King Hussein Cancer Foundation
King Hussein Cancer Center

GLOBAL SMOKE-FREE WORKSITE CHALLENGE

Smoke-free Zone Certification Program Guide

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INTRODUCTION

Global tobacco control and the importance of establishing smoke-free worksites

The *World Health Organization's Framework Convention on Tobacco Control* (WHO FCTC), which entered into force in 2005, has since become one of the most widely embraced treaties in United Nations history. The FCTC was developed in response to the globalization of the tobacco epidemic which was expected to cause more than one billion deaths in the 21st century if significant action was not taken. The FCTC is an evidence-based treaty that reaffirms the right of all people to the highest standard of health. It represents a milestone for the promotion of public health and provides new legal dimensions for international health cooperation.[1]

Article 8 of the FCTC addresses the adoption and implementation of effective measures to provide protection from exposure to tobacco smoke in indoor workplaces, public transport, indoor public places and –as appropriate– other public places. Tobacco smoke contains more than 7,000 chemicals, including hundreds that are toxic and about 70 that can cause cancer.[2] Thus, reducing exposure to secondhand smoke is one of the FCTC's priorities because there is no risk-free level of secondhand smoke exposure; even brief exposure can be harmful to health.[2,3,4]

Despite significant progress over the last decade in establishing smoke-free laws, billions of people globally continue to be exposed to secondhand smoke. To address workplace exposure to secondhand smoke, the **Global Smoke-free Worksite Challenge** was launched in 2011 as a Clinton Global Initiative "Commitment to Action." Leading Partners represent the public, private and non-profit sectors: American Cancer Society, Campaign for Tobacco-free Kids, Edelman, GBCHealth, Global Smokefree Partnership, Johnson & Johnson, King Hussein Cancer Foundation and Center, Mayo Clinic, U.S. Health and Human Services, and World Heart Federation.

The Challenge's goals are to motivate employers to make their worksites smoke-free, help smoking employees quit, and build public support for national smoke-free laws. The Challenge assists employers in establishing smoke-free worksites and broadening their policies to establish completely tobacco-free campuses when appropriate. Free resources, such as the *Smokefree in a Box* toolkit, case studies, and fact sheets, are available at www.smokefreeworksites.org.

Motivation for developing this guide

The **King Hussein Cancer Foundation and Center** (KHCF/KHCC) in Jordan, one of The Challenge's Leading Partners, has been at the forefront of tobacco control in the Middle East for several years, including being strong and active advocates for smoke-free workplaces. KHCF/KHCC's *Smoke-free Certification Program* is an excellent example of a civil society initiative that can motivate employers to establish, implement, and enforce smoke-free worksite policies and can recognize employers who have taken the important step to protect their employees and the public from harmful secondhand smoke. For that reason, The Challenge commissioned KHCF/KHCC to create this comprehensive Smoke-free Zone Certification Program Guide to capture the experience in a manner that would assist other countries put their own programs into place. Specifically, this Guide serves to:

- Assist jurisdictions seeking to establish smoke-free zone certification programs in line with their special circumstances
- Assist jurisdictions aiming to strengthen enforcement of smoke-free policies through systemizing inspection of compliance
- Serve as an incentive for jurisdictions that may have thought encouraging more employers to adopt smoke-free policies and establishing a smoke-free certificate program were not feasible

The Guide presents preparatory work necessary for launching a similar smoke-free zone certification program. Specifically, it presents a framework for understanding the status quo, the evidence behind selection of certification criteria, and principles underlying development of compliance verification methods. The Guide further details components of the certification process and the necessary tools, arrangements, and manpower. Throughout, the Guide presents the experience of Jordan as an example, and closes with highlighting lessons learnt from that experience. The Guide also discusses activities necessary to publicize results, promote certified smoke-free institutions, and use the opportunity to create general awareness of the need for protection from exposure to secondhand smoke.

King Hussein Cancer Foundation and Center playing a pivotal role in protection from exposure to secondhand smoke in Jordan

The guidelines for Article 8 of the FCTC advocate a central role for non-governmental organizations in building support for and ensuring compliance with smoke free measures. Recognizing this principle, and the lag in enforcing protection in Jordan, KHCF/KHCC sought to create routes to incentivize employers to go smoke-free. In 2010, KHCF/KHCC translated to Arabic the ***Smokefree in a Box*** toolkit originally developed by the *Global Smokefree Partnership*.[*] The toolkit guides organizations through planning for and enforcing smoke-free policies and provides various instruments that can assist organizations to implement such a change. To bring the toolkit closer to the Jordanian context, KHCF/KHCC adapted it through documenting local cases of public and private institutions going smoke-free. The case studies highlighted motives, challenges, and successes in an effort to help other institutions benefit from these experiences.

In 2011, KHCF/KHCC lobbied successfully for the inclusion of smoke-free components under the **King Abdullah Award for Institutional Excellence** (KAA). Established by a Royal Decree, KAA is the most prestigious award for institutional excellence in Jordan, and seeks to build a sense of commitment towards a culture of excellence among employers of the public and private sectors in Jordan. Building on the proven system for training and assessment that had been employed by KAA for almost a decade, KHCF/KHCC partnered with KAA management to include requirements for smoke-free workplaces within the leadership criteria starting its 2012/2013 cycle. Since then, KAA has succeeded in highlighting smoke-free policies as an attractive and achievable organizational improvement capable of putting an institution ahead of its competition.

The success of these efforts prompted KHCF/KHCC in 2013 to create the *Smoke-free Zone Certification Program* aiming to recognize local organizations that voluntarily pursue and enforce smoke-free environments. In addition the program aims to enlist these organizations as advocates for better enforcement of smoke-free laws and educators of the public about the importance of protection from exposure to secondhand smoke. Under this program, organizations apply for smoke-free certification and are physically inspected for compliance. In 2014, the Program certified 30 institutions out of 40 applicants. In 2015, the number of applicants grew to 144 and that of certified institutions grew to 88. In its 2016 round, the program received 234 applications and 126 institutions were certified.

[*] The toolkit is available in English, Chinese, French, Portuguese, Spanish, Russian, and Arabic, and may be downloaded by visiting http://www.cancer.org/smokefreeworksites/smoke-free-tools-gswc. Please see page 61 of this document under supporting tools for more information about the value and use of the toolkit.

KEY STEPS IN THE PROCESS: TIMELINE

	Preparation phase	Approximate timing (Months)								
		1	2	3	4	5	6	7	8	9
PREPARING FOR THE PROGRAM										
Understand the status quo: assess the situation in the country as it pertains to protection from exposure to tobacco smoke, factors that may influence program design, and motives for institutions										
Define certification criteria: develop criteria in a manner that is capable of achieving the goals of smoke-free environments and maximizes the appeal of the program.										
Select compliance measures: taking into consideration limitations that may face compliance monitoring, select measures that are indicative of actual smoke-free policy implementation and enforcement.										

	Preparation phase	Approximate timing (Months)								
		1	2	3	4	5	6	7	8	9
CERTIFICATION PROCESS										
Open the round: officially announce the certification round										
Promote the program: maintain continuous mention and promotion of the program through various media										
Receive applications from interested institutions										
Screen applications: prequalify institutions based on information provided in the application										
Prepare for observation visits: schedule spot check visits and train observers										
Observe compliance: conduct spot check visits and finalize decision on certification										
Acknowledge achievement: hold certification ceremony and publicize results										

PREPARING FOR THE PROGRAM

Understanding the status quo

Initiating the program should build on a comprehensive understanding of the situation in the country as it pertains to protection from exposure to tobacco smoke. Guidelines for Article 8 of the Framework Convention on Tobacco Control (FCTC)[5] may inform such an assessment. At a minimum, countries should look to answer the following questions:

1. Is there a law mandating indoor public places to be smoke-free?
2. How does the law define indoor public places (i.e. is any space that is enclosed (or partially enclosed) covered within the scope of the law; are vehicles within the scope of the law; are there any exemptions stated within the law)?
3. Does the law require total elimination of tobacco smoke in indoor public places (i.e. does it mandate 100% smoke-free environments or allow for designated smoking areas)?
4. Does the law clearly assign the responsibility for monitoring of enforcement? What barriers hinder such enforcement?
5. Are the penalties set by the law capable of deterring breaches? Are these penalties effectively enforced?
6. What role, if any, does the civil society play in advancing compliance with the law?

In parallel, there is a need to understand other factors that may advance or hinder the program. For example, there is a need to consider prevalence of exposure to tobacco smoke and public support of smoke-free environments. Better public support allows for enforcing stricter measures (e.g. demanding semi-enclosed spaces to be smoke-free). Another factor to consider is the form of smoke-free policy that institutions voluntarily elect to enforce in the absence of law enforcement; that is the way institutions define the scope of the policy. For the program to gain traction among institutions it should align certification criteria with the scope of policy that institutions enforce, while continuing to be in line with principles of protection from exposure to secondhand smoke.

