with an obligation placed on employers to consult with employees, and safety and health representatives where they exist, on safety and health issues at the workplace. Effective consultation about the policy involves seeking input and feedback from those at the workplace and engaging in common discussion to achieve accepted outcomes. Consultation between management and safety and health representatives is important in gaining employee commitment.

Although stakeholder consultation is articulated here as Step Four of the policy development process, it is actually a key element that should underpin the entire process. Consultation and communication should occur continuously throughout the development and implementation of the smoke-free policy, and is an integral part of the policy evaluation and review process (see Step Eight: Periodic review).

It is important that the smoke-free workplace policy is announced well in advance of implementation. The announcement initiates the start of a transition period that should last several months, allowing for education and training about the policy and the reasons for its implementation. Employees are more likely to accept and comply with the policy if they are given advanced notice. Inform employees of the rationale behind the introduction of the smoke-free workplace policy, highlighting the same points that were outlined to management (see Step Two: Obtain management support).

Useful modes of communication and consultation with employees include:

- Emails to employees
- Flyers on payslips
- Discussions at staff meetings
- On agenda at OSH meetings
- Notices on message boards

See Appendix 4 for sample newsletter articles.

5.5 Step Five: Draft the policy

The smoke-free workplace policy is a formal, written document addressing all the issues relating to smoking in the workplace. Among other things it should clearly state the reasons for its formulation, its objectives and how they will be achieved. The components of a smoke-free workplace policy are outlined below:

Rationale

The rationale provides some background information on your workplace, the reasoning behind the introduction of a formal policy to address smoking in the workplace, and should briefly outline the company's previous stance (if any). The rationale should also contain some information on the health effects of exposure to ETS, as well as the benefits of the introduction of a smoke-free policy (see Section 2). The terms used within the policy should also be clearly defined.

Objectives

The objectives state what will be achieved by the introduction of the policy. It is important that the objectives are realistic. Examples of policy objectives are:

- To protect all employees from exposure to ETS
- To consider the health and wellbeing of all employees by supporting smoking prevention and cessation
- To create a healthy working environment

Consultation

Briefly discuss the establishment of the working group and its membership, the meetings conducted and the consultation that took place in the development of the policy.

Policy details

This section should clearly state the specifics of the policy, including to whom the policy applies (i.e. all employees and visitors to the workplace), the measures that must be taken in order to comply with the relevant legislation, and the additional measures that will be taken to further support staff. It is important to look beyond simply what is required by law and to consider what else can be done to create optimal conditions for its successful implementation, such as building in strategies to provide staff cessation support and information.

Legal obligations – Non-smoking provision

This section of the policy should outline the details in relation to the non-smoking provision. The following should be addressed:

- Clearly state where smoking is **not** permitted on workplace grounds, including buildings, within certain proximity of building entrances and exits, car parks, company vehicles or other external areas
- If providing a designated outdoor smoking area, clearly identify its location and when smoking within the area is permitted i.e. during award meal breaks and scheduled rest periods
- Identify how employees will be notified of the non-smoking provision, i.e. through display of appropriate signage

The *Occupational Safety and Health Regulations 1996* require that an employer, or person having control of the workplace, must ensure that notice of non-smoking provision is given or displayed to persons working in the workplace. No smoking signage can be ordered by calling **Health Info** on **1300 135 030**, or an order form can be downloaded from www.tobaccocontrol.health.wa.gov.au/publications/publicplaces.cfm

Supporting measures – Staff cessation support and information

Outline the cessation support strategies that will be provided to staff, and how this support can be accessed. Section Four of this guide outlines the wide variety of smoking cessation support that is available, and provides examples of how these strategies can be implemented in the workplace. You may wish to consider providing all, or a combination of several of the strategies listed when deciding what smoking cessation support will be provided to staff.

Compliance strategy

This section should identify who is responsible for enforcing the policy, where to direct queries about the policy, and should detail the process for dealing with breaches of the policy.

Periodic review

To ensure that the policy is appropriate and adequately meets the needs of the workplace, it should be reviewed and evaluated periodically. Set a date for formal review and state this in the written policy, ideally every 12 to 18 months. See Step Eight: Periodic review for further information.

