



It's Our Business

Tobacco and the workplace



This document is an excerpt from *It's Our Business:
Addressing Addiction and Mental Health in the Workplace*
Alberta Health Services Staff Prevention and Health
Promotion Manual for Workplace Consultation



**Alberta Health
Services**

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Tobacco

Introduction

In Canada, tobacco use is the greatest preventable cause of illness, disability and premature death, causing more than 45,000 deaths per year. Links between exposure to **second-hand smoke** and health problems such as cancer, heart disease and respiratory disease are also well established. Tobacco smoke contains more than 7,000 substances, of which 69 are **class A carcinogens**. Tobacco smoke is identified as the cause of 30% of all cancers, and is linked to 85% of lung cancer cases; more women will die from lung cancer than from breast cancer and all reproductive cancers combined.^{1,2}

Traditionally, tobacco use has been viewed as a bad habit or a lifestyle choice; however, more recently it has been globally acknowledged as a chronic, relapsing condition. The use of tobacco is no longer a personal choice once a person becomes addicted to nicotine, which creates a dependence on tobacco products.³

Second-hand smoke is the most common and harmful form of indoor air pollution. It consists of sidestream smoke (the smoke released from the burning end of a cigarette) and mainstream smoke (the smoke exhaled by the smoker).¹ Sidestream smoke makes up about 85% of second-hand smoke.² It has a different chemical composition than exhaled mainstream smoke because it is generated at lower burning temperatures, and the combustion (burning) is not as clean or complete. It can also interact with other occupational hazards to become even more hazardous.¹

Did you know?

- Second-hand smoke has at least twice the amount of nicotine and tar as the smoke inhaled by the smoker, as well as increased levels of carbon monoxide, ammonia, lead, cadmium, benzene and hydrogen cyanide.¹
- The residual tobacco smoke pollutants from second-hand smoke can build up on surfaces, walls, furniture, drapes and dust, and in vehicle upholstery. These pollutants are toxic and, once deposited, are considered to be third-hand smoke.¹
- Non-smokers who breathe in second-hand smoke can get many of the same serious diseases, including lung cancer, heart disease, chronic obstructive pulmonary disease (emphysema and chronic bronchitis) and asthma, that affect individuals who smoke.¹
- Regular exposure to second-hand smoke increases the risk of lung disease by 25% and of heart disease by 10%.¹
- Smoking bans in workplaces encourage employees who smoke to cut down or quit, help those who are already smoke-free to stay that way and protect all employees from the effects of second- and third-hand smoke.^{4,5}

Nicotine tolerance and dependence

Nicotine is one of the main ingredients in tobacco. It is a powerful drug that speeds up the brain and central nervous system, and triggers the release of a brain chemical (dopamine) that boosts moods and calms the person but can also increase alertness at the same time. The nicotine in cigarette smoke is absorbed through the skin lining of the mouth and the nose. Nicotine level in blood peaks within 10 seconds of inhaling cigarette smoke.

Over time, the brain adjusts to the stimulation from nicotine and lowers a person's natural energy level or mood. The individual may then start to crave a cigarette for a boost. The more a person smokes, the more nicotine he or she needs to feel good. Soon a tobacco user craves nicotine just to feel normal. Being without nicotine for even a few hours can cause withdrawal symptoms like headaches, depression, anger, anxiety and problems sleeping.³

How behaviour feeds nicotine addiction

The other part of nicotine addiction is behaviour. After months or years of smoking, cigarettes become a part of a smoker's daily life, such as lighting a cigarette out of habit when getting into the car, or when drinking a cup of coffee.