Finally, the program should also build on an understanding of what motivates institutions to apply for certification. Generally, institutions that seek excellence and accordingly enforce protection from exposure to tobacco smoke are interested in being recognized for taking such measures. Additional factors are more dependent on the culture in the country, including the attractiveness of associating the program with a leading institution or a well-known public figure.

Jordan's experience

The Status Quo of Tobacco Control in Jordan Report (2013)[6] provides a summary of the levels of exposure among Jordanians, an understanding of the gaps in Jordanian legislation and its enforcement as it pertains to protection from exposure to tobacco smoke, and an understanding of the support from individuals for smoking bans in various locations.

Despite ratifying the FCTC, Jordan lags with respect to protecting individuals from exposure to tobacco smoke, and Jordanians continue to be exposed. Results from 2011

indicate that 44% of adult Jordanians are exposed to tobacco smoke at home, 30% are exposed at the workplace, and 83% are exposed during social occasions and events. As for adolescents, 54% are exposed at home and 51% are exposed in public places. In general, 61% of Jordanian households have at least one smoker, and in 94% of these households individuals smoke inside the house.

Such exposure may be attributed to the weak enforcement of the smoking ban stipulated by the Public Health Law 47/2008, and to the affordability of penalties if at all enforced. In addition, licensing of hospitality venues derives from commercial considerations and is not solely in the hand of the Ministry of Health. Accordingly, serving waterpipe is a common denominator and a main source of profit for most of the cafes and restaurants in Jordan, thus crippling enforcement of smoke-free policies in these venues.

However, the past few years have witnessed growing interest and demand from the civil society and the public for enforcement of smoke-free laws and smoking bans. Support is high for banning smoking in healthcare facilities and schools (above 90%); is moderate for public transport, public buildings, universities, and shopping malls (more than 75%); and is lower for restaurants (66%) and cafes (39%).*

The appeal of the program primarily builds on the applicants' belief in the importance of providing a safe and healthy environment to their employees, patrons, and beneficiaries; and the willingness of the institution to highlight their practice as an important and achievable institutional improvement. The appeal of the program further derives from the pivotal role that KHCF/KHCC play in national tobacco control. The association of the certificate with the name of KHCF/KHCC, an organization that is well respected by Jordanians in general, adds to the motivation. The honor that institutions receive through being awarded their certificates by HRH Princess Ghida Talal - Chairperson of the Board of Trustees of KHCF/KHCC and HRH Princess Dina Mired - Director General of KHCF has been reported as an additional incentive to pursue certification. Finally, the appeal further benefits from the media exposure that certified institutions receive through being featured in local media and being continuously promoted through advocates via social media platforms.

HRH Princess Ghida Talal handing the certificate to one of the institutions

* While restaurants in Jordan are expected to offer a variety of options for meals, cafes are considered more as a venue that offers serves beverages with options for snacks or light meals.

Defining certification criteria

Building on the understanding of the situation and barriers, certification criteria should be developed in a manner that is capable of achieving the goals of enforcing smoke-free environments, while maximizing the appeal of the program to institutions. Through establishing these criteria, the program should seek to protect non-smokers from exposure to tobacco smoke, protect smokers from concentrated exposure and stimulate quit attempts among them, and where possible de-normalize tobacco use.

The rationale for a 100% smoke-free policy

Requiring a 100% smoke-free policy builds on scientific recommendations including the Guidelines for Article 8 of the WHO FCTC[5] and the Position Document on Environmental Tobacco Smoke[7]. The documents conclude that among the various strategies used to reduce exposure to tobacco smoke including separation of smokers from nonsmokers; ventilation, air cleaning and filtration; and 100% smoking bans, only the latter qualifies as an effective control method[5,7]. The documents further assert that no cognizant authority to date has been able to identify an acceptable level of exposure to tobacco smoke, and that there is no expectation that further research will identify such a level.

In the case of schools, the smoke-free policy should extend to all premises both indoor and outdoor. This builds on the findings of the *Surgeon General report on Preventing Tobacco Use among Youth and Young Adults*[8] highlighting the integral role that on-campus rules play in a comprehensive approach seeking to address tobacco use among the youth. The report concludes that school-based tobacco use prevention programs are effective in reducing smoking prevalence, onset, and intentions to smoke –at least in the short term– but only if they incorporate smoking bans to support educational and skill-teaching components. By virtue of their target audience, other institutions that cater only to children (e.g. children's museums, fun centers) should employ the same reasoning in defining their smoke-free policies.

The rationale for defining the scope of the policy

Jurisdictions define the scope of smoke-free environments differently[5]. For example, variations show in the wording used to define a public place, whether or not semi-enclosed spaces are included, and whether transport vehicles are included. However, the Guidelines for Article 8 of the WHO FCTC[5] require that protection be provided in all indoor or enclosed workplaces, including motor vehicles that are used as places of work. The Guidelines further require protection in outdoor and quasi-outdoor public places, building on evidence of health hazards.

Jordan's experience

To qualify for certification under the KHCF/KHCC Smoke-free Zone Program, an institution should meet two criteria. The first is enforcing a 100% smoke-free policy within all indoor premises (including vehicles), meaning that designated smoking areas are not allowed as part of the built environment of the institution. The ban applies only to fully-enclosed indoor premises meaning that patios, parking lots, rooftops, and yards do not fall within the scope of the ban. Vehicles owned by the institution are treated as fully-enclosed indoor premises. This selection aimed to maximize clarity especially during conducting spot-checks and during communication with candidate institutions. While this

definition may not be in complete harmony with WHO's recommendations, it takes into consideration the actual situation in Jordan where most institutions enforcing a smoking ban do not extend the ban to semi-enclosed spaces nor do they restrict smoking near windows and entrances.

In the case of schools and other institutions catering only to children, and in line with the Surgeon General guidelines summarized above, the criteria require that the smoke-free policy extends to cover all premises, both indoor and outdoor.

The second criterion that should be met in KHFC/KHCC's certification program is that the smoke-free policy should be in effect for a minimum of nine months on the day of certification. An exception is made for institutions that implement a smoke-free policy from the date of inception or commencement of operations. This selection aimed to minimize potential post-certification setbacks while taking the situation in Jordan into consideration. The first round of the program was announced ten months ahead of the actual certification. Requiring that every institution be smoke-free for more than nine months would have deprived those deciding to go smoke-free in response to the program from the opportunity of getting certified during the first round. Choosing a duration that is shorter than nine months would have negatively affected the certainty about the longevity and sustainability of the ban.

The entrance of one of the certified schools in Jordan, indicating a smoke-free environment

Selecting compliance measures

Fundamentals of assessing compliance with smoke-free policies

Developing the compliance assessment process may build on the work of esteemed organizations including the *Campaign for Tobacco Free Kids*, *Bloomberg School of Public Health*, the *Centers for Disease Control and Prevention*, and the *Union*[9,10,11,12,13,14]. While the work of these institutions may be geared more towards assessing compliance with smoke-free *laws*, they provide invaluable insight into assessing *voluntary* smoke-free *policies*.

Measures of compliance [9,10,11,13]

The simplest and most easily obtained measure of a smoke-free policy is self-reporting of the existence of the policy. However, since the primary goal of a smoke-free policy is protecting individuals from exposure, simple reporting of its existence may not directly correlate with actual protection. Accordingly, measures of actual compliance should be incorporated in the process. These include self-reporting of compliance, beneficiaries' (e.g. employees') reporting of exposure to tobacco smoke, and direct observation of compliance by external parties. The latter is the most reliable method.

Accuracy of compliance observation [9,12,10]

Several provisions enhance the accuracy of observing compliance. First, observation should be conducted at times that are representative of typical activity of the institution (e.g. a weekday during the academic year for schools). Second, to ensure high-quality data collection, observation should follow standard predesigned compliance-check tools and procedures that match the provisions of the law (or the adopted criteria). These tools may vary considerably based on the various types of institutions (e.g. schools, businesses, restaurants, etc.) and should be designed accordingly. Third, observers need to be fully trained on the goals of the program, the aims of the observation visit, and the tools and procedures.

Observation visits [15]

While unannounced covert observation visits are the most effective, they may be difficult to achieve for three reasons. The first is the restrictions on access to the location or parts of it, especially when observers are not announcing an affiliation with an accreditation body. The second is the need to conduct the visit in complete disguise, which entails substantial investment in training and huge efforts from observers if they are not permitted to carry an observation form and record notes on the spot. The third is that observers may draw attention while conducting their inspection and potentially put themselves in peculiar or unsafe situations.

Jordan's experience

Building on these fundamentals, the program developed by KHCF/KHCC utilizes unannounced site assessment visits to confirm compliance. While applicants are requested to report on the level of enforcement of the policy at their institutions, the final decision is based on the results of the on-site assessment.