5.6 Step Six: Consultation and communication

Circulate the draft smoke-free policy to key stakeholders within the workplace for review and feedback, and update employees on progress. At this stage employees should also be provided with an outline of the key features of the policy, and given an opportunity to provide feedback. The proposed cessation support strategies for that will be available to employees should be detailed, and employees consulted on whether these strategies are suitable.

5.7 Step Seven: Finalise and implement the policy

Take into account the feedback received during the consultation and communication period, and make amendments as appropriate. Once finalised, management must endorse the policy and a date for the policy to come into effect set.

Inform all employees of the date of commencement of the policy well in advance (see Appendix 5 for a sample letter to employees). Promote the policy as broadly as possible. You may wish to consider conducting an official launch to help promote the policy. Useful methods for communicating with employees are outlined above in Step Four: Stakeholder communication. A sample newsletter article regarding policy commencement can be found in Appendix 4.

To facilitate implementation of the policy prepare your workplace by displaying smoke-free signage and removing ashtrays and butt bins.

Remind employees of the smoke-free workplace policy regularly, and promote the smoking cessation support that is available.

5.8 Step Eight: Periodic review

To evaluate its effectiveness, the policy should be reviewed periodically. Set a date for formal review, ideally every 12 to 18 months. Useful questions to ask include:[26]

- Are employees complying with the policy? Is a stronger compliance strategy required?
- Are employees aware of the policy and the rationale behind its implementation?
- Is the smoke-free signage adequate?
- Are the cessation support strategies offered to employees appropriate? Are employees taking up the offer of support?
- What is the level of employee awareness of the health effects of smoking and exposure to ETS? Has it improved since implementation of the smoke-free policy? Is the health information being provided to employees adequate?

6. Sample smoke-free workplace policy

Smoke-free workplace policy for *(insert name of organisation)*

Rationale

There is now overwhelming evidence that exposure to environmental tobacco smoke (ETS) is harmful to health. There is no safe level of exposure to ETS. Long-term exposure to ETS can have serious adverse health effects including heart disease and lung cancer. Breathing ETS can increase the risk of heart attack, particularly for those with existing heart disease or asthma, and even brief exposure to ETS can trigger symptoms such as irritation of the eyes and nose, headaches, sore throat and cough.

In Western Australia, the *Tobacco Products Control Act 2006* and associated regulations legislate against smoking in enclosed public places, and the *Occupational Safety and Health Regulations 1996* prohibit employers, employees and self-employed persons smoking in enclosed workplaces.

Section 19 of the *Occupational Safety and Health Act 1984* requires an employer, so far as practicable, to provide and maintain a working environment in which the employees are not exposed to hazards.

Because of the acknowledged health hazards of exposure to ETS, and to comply with the legal obligations, ***(insert name of organisation)*** has adopted a smoke-free workplace policy that formalises its commitment to, and extends beyond the legislated smoking bans.

Definitions

Environmental tobacco smoke (ETS):

Environmental tobacco smoke (ETS) is described as a combination of side stream smoke (smoke from the burning end of a tobacco product) and exhaled mainstream smoke (the smoke breathed out by a smoker). The US Environmental Protection Agency has classified ETS as a proven human carcinogen (cancer causing agent).[5]

Enclosed workplace:

To understand the meaning of enclosed workplace, it is important to firstly understand the meaning of a 'workplace'. Under the Occupational Safety and Health Act 1984 a 'workplace' means:

a place, whether or not in an aircraft, ship, vehicle, building, or other structure, where employees or self-employed people work or are likely to be in the course of their work.

A workplace is an 'enclosed workplace' if it has a ceiling or roof and is greater than 50% enclosed by walls, or other vertical structures or coverings.

Staff:

All employers and employees.

Objectives

The objectives of ***(insert name of organisation)***'s smoke-free workplace policy are:

- To protect all staff from exposure to ETS
- To consider the health and wellbeing of all staff by supporting smoking prevention and cessation

Consultation

To assist in the development of ***(insert name of organisation)***'s smoke-free workplace policy and to guide its implementation, a working group has been established. Members of the Working Group are:

List members and their position and/or the capacity in which they are participating e.g. union representative, safety and health representative, team leader.

