



These are ideal policy provisions and elements designed for maximum public health impact. These provisions are known to be effective and/or promising approaches based on reputable public health peer-reviewed literature. These model provisions set a benchmark by which organizational policies should be compared.

**Please note:** Organizational policies are unique and therefore require customization to incorporate the model language into existing policy structures.

For more information and free assistance, contact the Tobacco Control Training and Technical Assistance Team at 303-724-9285.



This document provides guidance for communities looking for effective policies to help address tobacco use and exposure. Local health policies are an important and critical part of a comprehensive approach to help reduce the burden of tobacco use on families, employers, schools, healthcare systems, and taxpayers.

## Rationale:

Tobacco use is the leading cause of preventable death in Colorado. For every person who dies from tobacco use, another 30 people suffer with at least one tobacco-related chronic illness. Tobacco use costs the state over \$2 billion annually, with \$1.3 billion in health care costs and \$1 billion in lost productivity.

The majority of tobacco users want to quit (typically 70%) and over 60% of Colorado smokers tried to quit at least once in the past year<sup>1</sup>. A workplace culture that supports tobacco cessation provides valuable support to employees trying to quit and makes it easier for them to remain tobacco free.<sup>2,3,4</sup>

In 2006, the U.S. Surgeon General concluded that “workplace smoking restrictions lead to less smoking among covered workers.”<sup>5</sup> When organizations choose to institute tobacco-free policies the number of tobacco users in the workforce decreases by an average of 4%. Even those employees who choose not to quit typically consume fewer cigarettes per day. Organizations that are completely smoke-free, and do not allow designated smoking areas, create a workplace culture that encourages employees to quit and support higher quit rates among employees as compared to organizations that continue to provide designated smoking areas.<sup>6</sup> Policies that promote 100% tobacco/smoke/vapor-free workplaces are good for business and have been shown to increase productivity while reducing medical costs and time lost due to sick days.<sup>7</sup> Successful cessation leads to a savings of up to \$6,000 per year, per smoker.<sup>8</sup>

## Steps Towards 100% Tobacco/Vapor Free Workplace:

- 1) **Develop and implement a tobacco-free and vapor-free organizational policy that includes all forms of tobacco, nicotine products, and electronic smoking devices.**

### An ideal comprehensive policy:

- Ensures no tobacco use on company property and external worksites, including automobiles and parking structures
- Applies to all employees, visitors, customers, vendors, and contractors
- Ensures no tobacco use by employees while on company time, including paid breaks and while acting as representatives of the company

- 2) **Provide uninsured employees referrals to free cessation resources. Update the organization's health benefits to be compliant with the Patient Protection and Affordable Care Act (ACA)<sup>9</sup> and to provide comprehensive tobacco cessation benefits.**

### An ideal benefits package:

- Provides screening for tobacco use

<sup>1</sup> 2014, Colorado Department of Public Health and Environment, Behavioral Risk Factor Surveillance System

<sup>2</sup> “The Effect of Smokefree air Ordinances on Smoking Prevalence and Cessation. Americans for Nonsmokers’ Rights. 2004.

<sup>3</sup> Centers for Disease Control and Prevention. Quitting Smoking Among Adults—United States, 2001–2010. *Morbidity and Mortality Weekly Report* 2011;60(44):1513–9 [accessed 2015 May 21].

<sup>4</sup> Stewart W.F., Ricci J.A., Chee E., & Morganstein D. (2003). Lost productive work time costs from health conditions in the United States: Results from the American Productivity Audit. *Journal of Occupational and Environmental Medicine*, 45(12):1234–46.

<sup>5</sup> U.S. Department of Health and Human Services. 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, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2006 [accessed 2014 Apr 25].

<sup>6</sup> Fichtenberg, C.M.; Glantz, S.A., “Effect of smoke-free workplaces on smoking behavior: systematic review,” *British Medical Journal* 325: 188–191, July 27, 2002.

<sup>7</sup> Berman M., Crane R., Seiber E., & Munur M. (2013). Estimating the cost of a smoking employee. Tobacco Control. Advance online publication. doi: 10.1136/tobaccocontrol-2012-050888 from health conditions in the United States: Results from the American Productivity Audit. *Journal of Occupational and Environmental Medicine*, 45(12):1234–46.

<sup>8</sup> Companies Pay Almost \$6,000 Extra Per Year for Each Employee Who Smokes, Tobacco Control 2014;23:5 428–~ 433 Published Online First: 3 June 2013 doi:10.1136/tobaccocontrol-~ 2012-~ 050888

<sup>9</sup> FAQs about Affordable Care Act Implementation (Part XIX). Retrieved June 17, 2016, from <https://www.dol.gov/ebsa/faqs/faq-aca19.html>

<sup>10</sup> 45 C.F.R. § 147.102(a)(1)(iv)

<sup>11</sup> Guide to Community Preventive Services. Reducing tobacco use and secondhand smoke exposure: incentives and competitions to increase smoking cessation among workers. <http://www.thecommunityguide.org/tobacco/incentives.html> Accessed 5/10/16

<sup>12</sup> 45 C.F.R. § 147.102(a)(1)(iv); Final Rule: Patient Protection and Affordable Care Act; Health Insurance Market Rules; Rate Review, 78 Fed. Reg. 13405 (Feb. 27, 2013), <https://www.federal-register.gov/articles/2013/02/27/2013-04335/patient-protection-and-affordable-care-acthealth-insurance-market-rules-rate-review>.