Various measures are adopted to enhance accuracy of compliance observations. First, to ensure that observations during visits are representative of the actual situation at the institution, the **APPLICATION FORM (Appendix A)** requests an institution to report its

working hours and days off. This is later utilized in scheduling assessment visits to ensure they are conducted during the regular working hours of an institution. Second, the **SPOT CHECK VISIT TEMPLATES (Appendix F)** were designed in a manner that standardizes and facilitates compliance observation, and that provides prompts to remind the observer of the inspection procedure. Since the actual layout of an institution is governed by the form of activity it conducts, four variations of the template are available. The templates rely mostly on closed-ended (yes/no, count, etc.) questions that are clear, specific, and concise. Since each location is visited only once and for a short duration of time, the templates facilitate collecting direct observations of incompliance (the act of smoking) as well as indirect indicators such as the presence of ashtrays, cigarette butts, and the smell of smoke. To ensure collecting all of their impressions, observers are encouraged to enter additional comments within the template and are requested to state their opinion on whether a location is smoke-free.

To further enhance the accuracy of observation, observers are properly trained prior to engaging in assessment visits and are encouraged to reflect on what they have learned after conducting the first visit. In an attempt to build expertise and add to the quality of observations, the observers are encouraged to continue to work with the program over several rounds. Finally, observers report frequently to program coordinators who check the accuracy and completeness of data forms and provide feedback to observers on the quality of their work.

While visits are not covert, certain measures are in place to reap the benefits of covert visits while addressing concerns associated with their covertness. Accordingly, KHCF/KHCC's program relies on conducting observation visits that are announced by the observer only upon arrival at the institution. To ensure maximum collaboration from institutions, they are requested at the time of submitting their application to commit to collaborating with the observers as they arrive unannounced. To further facilitate their task, observers are provided with letters testifying to their affiliation with KHCF/KHCC, describing their role in the program, and requesting the institution's full collaboration. Upon arrival at an institution, an observer presents the letter as a form of identification but does not leave it with the organization.

Securing manpower

Program committee

The process should engage a committee of practitioners to oversee certification program execution. Committee members should be experienced tobacco control practitioners with knowledge and experience in strategies to protect people from exposure to tobacco smoke. Preferably the committee members should be engaged in developing the certification criteria and the tools and procedures. Otherwise, committee members should receive full training on all components of the program. At a minimum the committee should consist of three members to enhance the quality of decisions.

At a minimum, committee members are responsible for the following:

- Overall management and oversight of the program including scheduling of program components, continuous promotion, and data management.
- Conducting screening of applications and assessment of spot check results.
- Training observers responsible for conducting spot check visits.
- Managing program communications, including responding to questions and inquiries from applicants, observers, and any other stakeholders.

Compliance observation team

Given the seasonality of their role, hiring compliance observers may not be a feasible option. Alternatively, collaborating with civil society organizations to gain access to their network of members (volunteers) may be a more realistic option. In addition to securing the needed workforce, this strategy strengthens the contribution and buy-in of civil society organizations in tobacco control.

The specific number of volunteers is dependent on the number of applications per round. Volunteer recruitment should take into consideration geographical coverage of the various areas of the country to ensure ease of access to the various locations with minimal travel time. The criteria for recruiting volunteers include: having access to email and a cell phone to ensure smooth communication; having access to a car or willingness to use various forms of public transportation to reach candidate institutions; commitment to attending formal training prior to engaging in spot checks; and commitment to providing completed spot check forms on the same day of conducting the visit.

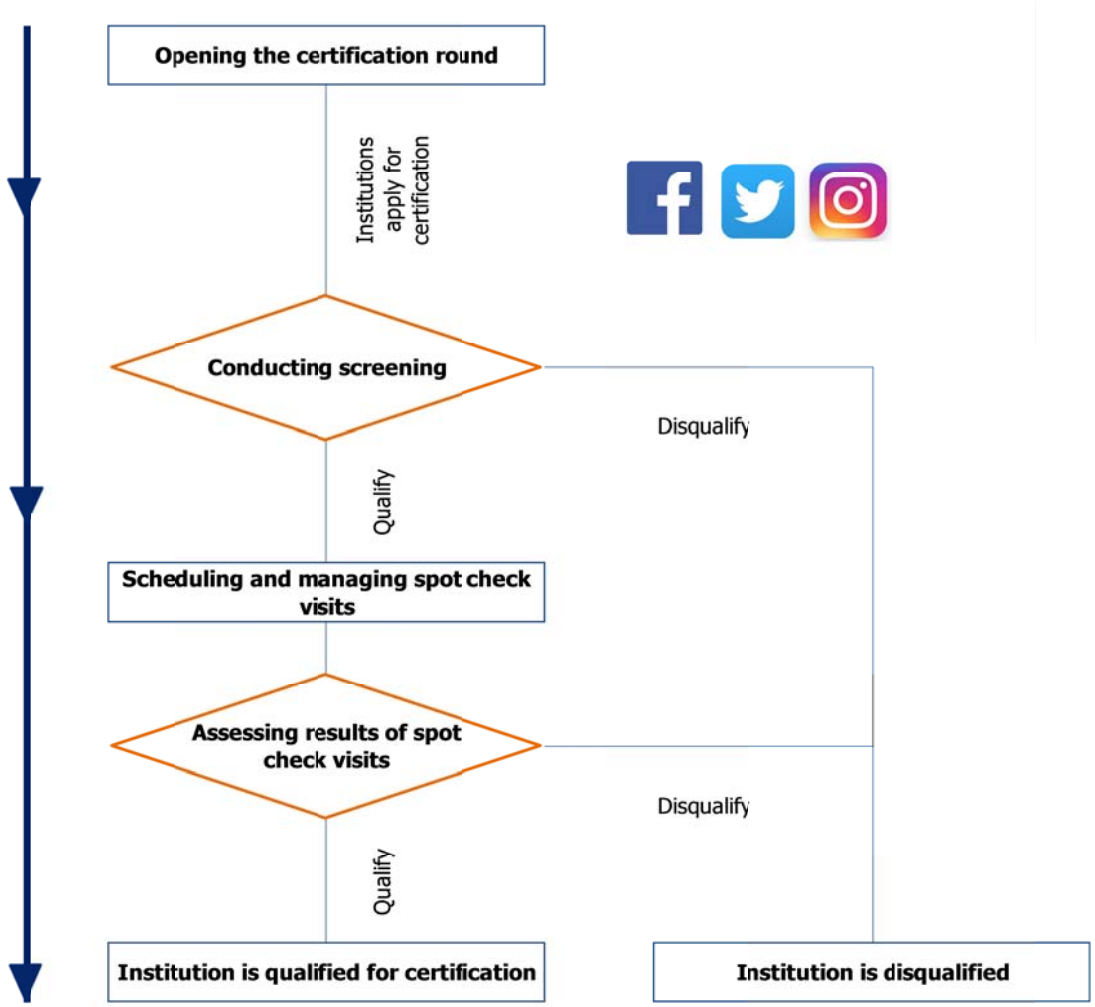
Jordan's experience

For the program run by KHCF/KHCC the committee consists of three members from the Cancer Control Office who have extensive expertise in tobacco control. The committee members were originally responsible for developing the criteria and workflow for the program. Members of the *International Federation of Medical Students Association (IFMSA) – Jordan's Chapter*[*] are engaged as volunteers to conduct observation through spot check visits.

[*] For more details about IFMSA, please visit https://www.facebook.com/ifmsajo or http://ifmsa.org

THE CERTIFICATION PROCESS

The certification process at a glance



Opening the certification round: announcing and publicizing the program

A certification program should be officially launched and continuously promoted for maximum recruitment of applicants. Program administrators may use various outlets including traditional media, social media platforms, and word of mouth. Communication should clearly state the certification criteria, the timeframe for the program, how to apply for certification, and contact details for the program committee in case of any inquiry. Communication should also provide a motive for institutions to apply to the program. This may be achieved through promoting the benefits of receiving certification. Communication may also refer institutions to tools that would assist them in enforcing smoke-free environments such as the ***Smokefree in a Box*** toolkit that is available in seven languages.

Jordan's experience

To initiate the round of certification, an ad is placed in local newspapers. With a short introduction regarding the value of going smoke-free, the ad lists the criteria for certification (100% smoke-free for a minimum of nine months by the day of certification, and the extended scope for schools), provides a web link to the online application form, and provides details on the date for closing the application period and the date for the certification event. The ad further highlights the certification ceremony and that it is held under the patronage of HRH Princess Ghida Talal.

Placed only once, the ad aims to officially open the round and is not considered the main method for publicizing the program. Instead, social media messages, email shots, word of mouth, and active recruitment are utilized. Throughout the application period, carefully designed messages are posted on Facebook, Twitter, and Instagram periodically. To maximize value and appeal, the messages are designed collaboratively by tobacco control professionals and experienced media staff. In terms of content, the messages alternate between recognizing previously certified institutions, highlighting the benefits of going smoke-free, providing tips for going smoke-free, and sharing creative methods and tools utilized by certified institutions. Messages utilize both text and images as best fits the specific content. They all close with a call for action, directing institutions to visit the KHCF/KHCC's website and apply for certification.