Employees were consulted and their feedback sought throughout the policy development process via a series of staff meetings and regular email updates.

Policy details

The ***(insert name of organisation)*** smoke-free workplace policy is effective from (insert date), and applies to all persons including staff and visitors to the workplace.

Non-smoking provision

Smoking is prohibited in all indoor areas and within 5 metres of any entrance of any workplace owned or leased by ***(insert name of organisation)***, and is restricted to designated outdoor areas. Smoking is only permitted in designated outdoor smoking areas during award meal breaks and scheduled rest periods. Smoking is prohibited in all vehicles owned or leased by ***(insert name of organisation)***.

List the areas where smoking is banned and the designated outdoor smoking areas.

Signage shall be erected and maintained at all site and building entrances and in vehicles owned or leased by ***(insert name of organisation)*** to clearly identify areas where smoking is and is not permitted.

(Insert name of organisation) staff members are not permitted to smoke when they are acting in an official capacity off-site.

Staff will be informed of this smoke-free workplace policy through internal communication channels e.g. staff newsletter, email alerts and at staff meetings. Each staff member will receive a copy of this policy, which will also be available on the company Intranet. All company recruitment advertisements will state that ***(insert name of organisation)*** is a smoke-free organisation. All company correspondence for staff and visitors will promote the smoke-free message.

Information and smoking cessation support

To encourage and assist smokers who are considering quitting, the following support will be provided:

List the cessation support strategies that will be provided

- Materials such as pamphlets, brochures and fact sheets will be available to all staff
- Include articles on the benefits of quitting and quitting tips in staff newsletters and staff email alerts
- Quit Kits will be provided to staff who want to quit smoking
- Online smoking cessation support services will be promoted, and referral to local smoking cessation support services, telephone counselling, and support groups provided via staff newsletters and staff email alerts
- A Quit course will be run for staff who want to quit smoking
- Subsidising of the cost of Nicotine Replacement Therapy will be considered

Compliance strategy

Managers and supervisors are responsible for ensuring compliance with this smoke-free workplace policy for areas and personnel under their responsibility. All staff are responsible for ensuring visitors comply with this policy.

Any staff member or visitor who is in breach of this policy will be requested to stop, and reminded of their responsibilities under this policy. Staff members who continue to breach this policy will be subject to disciplinary action. Visitors who refuse to comply with this policy will be asked to leave.

Periodic review

This smoke-free workplace policy will be reviewed annually.

Date of last review: _____

Date of next review: _____

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Appendix 2 – Quitting products

It is important to discuss your options with your doctor, pharmacist or health practitioner. Use of these products may require careful consideration for people with mental health conditions and other health conditions, such as heart or circulatory disease, for people who have recently suffered a stroke, or for pregnant and breastfeeding women.

Product	What it does	Advantages	Considerations
Nicotine Gum	Nicotine gum is absorbed through the lining of your mouth. It should be chewed slowly, then rested for one minute under the tongue or between the cheek and teeth. Each piece should be chewed for 30 minutes and used at regular intervals. Gum is available in 2mg and 4mg to be used according to level of dependence. Dose should be gradually reduced over the course of treatment.	• Easy to regulate dose. • Convenient to use. • Different flavours are available.	• Care must be taken to ensure no traces of food or drink is in the mouth. • Possible side effects include sore mouth and jaw, headache, hiccups, mouth ulcers, indigestion and nausea can occur. • Not suitable for people with dentures.
Nicotine Patch	The nicotine patch works by slowly releasing a constant dose of nicotine. Once smoking has ceased apply the patch to a dry, non-hair covered part of your skin. Place a new patch on a different site to avoid irritation. Use one patch per day, gradually decreasing the patch strength over the course of treatment. They are available as a 16-hour and 24-hour patch, with strengths from 5-21mg. The 16-hour patch is removed before going to bed so that no nicotine is being absorbed overnight.	• Easy to use and can provide a constant dose of nicotine. • Needs only one application per day.	• May irritate skin. Avoid patches if you have a skin disorder. • 24-hour patches may disturb sleep. • Side effects may include headache, dizziness and nausea. • It is important that you don't smoke while wearing the patch.
Nicotine Inhaler	The inhaler consists of a cartridge (plastic tube sealed at both ends loaded with nicotine), which is inserted into a mouthpiece. On inhalation, nicotine is vapourised and absorbed in the mouth when air is drawn through it. The inhaler is used whenever an urge to smoke occurs. The nicotine supplied by each cartridge will last according to the intensity and number of puffs (inhalations). The dose is individual and depends on how much nicotine you need to reduce the withdrawal symptoms.	• Keeps your hands busy. • Easy to regulate dose.	• May irritate throat and induce coughing. • Needs to be used at regular intervals.
Nicotine Lozenge	Sucking on the lozenge allows nicotine to be absorbed through the lining of the mouth. Allow the lozenge to dissolve completely in the mouth, this may take 20-30 minutes. Available in 2mg and 4mg strengths. The number of lozenges used per day is reduced over the treatment period.	• A palatable and discrete method of nicotine delivery.	• Common side effects include hiccups, headache, insomnia, sore throat, nausea, mouth irritation, flatulence and indigestion.