Smoking habits can also be connected to a person's feelings—many smokers reach for a cigarette when they feel bored, stressed or angry. Even someone who has been smoking for many years can learn to live without cigarettes. Support for cessation helps people address both the addiction and habit sides of their tobacco use.³

Health benefits of quitting smoking

There are a number of health benefits experienced from quitting smoking. Some of these benefits can be experienced in a matter of minutes and hours, others weeks, months or a year. The chart below outlines the various benefits and the corresponding quit time.⁴

Table 3.8 Quitting smoking and time to health benefits

Quitting Time	Health Benefits
20 minutes	Blood pressure lowers and pulse rate decreases.
8 hours	Oxygen level goes back to normal and carbon monoxide levels drop.
48 hours	Chances of having a heart attack decrease and senses of smell and taste start improving.
72 hours	Breathing gets easier as bronchial tubes relax and lung capacity begins to increase.
2 to 3 weeks	Circulation improves, exercising becomes easier and lung capacity can increase by as much as 30%.
6 months	Coughing, sinus congestion, tiredness, shortness of breath and colds are reduced.
1 year	Risk of smoking-related heart attack is reduced by 50%.
5 years	Risk of having a stroke is reduced to that of a non-smoker.
10 years	Risk of dying from lung cancer decreases by 50%.
15 years	Risk of dying from a heart attack reduced to that of a person who has never smoked.

Tobacco reduction legislation

The Tobacco Reduction Act (Alberta) came into effect on January 1, 2008, amending the previously existing Smokefree Places Act. Here are a few key highlights of the act:^{6,7}

- Smoking is currently prohibited in all public places and workplaces in the province. This includes all bars, bingo halls and casinos.
- A public place is defined as all or any part of a building, structure or other enclosed area to which members of the public have access, including common areas of multi-unit residential facilities, group living facilities, outdoor bus and taxi shelters, licensed premises, restaurants, hotels and public vehicles.
- A workplace is defined as all or any part of a building, structure or enclosed area in which employees perform the duties of their employment, including reception areas, corridors, lobbies, stairwells, elevators, escalators, eating areas, washrooms, lounges, storage areas, laundry rooms, enclosed parking garages and work vehicles.
- A work vehicle is defined as a vehicle owned or leased by an employer and used by employees during the course of their employment.

Supporting employees to become tobacco free

Workplaces have a variety of options to help employees quit using tobacco. Smoking cessation programs can be offered on their own, or as a part of a comprehensive workplace wellness program. Having a no-smoking policy in the workplace not only protects employees from dangerous second- and third-hand smoke, but it also supports those employees who want to quit smoking and underlines the employer's commitment to employee health.^{4,5}

There are three basic workplace tobacco cessation approaches:

1. Comprehensive: This approach involves offering programs and activities at the workplace. Employees can then receive support on site, often during **work hours**.

2. Facilitated: This approach involves working with outside agencies to deliver programs and activities off site, along with offering self-help materials on site.
3. Education and information: This approach involves providing information, for example, self-help programs and contact listings for external resources.

Any of these approaches may be supplemented by benefit programs providing coverage for nicotine replacement therapy or pharmacotherapy to aid employees in addressing the nicotine addiction or dependence experienced by smokers and other tobacco users.^{4,5}

Stop-smoking programs and supports in a workplace should reflect the cessation process. They should⁸

- avoid approaches that stigmatize employees who smoke or use other forms of tobacco
- recognize that tobacco dependence is an addiction to nicotine
- recognize that smoking is a health issue, not a moral issue
- acknowledge that tobacco cessation is a difficult process
- recognize that relapse is a normal part of the cessation process
- support each attempt an employee makes to quit using tobacco
- consider extending the cessation benefits, supports and activities to spouses and other family members living with the employee

Tobacco cessation options

Medications

Evidence indicates that using cessation medications at least doubles a person's chance of successfully quitting tobacco. A number of such medications have been approved for use in Canada, including various forms of nicotine replacement therapy (NRT), bupropion SR (Zyban®) and varenicline (Champix®). Please note that prescription medications should always be discussed with a physician and/or pharmacist.³

It is not the nicotine that is responsible for the majority of tobacco-related illnesses, but rather the thousands of toxins in tobacco and tobacco smoke. The purpose of NRT is to provide a tobacco user with a controlled dose of nicotine that helps reduce cravings by reducing withdrawal symptoms and allowing the user to develop new behaviour to support them as they quit. NRT makes it easier to quit using tobacco by replacing some, but not all, of the nicotine normally consumed. NRT may also be used temporarily to prevent the onset of withdrawal when a tobacco user is in an environment where use is restricted.³ NRT can be recommended to anyone who is attempting to quit smoking or reduce tobacco use.