A sample of the messages publicized through social media

Ad announcing Smoke-free Zone Certification round

Social media message: reminder of deadline to apply

Social media message: a quote from one of the previously certified organizations

Social media message: counts of certified organizations of previous round

In addition, the program benefits from the network of contacts built over the years including media reps, civil society activists and organizations, healthcare professionals, educational institutions, and private sector institutions. Through email communication, contacts are urged to spread the word and encourage any smoke-free institution they know of to apply for certification. Moreover, and throughout the application period, all awareness and outreach activities that KHCC conducts as part of its day-to-day business conclude by introducing the program and urging institutions and individuals to apply and spread the word. Finally, upon hearing of a smoke-free institution, the program committee directly contacts the management of that institution, urging them to apply for the certificate.

Finally, and in an effort to entice schools to go smoke-free and apply for certification, KHCF/KHCC collaborates with the Ministry of Education to empower liaison officers from the various governorates to serve as ambassadors of the program. The liaison officers attend capacity building workshops that discuss the harms of smoking, the value of going smoke-free, and the criteria and policies of the Smoke-free Zone Certification Program. Following the workshops, the liaison officers work with schools to help them enforce their smoke-free policies and apply for certification.

Completing the application form: expressing interest in certification

Institutions interested in receiving the certification should be provided with a reliable mechanism to express interest. The most straightforward method is through completing an application form. The application form should, at a minimum, collect the following information: name, address, and other contact details of the institution; the size of the institution, the nature of activity it undertakes, and the official working hours; name and contact details of a liaison officer; date on which the institution went smoke-free; and self-reported level of compliance with the smoke-free policy. The application form can be made available and submitted through several media including paper applications and online electronic applications.

Jordan's experience

Upon accessing the web link provided in announcements of the program, applicants are prompted to fill the **APPLICATION FORM (Appendix A)** online. Once the application is completed and submitted, the applicant is prompted with a confirmation page that commits the institution to fully collaborate with observers conducting the spot check visits as they arrive unannounced at the institution. The application page also serves to link applicants to the ***Smokefree in a Box*** toolkit which may help them in completing the application form as well as in strengthening the smoke-free policy that their institution is implementing.

In addition to collecting core qualification and identification data (items 1-16, 19-22, and 33 of the **APPLICATION FORM (Appendix A)**, the application process also aims to serve as an educational and awareness tool. The sequence of non-core items in the **APPLICATION FORM (Appendix A)** (items 17, 18, and 23-32) is presented in a manner that helps an institution tell a story of announcing, launching, and enforcing a smoke-free policy. These fields request information pertinent to motivation to go smoke-free, physical changes implemented in the institution in line with going smoke-free, communicating with staff and beneficiaries, training of staff on enforcing the policy, monitoring compliance, and lessons learnt. While these fields are not directly assessed to confirm the status of the institution, filling them prompts the applicants to explore the various components and requirements for smooth and sustainable enforcement of a smoke-free policy, and could potentially help them recognize ways to enhance compliance at their institutions.

The **APPLICATION FORM (Appendix A)** also aims to enlist applicants as advocates for protection from tobacco smoke. The last field (item 34) seeks commitment from the institution to work –within its power and jurisdiction– on spreading a smoke-free culture and prompts the applicant to elaborate with ideas. While it is totally optional, applicants respond positively and at times share creative ideas that the program team builds and follows on.

Screening: prequalifying institutions based on self-reports

While the final decision on certifying an institution is based on the results of the on-site assessment, self-reports of scope, duration, and level of enforcement may be utilized to pre-qualify institutions. This may be done through screening application forms and would help cut down on the number of spot check visits to be performed as well as highlight any peculiarities to be addressed during those visits. Structured application forms assist with simplifying the screening process and minimize error. Involving more than one of the committee members in conducting parallel independent screenings also serves to enhance objectivity.

Jordan's experience

KHCF/KHCC's program employs two independent screenings of every application. For the first screening, a committee member extracts institution-specific information from the **APPLICATION FORM (Appendix A)** into the **INSTITUTION ASSESSMENT FORM (Appendix B)**. In addition to conducting a general quality check of the data provided, the committee member conducts an assessment of items labeled as 'screening' to confirm the following:

- Classification of institution (item 11): that the applicant correctly identified the class to which the institution belongs
- Scope of policy (items 20-22): that the scope of the smoke-free policy is in line with the criteria set for that class of institutions; which are that all enclosed spaces and all vehicles are covered by the smoke-free policy, and in the case of schools and other institutions that cater only to children that all premises including outdoor areas are covered by the policy
- Enforcement date (item 19): that the actual date for enforcing the smoke-free policy was on or before the preset date for that round
- Level of compliance (item 33): that the institution reports compliance with the policy at 85% or higher

For institutions passing the first screening, the committee member verifies identification data (items 1-10, details for schools under item 11, and items 12-16), and if necessary calls the liaison officer at the institution to collect missing information or clarify unclear entries. The committee member enters new data collected over the phone in the **INSTITUTION ASSESSMENT FORM (Appendix B)**, records the date of the call and the name of the person providing the information in the **ASSESSMENT LOG (Appendix C)**, and follows up with an email to the liaison officer summarizing the phone discussion and the data collected. The committee member then enters his/her decision in the **ASSESSMENT LOG (Appendix C)** as *qualify* or *disqualify*, logs reason(s) for disqualification for disqualified institutions, and logs special concerns to be addressed during the spot check visit –if warranted– for qualified institutions.

To ensure maximum precision, another committee member conducts an independent second screening of all institutions in the same manner (but does not address verification of identification data since that is already completed). The committee member then enters his/her decision in the **ASSESSMENT LOG (Appendix C)** as *qualify* or *disqualify,* logs reason(s) for disqualification for disqualified institutions, and logs special concerns to be addressed during the spot check visit –if warranted– for qualified institutions. If the decision of the second screening does not conform to that of the first screening, the

committee meets to discuss the specific application and reach a consensus on status. For disqualified institutions, the *Updated Status* field in the **ASSESSMENT LOG (Appendix C)** is then changed to *disqualified upon screening.* For qualified institutions, this field is changed to *schedule for spot check.*

The second screener also looks through the other information provided in the **APPLICATION FORM (Appendix A)** (items 23-32, and 34) in search for ideas to share through social media platforms and ideas to engage institutions in advocacy. Worthwhile ideas are logged in the **ASSESSMENT LOG (Appendix C)**.

Conducting spot check visits: observing compliance for a final decision

Scheduling and managing visits

The program should have a clear mechanism for assigning visits to observers. This mechanism should be scalable and useable with any number of visits. The mechanism should also allow for assigning locations to observers based on the latter's availability and geographical location. A program may benefit from available technology to facilitate the process of assignment.

There is also a need for comprehensive structured training for observers. However, training dissemination methods should take into consideration geographical dispersion and scalability to any number of trainees. At a minimum, the training should cover the following aspects: what observers have to say or do when entering a location, facilities within a location to be visited, specific safety measures to follow, what data to collect, and how to report collected data. The training should also emphasize the importance of inspecting smoking areas only after fully inspecting non-smoking areas. This specifically aims to ensure that a volunteer's sense of smell is not impaired by visiting the smoking areas first. Finally, the training should clarify methods to contact committee members in case of any inquiries or concerns before, during, or after the visit.

The program should also consider standardizing data-reporting mechanisms. This may be mostly achieved through providing templates to observers. The program may also allow for documentation of the situation not only through written forms of data collection templates, but also through requesting pictures.

Finally, the program should incorporate a clear mechanism for managing visits, ensuring receipt of results of completed visits, ensuring corrective action is taken where needed, and rescheduling visits if necessary.

Jordan's experience

Benefiting from capabilities in MS Excel software, the **ASSESSMENT LOG (Appendix C)** is filtered for the subset of institutions that qualify for a spot check to extract the **SPOT CHECK SCHEDULING FORM (Appendix D)**. While the **ASSESSMENT LOG (Appendix C)** continues to maintain data on both qualified and disqualified institutions, the **SPOT CHECK SCHEDULING FORM (Appendix D)** highlights the name, contact details, and working hours of institutions qualifying for spot check visits. The **SPOT CHECK SCHEDULING FORM (Appendix D)** is then manually expanded to list several branches for institutions with multiple locations. For institutions with five locations or less, all locations are scheduled for a spot check visit. For institutions with more than five locations, a random sample of no less than five locations is selected and scheduled for spot check visits.

The **SPOT CHECK SCHEDULING FORM (Appendix D)** is then shared by IFMSA's liaison officer with all IFMSA members through Google Drive. The members interested in volunteering to conduct spot check visits are instructed to consult the **SPOT CHECK SCHEDULING FORM (Appendix D)** and indicate which institutions they are willing to cover and the date on which they will be conducting each visit, based on the locations and working hours of the institutions. Real-time collaboration capabilities of Google Drive are

utilized to ensure a smooth process. The completed **SPOT CHECK SCHEDULING FORM (Appendix D)** is then sent back to the committee.