Sublingual Tablet	This is a 2mg sublingual (under the tongue) tablet that dissolves and releases nicotine into the lining of the mouth. The tablet should be placed under the tongue and should not be sucked, chewed or swallowed. It should be used whenever there is an urge to smoke. Dose is reduced over the course of treatment.	• Easy to use. • Discrete. • Able to regulate the dose as required.	• Taste may initially be unpleasant, but improves over time. • A side effect may be a sore throat.
Bupropion Hydrochloride (Zyban)	Zyban is an oral non-nicotine therapy to assist stopping smoking, which reduces cravings and other symptoms of nicotine withdrawal. It requires a prescription from a General Practitioner, as it may not be suitable for some people. When taking Zyban, smoking continues for the first week. However a quit date is set and smoking must cease within 2 weeks of the start date.	• Zyban can be taken with nicotine patches, providing smoking has ceased.	• Zyban is only available on prescription and is not suitable for some people. • Possible side effects include headache, insomnia, dizziness, nausea, dry mouth, and anxiety. • Zyban should be used in conjunction with cessation support.
Varenicline Tartrate (Champix)	Champix is an oral medication used to assist adults in quitting smoking, which helps to reduce craving and withdrawal symptoms. Champix works by blocking the effects of nicotine in the body and reducing associated satisfaction. A quit date is set within the first 2 weeks of treatment and smoking after this time is not recommended. In the case of a slip up and smoking does occur, another quit attempt should be made. A 12 week course is usually sufficient to assist smoking cessation.	• Champix does not contain nicotine and is not addictive. • A free internet based program for support is available at www.mytimetoquit.com.au • Helps control cravings and reduces enjoyment associated with smoking.	• Possible side effects include: nausea, headache, sleep problems, fatigue, increased appetite and changes in taste. • Champix is only available on prescription and is not suitable for some people. • The use of Champix in pregnant women is not recommended. • Champix should not be used in combination with nicotine replacement therapy. • Those with a mental illness, or history of mental illness should consult a doctor before taking Champix. • Champix should be used in conjunction with cessation support material.

Appendix 3 – Sample employee survey

Adapted from Smokefree Policy Guidelines for Workplaces with permission from the Cancer Council Queensland and Queensland Health[26]

(Name of organisation) is implementing a smoke-free policy and we are seeking feedback from our employees to ensure that an appropriate policy is developed. Please complete the following questionnaire and return it to ***(insert appropriate person/address)*** by ***(insert date)***.

All responses will be kept confidential.

1. Do you avoid places where you may be exposed to other people's cigarette smoke?

☐ Yes, always ☐ Yes, sometimes ☐ No, never ☐ Don't know

2. Would you say your attitudes to smoking is one of:

☐ Strong approval ☐ Approval ☐ Neither approve or disapprove

☐ Disapproval ☐ Strong disapproval

3. Please place a tick in the box that best corresponds to how strongly you agree or disagree with this statement:

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
Smoking affects workplace morale	☐	☐	☐	☐	☐
Smoking breaks affect productivity	☐	☐	☐	☐	☐
Exposure to tobacco smoke is very dangerous	☐	☐	☐	☐	☐
Non-smokers should breathe air that is free of tobacco smoke	☐	☐	☐	☐	☐

4. Are you bothered or affected by smoke in the workplace?

☐ Yes ☐ No ☐ Don't know

If yes, how are you affected?