- Covers two quit attempts per year, with each cessation attempt offering coverage for:
  - Four sessions of telephone, individual, and group cessation counseling lasting at least 10 minutes each
  - All FDA-approved tobacco cessation medications (including both prescription and over-the-counter medications) for a 90-day treatment regimen when prescribed by a health care provider
- Does not include cost-sharing or require prior authorization for any cessation treatments. Please visit the [American Lung Association's Affordable Care Act Tobacco Cessation Guidance Toolkit](#) for more information.

NOTE: Starting January 1, 2014, many insurers and employers in Colorado are able to charge tobacco users up to 15 percent more in premiums. The rule implementing this provision in the Affordable Care Act<sup>10</sup> requires insurers in the small group market to remove the tobacco surcharge for a tobacco user who agrees to enroll in an approved program designed to prevent or reduce tobacco use.

### 3) Organizations can further support their employees through active promotion of cessation and incentives to encourage cessation.<sup>11</sup>

- Provide information on the benefits of cessation and how to access cessation benefits offered through the employer health plan
- Provide highly visible information and literature about the Colorado QuitLine and other free cessation services through a year-round communications plan
- Provide employee incentives to stop smoking, including education on tobacco surcharge rates and options for removal

### The Colorado Model Policy Standards

- Communicate policy and the implementation date to all employees
- Incorporate policy into the company and employee policy handbook
- Post signage supporting a 100% tobacco free/vapor free workplace in easily visible locations throughout the workplace (inside and out)
- Specify the policy's enforcement methods which may include: written or verbal warnings, disciplinary action up to or including termination for multiple offenses

### These provisions run counter to an effective and comprehensive policy and should not be included.

- Having designated smoking areas. These areas or shelters may:
  - Maintain a norm of tobacco use among employees and convey an image of an unhealthy business to the public
  - Impede the progress of organizations wanting to raise productivity and decrease health care costs
  - Decrease success rates for tobacco users trying to quit
  - Expose other workers to toxic secondhand smoke

- A policy that does not include access to cessation benefits
  - At a minimum, employers should provide information on the Colorado QuitLine service and access and other free or low cost, evidence-based, local cessation resources
- Prohibiting the hiring of people who smoke, vape, or use tobacco in other forms
- Termination of an employee who uses tobacco products off premises during non-working hours except as permitted by state law C.R.S § 24-34-402.5.

#### Definitions of Terms: Model language recommended for all community level policies

*These are Colorado School of Public Health Tobacco Technical Assistance model definitions and may need to be modified by your local attorney and/or Colorado School of Public Health Tobacco Technical Assistance decision-making body.*

**Electronic Smoking Device** means any device that when activated emits a vapor, aerosol, or smoke or can be used to deliver nicotine or any other substance to the person inhaling from the device, including, but not limited to e-cigarettes, e-cigars, e-pipes, vape pens, e-hookahs, inhalant delivery systems or any other similar product by any other name or descriptor. An electronic smoking device includes any component, part or accessory of such device whether or not sold separately, regardless of nicotine content or any other substance intended to be vaporized or aerosolized for human inhalation during the use of the device.

**Smoking** means the act of burning, heating, activation or carrying of any device, including, but not limited to a cigarette, cigar, pipe, hookah, or electronic smoking device, electronic cigarette, vape pen, e-hookah or similar device, by any other product name or descriptor, that results in the release of smoke, vapors or aerosols when the apparent or usual purpose of the burning, heating or activation of the device is human inhalation.

**Smoke** means the emissions or release of gases, particles, vapors or aerosols into the air from burning, heating or activation of any device, including, but not limited to a cigarette, electronic smoking device, e-cigarette, vape pens, e-hookahs or any other product by any name or descriptor when the apparent or usual purpose of burning, heating or activation of the device is human tasting and inhalation.

**Organization, worksite, workplace, company property** means all premises owned, operated, leased, or maintained by the company. This includes buildings, grounds, vehicles, parking lots/structures, ramps, sidewalks, and other public right-of-ways within and around worksite property boundaries. This also includes any company sponsored events and any time in which an employee is acting as a representative of the company.

**Tobacco use<sup>12</sup>** is defined as:

- using any tobacco product other than for religious or ceremonial use;
- on average four or more times per week;
- within no longer than the past six months.