In collaboration with the IFMSA liaison officer, the committee arranges and conducts a workshop to train volunteers on conducting and reporting on spot check visits. Volunteers not able to attend are trained over the phone. Select volunteers attending the workshop are commissioned with training others over the phone, but only after conducting a minimum of one visit themselves. Committee members also engage in training volunteers over the phone. Training both in person and over the phone follows the guidelines detailed in the **SPOT CHECK TRAINING GUIDE (Appendix E)**. During the training, electronic copies of the **SPOT CHECK VISIT TEMPLATES (Appendix F)** are shared with volunteers. These are used during the training, and later as volunteers conduct visits. After completing the training, the volunteers are provided with official letters detailing their affiliation with the program and requesting the institutions to grant them access to complete their missions. These letters aim to facilitate their task as they arrive at institutions unannounced.

Volunteers arrive unannounced at their assigned locations. Upon arriving at each institution, volunteers introduce themselves, declare and introduce the purpose of the visit, and request the accompaniment of the liaison officer or another employee of the institution throughout the visit. The volunteer starts by estimating the size of the location (through inquiring about and recording the number of classrooms, rooms, or tables) and getting a feel of the layout. The volunteer then requests to be introduced to the head of the institution. This serves two purposes: ensuring top management is aware of the visit and gaining access to the executive/administrative suite to inspect compliance with the smoke-free policy.

The volunteer then proceeds to inspect the smoke-free facilities of the location (as detailed in the pertinent spot check template) and records any observations. At times, the volunteer intercepts employees and casually enquires about their smoking status and areas where they do actually smoke on premises. The volunteer records the overall impression of responses in the designated field in the **SPOT CHECK VISIT TEMPLATES (Appendix F)**. The volunteer also inspects open trash bins looking for cigarette butts, and takes pictures of any found. Once all smoke-free facilities are inspected, the volunteer proceeds to inspect smoking areas, and records descriptive information of the location, structure, and ventilation of the smoking areas.

Throughout, and with permission from the accompanying employee, the volunteer takes pictures of breaches and of good practices. In the case of cafes and restaurants, the volunteer inspects the menu, signage, and other printed materials to ensure no advertising or promotion of tobacco products is present.

A picture of one of the breaches observed during the spot check visits

Finally, the volunteer concludes by thanking the accompanying employee and recording the time of completing the visit. Upon completing the visit, the

volunteer records own impressions of the smoke-free status of the institution and any other notes, and forwards the completed electronic form along with pertinent pictures to the committee member overseeing the spot checks.

The committee member in charge of coordinating and managing spot check visits maintains and monitors completion of the scheduled visits as per dates entered in the **SPOT CHECK SCHEDULING FORM (Appendix D)**. On a daily basis, the committee member checks for emails from volunteers with completed **SPOT CHECK VISIT TEMPLATES (Appendix F)**. The committee member verifies the forms for completion, contacts the volunteers in case any clarifications are needed, and saves electronic copies of completed forms along with accompanying pictures. The committee member also follows up with pertinent volunteers on any due spot check visits that have not been completed to reschedule or reassign to other volunteers if needed.

Assessing results and arriving at a final decision

The assessment of data collected through spot check visits should be the main input to the final decision on certifying an institution. Accordingly, such an assessment should be in line with preset guidelines for disqualifying locations. To enhance objectivity, it is best to conduct multiple parallel independent assessments of data collected during the spot check visits.

Disqualification guidelines should at a minimum deal with the following: active smoking, indirect indicators of incompliance, characteristics of designated smoking areas that might undermine protection from exposure to secondhand smoke in indoor places (e.g. opening to smoke-free premises), failure to grant access to observers, and other administrative concerns.

Upon arriving at a final decision on the status of the institution, the program should have a clear mechanism for communicating results to applicants.

Jordan's experience

Committee members individually assess completed **SPOT CHECK VISIT TEMPLATES (Appendix F)** then meet to discuss and arrive at a final decision. For institutions with more than one location, the disqualification of any of the locations entails disqualifying the whole institution.

An institution may be disqualified based on proof of smoking within the smoke-free premises. Specifically, an institution is disqualified if any of the following breaches is observed on the smoke-free premises:

- An incident of active smoking
- The presence of cigarette butts
- The presence of discernible smell of tobacco smoke

In addition, an institution may also be disqualified if the dedicated smoking area(s) undermine protection from exposure to secondhand smoke. Specifically, an institution is disqualified if any of the following is observed:

- The dedicated smoking area is fully enclosed by a ceiling and four walls
- The smoking area serves other purposes in addition to being the dedicated smoking space (e.g. serves as a cafeteria, security staff shelter, store, …)
- The ventilation system is shared between smoke-free premises and the dedicated smoking area(s)

The dedicated smoking area of one of the certified institutions

Finally, an institution may be disqualified based on any of the following:

- The institution fails to grant the volunteers access to some of the premises, rendering the visit insufficient to confirm status
- The institution serves waterpipe or allows its use (in the case of cafes and restaurants)
- The institution advertises for or promotes (directly or indirectly) any tobacco products
- Employees indicate that smoking is allowed within the indoor premises of the institution (as a response to randomly inquiring during the spot check visit)

Accordingly, the status of institutions is updated in the **ASSESSMENT LOG (Appendix C)** as *qualified or disqualified*. For disqualified institutions, the reason(s) for disqualification are detailed. The Final Status field is also updated as *qualified* or *disqualified upon spot check*.

Customized letters are prepared and shared with individual institutions to inform them of the status of their application. Qualified institutions are congratulated on their achievement and invited to attend the certification ceremony. Every institution is further requested to sign a pledge indicating commitment to continue to enforce the smoke-free policy on their premises and contribute –within their capacity– to spreading a smoke-free culture in Jordan. The pledge also highlights that in the case of any breach which the institution does not attempt to rectify, KHCF/KHCC has the right to withdraw the certificate.

Letters to disqualified institutions commend their efforts to enforce a smoke-free policy, detail the reasons for disqualification, and urge them to take corrective action and reapply in the following round. They are further directed to consult the ***Smokefree in a Box*** toolkit or seek assistance from the program team to help rectify gaps.

LESSONS LEARNT FROM THE EXPERIENCE IN JORDAN

Advocacy

Throughout the certification process, the program avails content that tobacco control advocates can utilize to raise awareness of the value and importance of smoke-free policies, and the legal and ethical obligation to enforce and comply with such policies. A single round of the certification program engages social media platforms, receives coverage through traditional media, and employs email communication. These media reach various audiences including suppliers and contractors of previously certified organizations, and individuals following advocates or media people. Each of these media opens a window of opportunity to communicate the message, potentially diversifying reach to a wide range of audiences.

In addition, engaging liaison officers from the Ministry of Education addresses an important sector that is significantly lagging in enforcing smoke-free policies: schools. These liaison officers are recruited based on their influence and authority within their geographic areas. They advocate enforcement of smoke-free policies at schools, support staff who would like to make their schools smoke-free but who may not be receiving ample support from their direct management, and in general provide technical support to any school making the transition. With schools being a core influencer in their local communities, these efforts potentially reach a wider audience and may help plant the seed for stronger support of smoke-free policies.

The spot check visits serve to strengthen the advocacy capacity of the volunteers conducting them. Through their first-hand experience with inspecting compliance, the volunteers develop ownership of the program, turning them with time into recruiters for the program and zealous advocates of protection from exposure to tobacco smoke.

Traditional media also play a role in promoting smoke-free policy enforcement. Media representatives attend the certification ceremony and provide coverage through the various forms of traditional media. In addition, certified institutions issue press releases announcing their status as certified institutions. Such high intensity of media coverage and mentions at the time of certification expose the public to multiple messages highlighting the value and need for smoke-free policies, potentially strengthening buy-in and compliance.

Continuous improvement

The process and tools as shared in this Guide evolved over the lifespan of the program. This section summarizes the lessons learnt and the improvements introduced to the program based on such learning.

- For the first round of the program (2014) the application form was in MS Word format and was submitted via email. Given the limited number of institutions applying in that round, managing these applications was feasible. However, to ensure accuracy and efficiency in the following rounds, the application process was transformed to utilize an online application in conjunction with a confirmation of receipt message. The current process benefits from this improvement by compiling all applicant data in MS Excel format that can be easily manipulated to generate

further program documentation including the **INSTITUTION ASSESSMENT FORM (Appendix B)** and the **ASSESSMENT LOG (Appendix C)**.

- For the first round of the program (2014) all applicants were located within the capital, Amman. Accordingly, all volunteers were residents of the capital and were trained directly through the committee members in a live session. However, starting with the 2015 round, the number and geographical diversity of the applying institutions called for recruiting a larger number of volunteers coming from the various governorates of Jordan. This made attending live training sessions infeasible in some cases. Thus, the methodology evolved to rely on phone training and to engage volunteers themselves as trainers.
- During the 2014 round, spot check visits employed a generic simple template and did not benefit from taking photos, making it necessary at times for committee members to contact volunteers to discuss their visits and observations in some detail. Starting the 2015 round, spot check visit templates were customized for the type of institution and were markedly improved. This included detailing facilities of the institution and adding a distinct section on designated smoking areas. In addition, volunteers were requested to take pictures where possible to help with documenting the status of the institution. Thus, committee members spent noticeably less time in subsequent years contacting volunteers for clarification of their observations.
- For the 2014 round, volunteers did not receive any compensation for conducting spot check visits. However, with the increasing number and the growing geographic reach of applying institutions, it became necessary that volunteers get reimbursed for transportation costs. Starting with the 2015 round, volunteers received the equivalent of USD 15 for each visit they conducted.