_____

_____

_____

5. Do you support the implementation of a smoke-free policy?

☐ Yes ☐ No ☐ Don't know

6. What type of smoke-free policy do you support?

☐ A total smoke-free policy

☐ A total smoke-free policy that restricts smoking to official meal breaks and rest periods

☐ A partial smoke-free policy that allows for certain outdoor smoking areas

☐ I don't support the implementation of a smoke-free policy

☐ Don't know

7. When do you believe a smoke-free policy should be implemented?

☐ Now, or as soon as possible ☐ Within the next six months

☐ Within the next 12 months ☐ We shouldn't implement a smoke-free policy

8. Do you smoke?

☐ Yes ☐ No

If yes, how many cigarettes do you smoke per day?

☐ Less than 5 ☐ 5 to 10 ☐ 11 to 20

☐ 21 to 40 ☐ More than 40

9. If you smoke, would a smoke-free policy…? (tick all that apply)

☐ Help you quit smoking ☐ Help you cut down

☐ Create difficulties for you ☐ Not affect you at all

10. The implementation of a smoke-free policy should include the provision of: (tick all that apply)

☐ Quitting information

☐ Quitting courses at work

☐ Time off to attend a quitting course

☐ Cash incentives/fee reimbursement for quitting courses or products

☐ Other _____

11. Additional comments?

_____

_____

_____

_____

Appendix 4 – Sample newsletter articles

Adapted from Smokefree Policy Guidelines for Workplaces with permission from the Cancer Council Queensland and Queensland Health[26]

Your organisation's newsletter is a perfect way to inform your employees and clients about the upcoming smoke-free policy, the damaging health effects of smoking and passive smoking, the benefits of smoking cessation, and to widely promote the policy's implementation. Below are some sample newsletter articles which you could adapt.

Article 1: Inform your employees that a smoke-free policy is on the agenda

Going smoke-free

(Name of organisation) is committed to providing employees with a healthy environment, which encourages high staff morale and productivity and protects the health of all employees.

With this in mind, we are proposing that ***(name of organisation)*** creates a smoke-free policy. This policy will help promote the health and safety of all employees and clients.

(Name of organisation)'s management team is setting up a smoke-free policy committee which will be made up of ***(insert number)*** management, employee and union representatives.

The committee welcomes any suggestions or questions that you may have. Please direct these to ***(insert name)***.

It is intended that a draft policy will be available for review and comment within the next ***(insert time frame)***.

We will keep you up-to-date with the progress of ***(name of organisation)***'s new smoke-free policy.

Article 2: Educate your employees about the dangers of passive smoking

Passive smoking – not just a nuisance

Passive smoking is responsible for a lot more than eye irritation, coughing, headaches and dizziness. Passive smoking is the cause of approximately 11 deaths and 6,750 hospital bed days in Western Australia each year.[27]

Passive smoking is the involuntary inhalation of tobacco smoke from other people's cigarettes, cigars and pipes. 84 percent of Australians recognise that socialising and working with people who smoke has a damaging effect on their own health, but for many of us, we are unable to avoid instances where passive smoking occurs.

Tobacco smoke is a mixture of over 4000 chemicals, at least 69 of which are known cancer causing agents. What a lot of us do not realise is that tobacco smoke inhaled when passive smoking can actually be more dangerous that that inhaled by smokers. In fact, the level of cancer causing agents can be 30 times higher in sidestream smoke (the smoke that originates from the burning cigarette) than in the smoke that is inhaled by the smoker.

Passive smoking can cause many of the same damaging effects as smoking including lung cancer, heart disease, bronchitis, lung and airway infections and exacerbated asthma symptoms.

In the workplace, tobacco smoke increases a non-smokers risk of lung cancer by up to 19 percent. Workplace smoking also affects employee health, leading to increased absenteeism and decreased workplace productivity.

For information and help quitting smoking call Quitline, 13 QUIT (13 7848).

Article 3: Promote the implementation of your smoke-free policy

Ready, set, go smoke-free

(Name of organisation)'s much awaited smoke-free policy is ready to go!