Bupropion SR and varenicline are only available by prescription and work in different ways to decrease the desire to use tobacco and minimize withdrawal symptoms.³

It is important for organizations to review their benefit plans to ensure coverage for recommended cessation medications. Employer coverage for NRT and other cessation medications increases the chances of successful employee cessation.

Self-help

Employers can provide access to self-help materials, brochures and websites.

- Alberta tobacco reduction resources: <http://tobaccofreefutures.ca/resources.html> (tobacco cessation kits, Flip to Quit brochures and One Step at a Time for Smokers Who Want to Quit booklets can be ordered)
- Health Canada—On the Road to Quitting: www.gosmokefree.gc.ca
- Canadian Lung Association: www.lung.ca/protect-protegez/tobacco-tabagisme_e.php
- Canadian Cancer Society: www.cancer.ca
- AlbertaQuits: www.albertaquits.ca

Brief tobacco intervention

Health care providers, including those who specialize in occupational health, safety or wellness, can make a difference in the health of a person who uses tobacco in as little as three minutes with a brief intervention.

For cessation, evidence-based guidelines strongly support the so-called five A's approach: ask, advise, assess, assist and arrange. This involves consistent screening to identify and document people who use tobacco. Ask every client if they use tobacco. Advise all tobacco users about the benefits of quitting tobacco, using a personalized approach. Assess the client's readiness to quit and their interest in available treatment. Assist tobacco users who are interested in quitting by linking them to, or providing them with, behavioural counselling and/or pharmacotherapy. Arrange for appropriate follow-up.³

Individual counselling

There is a strong connection between the intensity of tobacco dependence counselling and its effectiveness.³ All interested tobacco users will benefit from more intensive counselling in either a one-to-one or group setting, and will increase their chances of quitting successfully. Counselling can be delivered by health professionals from a variety of disciplines who have received tobacco cessation training.^{4,3}

Whenever possible, intensive tobacco cessation programs should

- consist of four or more sessions, with each session lasting between 10 and 90 minutes
- focus on practical problem-solving and skills training, along with social support
- provide basic information about tobacco use and quitting, as well as identifying triggers and high-risk situations that increase the risk of relapse

Employers may also provide support and reduce barriers to participation by providing counselling on-site (facilitated by the organization's staff or external providers), subsidizing programs in part or whole (including the cost of nicotine replacement therapy or cessation medication), allowing employees to attend during work hours and inviting spouses or other family members to participate.^{4,5}

Group programs

An example of a group program is QuitCore. This is a group tobacco cessation program that is designed to assist current smokers and tobacco users, as well as recent quitters, in becoming or remaining tobacco-free. Offered throughout the province, this free group support program is led by trained facilitators and offers six 90-minute sessions over a period of six to nine weeks. The program uses education, self-monitoring and behavioural modification techniques, and includes visits from former tobacco users who share their stories with participants. Support for behaviour change is built in with encouragement from group participants, educational sessions for a participant, an identified support person and concurrent support from the AlbertaQuits Helpline and website. More information can be found at www.albertaquits.ca or by calling 1-866-710-7848 (QUIT).

For employers able to offer comprehensive support onsite (i.e., those with occupational health and safety, or wellness, departments), the AHS tobacco reduction program offers health professional training in tobacco cessation and facilitating the QuitCore group program. Contact tru@albertahealthservices.ca for more information.

AlbertaQuits Helpline

This is a toll-free tobacco cessation telephone service available to all Albertans from 8 a.m. to 8 p.m., seven days a week, at 1-866-710-7848 (QUIT). Services are available in 180 languages. Trained cessation counsellors are available to help individuals develop a quit plan, deal with cravings and difficult situations, provide support throughout their quit plan and keep tobacco free afterwards. Clients can call the helpline themselves, or healthcare providers may initiate contact on behalf of the client by completing a fax referral.