Volunteers who took part in conducting spot check visits for the 2015 round

- In the 2015 round, one café was found to promote tobacco-product- shaped cakes through its website for customized orders. Based on this promotion, the café was disqualified and contacted to immediately rectify the issue. Starting the 2016 round, websites and social media pages of all applying institutions were examined to verify that no tobacco promotion is present.

In addition, and building on continuous learning, the following improvements were being considered by KHCF/KHCC for incorporation into the program:

- The current certification criteria do not extend to open premises, semi-enclosed premises, or entrances of the institutions (with the exception of schools and other institutions catering only to children). In future rounds, KHCF/KHCC is considering expanding the scope of smoke-free criteria to ensure that smoking is banned within a certain distance of entrances and windows, and in semi-enclosed premises such as balconies and porches.
- In their application forms, some institutions reported availing help to smokers to quit smoking in parallel to enforcing smoke-free policies. Building on such interest, KHCF/KHCC is considering incorporating some cessation component into the program to be availed to certified institutions.
- To further grow the reach of the program, KHCF/KHCC is considering incorporating some form of 'mentorship' through which certified institutions can work with other institutions to assist the latter in adopting smoke-free policies.
- KHCF/KHCC is planning to launch some form of post-certification monitoring mechanism. Through random spot check visits in years following certification, the mechanism will contribute to the sustainability of compliance with the policy. This mechanism will also incorporate a public reporting component that would allow beneficiaries and patrons of certified institutions to report breach of policies and prompt a follow up spot check visit.

APPENDICES

Application Form ***(Appendix A)***

Institution Assessment Form ***(Appendix B)***

Assessment Log ***(Appendix C)***

Spot Check Scheduling Form ***(Appendix D)***

Spot Check Training Guide ***(Appendix E)***

Spot Check Visit Templates ***(Appendix F)***

Application Form (*Appendix A)*

Smoke-free Zone Certificate Application form

Information about the institution

1 Name of institution

2 Institution's commercial name (if any)

3 Institution's phone number

4 Physical address in details of headquarters/main branch of the institution

5 City/town

6 Governorate

7 Official working hours

8 Official non-working days

9 Number of applying branches
Details (if more than one branch)
Download file with addresses of applying branches

10 Total number of employees of applying branches

11 Classification of institution:

◯ Restaurants and cafes
◯ Companies, associations, others
◯ Schools, universities, and other educational institutions

For schools only

Number of students
Grades
Boys / Girls/ Co-ed
Number of classrooms available in the school

Liaison officer details

12 Name
13 Job title
14 Email address
15 Phone number (land line)
16 Phone number (mobile)

Smoke-free policy details

17 What prompted your institution to go smoke-free (a maximum of 100 words)?

18 When was the institution declared smoke-free?
Day Month Year

19 When did the institution effect the smoke-free policy?
Day Month Year

20 In which of the institution's facilities is smoking banned?

21 In which of the institution's facilities is smoking allowed

22 Does the institution ban smoking inside its vehicles and any form of transportation?

No Yes The institution does not own any vehicles

23 Does the institution ban smoking in events held off-premises?
No Yes The institution does not hold events off-premises

24 Did the institution officially announce itself as a smoke-free zone? (using at least one of the following means: banners inside facilities, employment ads, newspapers, policy document, ...)
No Yes If yes, provide details of no more than 100 words

25 Does the institution place no smoking signs and cigarette butts receptacles at all its entrances?
No Yes

26 Do the non-smoking zones of the institutions furnish ashtrays?
No Yes

27 Did the institution provide awareness to the employees about risks of smoking and secondhand smoke exposure?
No Yes If yes, provide details of no more than 100 words

28 Did the institution assign the responsibility for monitoring of enforcement of the smoke-free policy to one of its employees?
No Yes If yes, provide the job title of the responsible person

29 Did the institution train staff on enforcing the smoke-free policy? (e.g. train waiters on dealing with a customer who smokes on site, or train teachers on dealing with a parent who smokes inside school premises)
No Yes If yes, describe training in no more than 100 words

30 Did the institution define a mechanism for dealing with violations of the smoking ban? At a minimum please describe dealing with employees who breach the policy.
No Yes If yes, describe in no more than 100 words

31 Does the institution periodically review the success of the smoke-free policy and the compliance of staff and visitors? How often does this review take place? What are the review criteria and standards?

No Yes If yes, describe in no more than 100 words

32 What are the most important lessons learnt, and what improvements will the institution undertake? Describe in no more than 100 words

33 How do you rate the level of enforcement of the smoke-free policy at your institution

◯ lower than 50%
◯ between 50% and 85%
◯ more than 85%

34 Once certified, does the institution commit to contributing to the smoke-free culture in Jordan? Please provide a description of what the organization intends to do

Note: King Hussein Cancer Foundation and Center will conduct unannounced spot check visits. You are kindly requested to fully cooperate with individuals conducting these visits.

Institution Assessment Form (*Appendix B)*

Item			Information provided in the application form	Information collected over the phone
Identification	1	Name of institution		
Identification	2	Institution's commercial name (if any)		
Identification	3	Institution's phone number		
Identification	4	Physical address in details of headquarters/main branch of the institution		
Identification	5	City/town		
Identification	6	Governorate		
Identification	7	Official working hours		
Identification	8	Official non-working days		
Identification	9	Number of applying branches		
Identification		Details (if more than one branch)		
Identification		Download file with addresses of applying branches		
Identification	10	Total number of employees of applying branches		
Screening	11	Classification of institution		
Identification	Schools	Number of students		
		Grades		
		Boys / Girls/ Co-ed		
		Number of classrooms available in the school		
Identification	12	Liaison officer name		
Identification	13	Liaison officer job title		
Identification	14	Email address		
Identification	15	Phone number (land line)		
Identification	16	Phone number (mobile)		
Additional	17	What prompted your institution to go smoke-free (a maximum of 100 words)?		
Additional	18	When was the institution declared smoke-free?		
Screening	19	When did the institution effect the smoke-free policy?		
Screening	20	In which of the institution's facilities is smoking banned?		
Screening	21	In which of the institution's facilities is smoking allowed		
Screening	22	Does the institution ban smoking inside its vehicles and any form of transportation?		
Additional	23	Does the institution ban smoking in events held off-premises?		
Additional	24	Did the institution officially announce itself as a smoke-free zone? (using at least one of the following means: banners inside facilities, employment ads, newspapers, policy document, …)		
Additional	25	Does the institution place no smoking signs and cigarette butts receptacles at all its entrances?		
Additional	26	Do the non-smoking zones of the institutions furnish ashtrays?		
Additional	27	Did the institution provide awareness to the employees about risks of smoking and secondhand smoke exposure?		
Additional	28	Did the institution assign the responsibility for monitoring of enforcement of the smoke-free policy to one of its employees?		
Additional	29	Did the institution train staff on enforcing the smoke-free policy? (e.g. train waiters on dealing with a customer who smokes on site, or train teachers on dealing with a parent who smokes inside school premises)		

Item			Information provided in the application form	Information collected over the phone
Additional	30	Did the institution define a mechanism for dealing with violations of the smoking ban? At a minimum please describe dealing with employees who breach the policy.		
Additional	31	Does the institution periodically review the success of the smoke-free policy and the compliance of staff and visitors? How often does this review take place? What are the review criteria and standards?		
Additional	32	What are the most important lessons learnt, and what improvements will the institution undertake? Describe in no more than 100 words		
Screening	33	How do you rate the level of enforcement of the smoke-free policy at your institution		
Additional	34	Once certified, does the institution commit to contributing to the smoke-free culture in Jordan? Please provide a description of what the organization intends to do		

Assessment Log (*Appendix C)*

Name of institution	Classification of institution	Final status	Institution Information							School Details				Liaison Officer Details				
			Institution's phone number	Physical address in details	City/town	Governorate	Official working hours	Official non-working days	Number of applying branches	Number of students	Grades	Boys / Girls/ Co-ed	Number of classrooms available in the school	Liaison officer name	Liaison officer job title	Email address	Phone number (land line)	Phone number (mobile)

Name of institution	Call to liaison officer (if applicable)		First screening			Second screening		
	Date	Name of person providing information	Decision	Reasons for disqualification (if disqualified)	Special concerns for spotcheck (if qualified)	Decision	Reasons for disqualification (if disqualified)	Special concerns for spotcheck (if qualified)

Name of institution	Spot check			
	Name of volunteer	**Date**	**Decision of committee**	**Reasons for disqualification (if disqualified)**

Spot Check Scheduling Form (*Appendix D)*

Name of institution	Classification of institution	Institution Information							School Details				Liaison Officer Details					Special concerns for spotcheck (if qualified)	Spot check visit scheduling			
		Institution's phone number	Physical address in details	City/town	Governorate	Official working hours	Official non-working days	Number of applying branches	Number of students	Grades	Boys / Girls/ Co-ed	Number of classrooms available in the school	Liaison officer name	Liaison officer job title	Email address	Phone number (land line)	Phone number (mobile)		Name of volunteer	Phone number	Email address	Proposed date

Spot Check Training Guide (*Appendix E)*

Training may take around 30-45 minutes.