The smoke-free policy will officially commence on ***(insert date)***, and to celebrate we will be ***(insert promotion event and details of event)***.

The policy will see ***all areas/most areas*** within the ***(name of organisation)***'s workplace become smoke-free. ***(Outline details of your designated outdoor smoking areas here)***. This is an important move, as it will help protect the health of our employees and will create a healthy environment in which to work.

A copy of the new smoke-free policy will be distributed to all employees. Signage has been displayed around the workplace and we appreciate your assistance and cooperation in making ***(name of organisation)*** a smoke-free, healthy environment.

Article 4: Encourage smoking cessation

Quit for life

Quitting smoking has great benefits for your health and your wallet. Over time you will sleep better, your heart rate and blood pressure will return to normal, your risk of heart disease will sharply decrease and your risk of smoking related cancers will decrease to the same level as a similar aged person who has never smoked.

Quitting smoking isn't easy, but with determination and perseverance, you can do it. Here are 10 tips that will help you quit and stay a non-smoker:

1. Make a plan before you quit – people who plan their quitting attempt are more likely to succeed.
2. Call Quitline on 13 QUIT (13 7848) to plan and discuss your quitting strategies.
3. Set a date to quit. Choose a date when there will be a low amount of pressure on you, two to three weeks from now.
4, Plan for the most risky times. Plan activities that will not expose you to situations where you will be tempted to smoke.
5. Understand withdrawal symptoms. These are the reactions that your body may experience as it flushes itself of nicotine and other chemicals. Think of these as recovery symptoms. Consider using nicotine replacement therapy such as patches or gum, to help with the withdrawals.
6. Hold a clean up ritual. Clean cigarettes out of your car, handbag, briefcase and house. Get rid of ashtrays and lighters.
7. Remember, having 'just one' **will** hurt. This is the way that many people go back to smoking.
8. Remember the 4 D's:
   - Delay acting on the urge to smoke.
   - Deep breathe.
   - Drink water.
   - Do something else.
9. Reward yourself! Put aside the money you would have spent on cigarettes in a jar – you may be surprised by the amount you can save.
10. If you have a relapse, don't despair and don't give up. Most people who have successfully quit smoking for good have made several serious attempts. Every day that you have spent smoke-free makes your body healthier and helps weaken your addiction.

Go on quit…you can do it.

Appendix 5 – Smoke-free policy introductory letter template

Adapted from Smokefree Policy Guidelines for Workplaces with permission from the Cancer Council Queensland and Queensland Health[26]

(Date)

Dear employee

Smoke-free workplaces provide employees with a more comfortable work environment, which protects their health and decreases their risk of developing smoking related illnesses.

In 2004/05 1,250 Western Australians died from smoking related illnesses.[27] Smoking is the single greatest cause of preventable death and disease in the developed world and ***(name of organisation)*** is committed to providing all our employees with a healthy and safe environment. In order to address this important issue, ***(name of organisation)*** will be smoke-free as on ***(insert date)***.

(Name of organisation)'s smoke-free policy is a way of protecting the health of everyone involved with the organisation. Passive smoking can cause lung cancer, heart disease, bronchitis, lung and airway infections and exacerbated asthma symptoms.

The smoke-free policy applies to all management, employees, contractors, clients and visitors to ***(name of organisation)***'s premises.

Our entire workplace will be smoke-free at all times.

Or

The majority of our workplace will be smoke-free at all times. A number of smoking areas have been set up (detail locations of designated outdoor smoking area/s).

And

Smoking breaks will be phased out over the next (insert timeframe). After this time, smoking breaks will be limited to official meal breaks and rest periods.

Please find attached a copy of the smoke-free policy. I would encourage you to read this thoroughly to familiarise yourself with ***(name of organisation)***'s smoke-free stance. If you have any questions regarding the policy please direct these to ***(insert name)***.

Thank you to everyone who contributed to the development of our smoke-free policy and I appreciate your assistance and cooperation in creating a healthy, smoke-free workplace.

Yours sincerely,

(Name)
(Position)

Delivering a **Healthy WA**

Government of **Western Australia**
Department of **Health**

HP11251 MAY'09 23775

Produced by Tobacco Control Branch
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