AlbertaQuits Online

This Internet-based service is available free of charge to all Albertans at www.albertaquits.ca. The online community message board and chat room are always available to users. The site provides an interactive self-guided support to quit and stay tobacco-free. It provides expert advice, online **peer support** through discussion boards or forums, quitting strategies, email or text messaging encouragement programs and more.

One of the new features is AlbertaQuits By TEXT, which is a texting service that delivers motivational tips directly to a person's mobile device for three months. Individuals can get support tailored to their individual quit status. Participants can text "KEYWORDS" for extra help. Individuals can register through the AlbertaQuits website, or by texting "ABQUITS" to 123456.

Employee assistance programs (EAP) or employee and family assistance programs (EFAP)

Many organizations contract external providers to deliver EAP/EFAP for their workers. These programs may include intensive counselling for tobacco dependence. Workplaces should consider what programs and resources are available through their providers and ensure that the information is communicated to their employees.

Primary care networks

Many primary care networks across the province offer tobacco cessation support for their clients. Availability varies from community to community, so employers should investigate what is available to them locally, as well as the networks' respective referral processes, and provide that information as an option for their employees.

Each employer should consider the available options, their own capacities and their role in providing or linking employees to cessation supports.

Frequently asked questions

How far from a doorway are employees allowed to smoke?

Smoking is not allowed within five metres of a doorway, window or air intake of a public place or workplace.^{6,7}

Who enforces the restriction around smoking near doorways?

Employers of a workplace where smoking is prohibited under the Tobacco Reduction Act must not permit a person to smoke in that location. Employers who permit smoking where it is prohibited are guilty of an offence and liable to fines up to \$10,000 for a first offence and up to \$100,000 for a second or subsequent offence.^{6,7}

Individuals who smoke where it is prohibited can receive fines up to \$1,000 for a first offence and up to \$5,000 for a second or subsequent offence. In addition, a ticket for \$250 can be issued for smoking in a prohibited area.^{6,7}

Who enforces this legislation?

Peace officers within the meaning of the Provincial Offences Procedure Act, which includes police, RCMP, municipal bylaw officers and special constables.⁶

Who smokes and who wants to quit?

Nineteen per cent of Canadians aged 15 and older are current smokers. Most smokers want to quit, and among those who do, more than half stay tobacco free. We know that receiving support can double a tobacco user's chances of success.⁹

What are the smoking rates for different occupations?

- 24% of workers in processing, manufacturing or utilities occupations smoke
- 28% of trade, transport or equipment operators smoke
- 20% of sales or service workers smoke
- 16% of workers employed in the business finance or administrative

sectors smoke

- 12% of health care workers smoke¹⁰

What are the smoking rates by education level?

- 19.5% of Canadians without a high school diploma smoke
- 18.1% of Canadians with a high school diploma smoke
- 17.5% of Canadians with a community college degree smoke
- 10.2% of Canadians with a university degree smoke¹¹

What are the options for employers who want to support their employees in quitting smoking or using other forms of tobacco?

Workplaces have a variety of options to help employees quit using tobacco. Smoking cessation programs can be offered on their own, or as a part of a comprehensive workplace wellness program. Having a no-smoking policy in the workplace not only protects employees from dangerous second- and third-hand smoke, but it also supports those employees who want to quit smoking and underlines the employer's commitment to employee health.^{4,5}

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Other resources

AlbertaQuits

- Helpline: 1-866-710-7848 (QUIT)
- Online: www.albertaquits.ca

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For more information

For more information and to find an addiction services office near you, please call the 24-hour Addiction Helpline at 1-866-332-2322 or the 24-hour Mental Health Helpline at 1-877-303-2642. For more workplace-specific resources, please visit: <http://www.albertahealthservices.ca/2672.asp>