The following points should guide training of volunteers who will be conducting spot check visits:

General principles:

1. Outline the reporting relationship with the committee member overseeing spot check visits. Clarify to volunteer that all inquiries should be directed at the specified committee member. Provide the volunteer with the email address and phone number of the committee member.
2. Clarify to volunteer that the work to be conducted is not to be compensated. Where applicable, indicate if transportation compensation is allocated.
3. Highlight the need to commit to the proposed dates for visits and the need to inform the committee member if any changes are foreseen.
4. Highlight that to ensure that volunteers' sense of smell is not affected, it is important to start by inspecting the smoke-free zones prior to visiting the designated smoking areas of the institutions.

Technical training:

1. Introduce the value and benefits of smoke-free policies to smokers, non-smokers, and the public.
2. Introduce the direct and indirect objectives of the Smoke-free Zone Certification Program. Provide an overview of the program.
3. Clarify the value of unannounced visits and the importance of adhering to this principle. Discuss with volunteers that -in case they need to confirm addresses- they can call the liaison officer as they are on their way to the institution. This should ensure that no immediate corrective action is taken at the institution and that the visit continues to achieve its goals.
4. Clarify to volunteers the importance of clearly introducing themselves as they arrive at the institution and the need to explain the purpose of their visits. This should guarantee better commitment from institutions as they were informed -through the application forms- of the need to collaborate with individuals conducting the spot check visits.
5. Walk volunteers through the templates. Clarify that a single visit may be as short as 15 minutes or as long as an hour of more, depending on the size of the institution and the collaboration of the liaison officer. Ensure that volunteers understand this time commitment, that additional time is needed for transportation, and that they plan their days accordingly.
6. Discuss with volunteers some difficulties that may arise and how to deal with them, including:
    - Having unusual circumstances at the institution that call for postponing the visit: The volunteer should thank the liaison officer and leave, and contact the committee member overseeing the visits to reschedule. The new date is not to be disclosed to the liaison officer.
    - Experiencing pressure from the liaison officer or other members of the organization to reveal results: The volunteers should clarify that their role is to collect data and that they are not involved in the final decision.

- Experiencing pressure from the liaison officer or other members of the organization not to record findings: The volunteers should clarify that it is their duty to candidly report all findings. If pressure becomes uncomfortable, the volunteers should terminate the visit and immediately report to the committee member overseeing the visits.
- Experiencing any feeling of discomfort or threat at the institution: The volunteers should thank the liaison officer as they would do once a visit is completed, terminate the visit, and report immediately to the committee member overseeing the visits.

7. Clarify to the volunteer the need to electronically complete the Spot Check Visit Form on the same day of the visit and send it -along with any pictures- to the committee member overseeing visits.

Spot Check Visit Templates (*Appendix F)*

Visit information	
Volunteer name:	
Date of visit:	
Visit starting time:	
Visit ending time:	

Institution information (to be filled based on data shared using the spot check scheduling form or based on your discussion with the liaison officer)	
Name of institution:	
Name of liaison officer:	
Liaison officer phone number:	
Address:	
Number of classrooms:	
Grades:	from grade (...) to grade (...)
Number of students in the school :	
Special concerns to watch for during spot check visit:	
Name of institution's employee accompanying the visit:	

Remember the following points during the visit:

1- As you arrive, introduce yourself as follows: *My name is _____. I am a volunteer with King Hussein Cancer Foundation and Center. I am assisting with the spot check visits for the Smoke-free Zone Certification Program. I am looking for _____ your liaison officer.* Once, you are with the liaison officer, reintroduce yourself and add: *I will be collecting data and observations from your institution. I have no role in the final decision.*

2- Ask the liaison officer about school facilities and departments so that you can have an understanding of how you would want to proceed with your visit.

3- Ask the liaison officer to introduce you to the headmaster/headmistress. This will allow you to access the administration section of the institution to start your visit.

4- Throughout your visit, ask staff randomly if they smoke and if so where they usually go to smoke during the working day.

5- Throughout your visit, inspect open trash bins for cigarette butts as signs of smoking.

6- Throughout your visit, take pictures of critical areas or what you would like to share with KHCC. These can be good practices or proof of breach of the policy. Do not forget to ask for permission before you take any pictures.

For each of the items below, enter yes/no and provide details if any	
There are no-smoking signs within the institution	Yes/ No, record the number
Signs are clear	
Signs are placed in observable locations	

Non-smoking premises						
School premises	**Presence of cigarette butts (Yes/No, indicate count)**	**Presence of ashtrays (Yes/No, indicate count)**	**Presence of people smoking (Yes/No, indicate count)**	**Presence of smell of smoke**	**Could not access the location**	**Not part of premises**
Headmaster/headmistress office (make sure to check all if there is more than one)						
Teachers' room (make sure to check all if there is more than one)						
Classrooms (at a minimum check 3 randomly selected rooms, as a general rule check about 10% of the rooms)						
Tea and coffee preparation area						
Clinic						
Cafeteria or canteen						
Janitor's room						
Restrooms (make sure to check teachers' restrooms and students restrooms)						
Gymnasium and other sports facilities						
Laboratories (make sure to check them all)						
Computer lab						
Arts room						
Vocational room						
Library						
Theatre						
Rooftop						
Playgrounds						
Buses						
Security/drivers' room						
Other (specify)						
Other (specify)						
Other (specify)						

When asking staff randomly if they smoke and if so where they usually go to smoke during the working day. What were the answers?	
Did you take the pictures you need (do not forget to ask for permission)	
End your visit with the following:	
1- Thank the liaison officer of the institution for their collaboration 2- Record the end time of the visit in the first section of this form	
After leaving the institution do the following:	
In your opinion, is this institution smoke-free?	Yes/No (if No detail your reasons)
Do you have other comments you would like to share?	
On the same day of the visit, complete this form electronically and send it with the pictures you took to xxxx@khcc.jo	

Visit information	
Volunteer name:	
Date of visit:	
Visit starting time:	
Visit ending time:	
Institution information (to be filled based on data shared using the spot check scheduling form or based on your discussion with the liaison officer)	
Name of institution:	
Name of liaison officer:	
Liaison officer phone number:	
Address:	
Number of tables:	
Number of floors:	
Are there smoking and non-smoking areas:	
Number of employees:	
Does this place serve water-pipe:	
Special concerns to watch for during the spot check visit:	
Name of institution's employee accompanying the visit:	

Remember the following points during the visit:
1- As you arrive, introduce yourself as follows: *My name is _____. I am a volunteer with King Hussein Cancer Foundation and Center. I am assisting with the spot check visits for the Smoke-free Zone Certification Program. I am looking for _____ your liaison officer.* Once, you are with the liaison officer, reintroduce yourself and add: *I will be collecting data and observations from your institution. I have no role in the final decision.*
2- Ask the liaison officer about the layout of the institution so that you can have an understanding of how you would want to proceed with your visit.
3- Ask the liaison officer to introduce you to the manager. This will allow you to access the administration section of the institution to start your visit.
4- Throughout your visit, ask staff randomly if they smoke and if so where they usually go to smoke during the working day.
5- Throughout your visit, inspect open trash bins for cigarette butts as signs of smoking.
6- Throughout your visit, take pictures of critical areas or what you would like to share with KHCC. These can be good practices or proof of breach of the policy. Do not forget to ask for permission before you take any pictures.
7- Follow all precautions and instructions of the institution (e.g. wear protective clothing if prompted when entering food preparation area). However, such precautions should not prevent you from completing your visit.

For each of the items below, enter yes/no and provide details if any	
There are no-smoking signs within the institution	Yes/ No, record the number
Signs are clear	
Signs are placed in observable locations	
No-smoking signs are placed on tables	

Non-smoking premises						
Premises	**Presence of cigarette butts (Yes/No, indicate count)**	**Presence of ashtrays (Yes/No, indicate count)**	**Presence of people smoking (Yes/No, indicate count)**	**Presence of smell of smoke**	**Could not access the location**	**Not part of premises**
Manager's office and administration section						
Dining hall (non-smoking area)						
Food preparation facilities (check all)						
Refrigerated food storage (walk-in)						
Dried food storage						
Dish washing area						
Food service counter						
Staff rest area						
Staff changing rooms						
Staff restrooms						
Janitor's room						
General storage						
Drive-in delivery area						
Loading and unloading area						
Customer restrooms						
Vehicles (delivery cars, buses, ...)						
Security/drivers' room						
Stairwell						
Other (specify)						
Other (specify)						
Other (specify)						

Smoking areas						
Number of smoking areas						
Description of first smoking area (don't forget to take a picture)	**Does the area have a built ceiling (yes/no and any notes you would add)**	**How many built walls surround the area (number and any notes you**	**Is the area separated from the main building**	**Is the area completey open towards the non-smoking area**	**Is there a ventilation system for this area (explain)**	**Is the ventilation system shared with the non-smoking areas**
Description of second smoking area (don't forget to take a picture)	**Does the area have a built ceiling (yes/no and any notes you would add)**	**How many built walls surround the area (number and any notes you**	**Is the area separated from the main building**	**Is the area completey open towards the non-smoking area**	**Is there a ventilation system for this area (explain)**	**Is the ventilation system shared with the non-smoking areas**
Description of third smoking area (don't forget to take a picture)	**Does the area have a built ceiling (yes/no and any notes you would add)**	**How many built walls surround the area (number and any notes you**	**Is the area separated from the main building**	**Is the area completey open towards the non-smoking area**	**Is there a ventilation system for this area (explain)**	**Is the ventilation system shared with the non-smoking areas**

When asking staff randomly if they smoke and if so where they usually go to smoke during the working day. What were the answers?	
Were there any advertisement or promotion of tobacco products (cigarettes/waterpipe/other) both on the tables or inside the food menu?	if the answer is yes please explain
Did you take the pictures you need (do not forget to ask for permission)	
End your visit with the following:	
1- Thank the liaison officer of the institution for their collaboration 2- Record the end time of the visit in the first section of this form	
After leaving the institution do the following:	
In your opinion, is this institution smoke-free?	Yes/No (if No detail your reasons)
Do you have other comments you would like to share?	
On the same day of the visit, complete this form electronically and send it with the pictures you took to xxxx@khcc.jo	

Visit information	
Volunteer name:	
Date of visit:	
Visit starting time:	
Visit ending time:	

Institution information (to be filled based on data shared using the spot check scheduling form or based on your discussion with the liaison officer)	
Name of institution:	
Name of liaison officer:	
Liaison officer phone number:	
Address:	
Number of rooms/offices in the institution:	
Number of higher administration staff:	from grade (...) to grade (...)
Number of employees:	
Special concerns to watch for during spot check visit:	
Name of institution's employee accompanying the visit:	

Remember the following points during the visit:

1- As you arrive, introduce yourself as follows: *My name is _____. I am a volunteer with King Hussein Cancer Foundation and Center. I am assisting with the spot check visits for the Smoke-free Zone Certification Program. I am looking for _____ your liaison officer.* Once, you are with the liaison officer, reintroduce yourself and add: *I will be collecting data and observations from your institution. I have no role in the final decision.*

2- Ask the liaison officer about institution layout so that you can have an understanding of how you would want to proceed with your visit.

3- Ask the liaison officer to introduce you to the management. This will allow you to access the administration section of the institution to start your visit.

4- Throughout your visit, ask staff randomly if they smoke and if so where they usually go to smoke during the working day.

5- Throughout your visit, inspect open trash bins for cigarette butts as signs of smoking.

6- Throughout your visit, take pictures of critical areas or what you would like to share with KHCC. These can be good practices or proof of breach of the policy. Do not forget to ask for permission before you take any pictures.

7- Follow all precautions and instructions of the institution (e.g. wear protective clothing when entering a dangerous area). However, such precautions should not prevent you from completing your visit.

For each of the items below, enter yes/no and provide details if any	
There are no-smoking signs within the institution	Yes/ No, record the number
Signs are clear	
Signs are placed in observable locations	

Non-smoking premises						
Premises	**Presence of cigarette butts (Yes/No, indicate count)**	**Presence of ashtrays (Yes/No, indicate count)**	**Presence of people smoking (Yes/No, indicate count)**	**Presence of smell of smoke**	**Could not access the location**	**Not part of premises**
Higher management offices (please visit at least 3 rooms chosen randomly)						
Staff offices (at a minimum check 3 randomly selected rooms, as a general rule check about 10% of the rooms)						
Open working space/open floor space						
Guest waiting rooms/areas						
Reception area						
Mail and photocopying room						
Tea and coffee preparation area						
Cafeteria, canteen, or kitchen						
Janitor's room						
Restrooms						
Employee changing rooms						
Meeting rooms						
Porch/balcony						
Stairwell						
Storeroom(s)						
Rooftop						
Vehicles owned by the institution						
Security/drivers' room						
Other (specify)						
Other (specify)						
Other (specify)						

Smoking areas						
Number of smoking areas						
Description of first smoking area (don't forget to take a picture)	**Does the area have a built ceiling (yes/no and any notes you would add)**	**How many built walls surround the area (number and any notes you**	**Is the area separated from the main building**	**Is the area completey open towards the non-smoking area**	**Is there a ventilation system for this area (explain)**	**Is the ventilation system shared with the non-smoking areas**
Description of second smoking area (don't forget to take a picture)	**Does the area have a built ceiling (yes/no and any notes you would add)**	**How many built walls surround the area (number and any notes you**	**Is the area separated from the main building**	**Is the area completey open towards the non-smoking area**	**Is there a ventilation system for this area (explain)**	**Is the ventilation system shared with the non-smoking areas**
Description of third smoking area (don't forget to take a picture)	**Does the area have a built ceiling (yes/no and any notes you would add)**	**How many built walls surround the area (number and any notes you**	**Is the area separated from the main building**	**Is the area completey open towards the non-smoking area**	**Is there a ventilation system for this area (explain)**	**Is the ventilation system shared with the non-smoking areas**

When asking staff randomly if they smoke and if so where they usually go to smoke during the working day. What were the answers?	
Did you notice any smoking at the entrances of the institution or right outside its windows that caused smoke to leak into the institution?	
Did you take the pictures you need (do not forget to ask for permission)	
End your visit with the following:	
1- Thank the liaison officer of the institution for their collaboration 2- Record the end time of the visit in the first section of this form	
After leaving the institution do the following:	
In your opinion, is this institution smoke-free?	Yes/No (if No detail your reasons)
Do you have other comments you would like to share?	
On the same day of the visit, complete this form electronically and send it with the pictures you took to xxxx@khcc.jo	

SUPPORTING TOOL: SMOKE-FREE IN A BOX TOOLKIT

The *Smokefree in a Box* toolkit (SIFB) is available in several languages: English, Chinese, French, Portuguese, Spanish, Russian, and Arabic. The full toolkit in any of these languages may be downloaded by visiting
http://www.cancer.org/smokefreeworksites/smoke-free-tools-gswc

In the context of developing and administering a smoke-free certification program, the SFIB can serve several purposes:

- Serve as a reference for institutions seeking to apply for certification. The SFIB provides a comprehensive collection of tools that, if implemented, would facilitate the journey of an organizations towards implementing the change.
- Serve as a guide for organizations in completing an application form. Since the SFIB addresses all steps necessary for adopting and enforcing a smoke-free policy, an institution may refer to it as a reminder while answering application questions regarding the specific experience of going smoke-free.
- Serve as a training guide to be used by the authority administering the smoke-free certification program. One of the common practices in accreditation programs around the world is delivering targeted training to candidate applicants. This practice may be adopted by any jurisdiction seeking to start a smoke-free certification program, and for that purpose the SFIB may serve as an excellent starting point.

Smokefree-in-a-Box

A Guide for Companies Going Smokefree

globalsmokefreepartnership

INTRODUCTION

Over the past 20 years, workplaces around the world have seen a sweeping movement towards smokefree air policies. Many companies have adopted smokefree policies voluntarily to protect workers and customers from the proven dangers of secondhand smoke. Other companies have created smokefree workplaces to comply with existing laws. Companies that have gone smokefree have found that these

GUIDE TO THE GLOBAL SMOKEFREE MAP

1. Good laws

1.a Countries with national smokefree laws without exemptions, or with exemptions limited to residential and quasi-residential premises. Countries in this category do not allow Designated Smoking Rooms. Countries in this group include **Bermuda, Ireland, New Zealand, United Kingdom and Uruguay**.

1.b Countries where DSRs are permitted, and where there are limited hospitality exemptions that apply to a very small number of premises such as cigar lounges. These laws would qualify as comprehensive laws if not for these limited exemptions. Countries in this group include **Estonia, France, Iceland, Italy, Lithuania, Malta, Norway, Singapore, Slovenia, South Africa, Sweden and Thailand**.

2. Limited laws

2.a Countries in which there are major exemptions in the hospitality sector, such as bars and restaurants over a certain size. Countries in this group include **Belgium, Iran, Luxembourg, Portugal and Spain**.

2.b Countries in which potentially effective laws are in place, but are not effectively implemented and enforced. Poor enforcement is typically defined as a score below 7/10 in WHO (2008) Mpower Report – Prevalence And Policy Data Spreadsheets. (Online at http://www.who.int/tobacco/mpower/en/.) Countries in this group include **Bulgaria, Niger, Pakistan, Uganda and Yemen**.

3. Local action

3. Countries in which comprehensive or extensive laws exist at subnational level. Typically the host country will have weak or non-existent national legislation. Countries in this group include **Argentina, Australia, Brazil, China, Canada, Germany, India, Indonesia, Kenya, Lao People's Democratic Republic, Paraguay, Philippines, Switzerland, USA and Venezuela**.

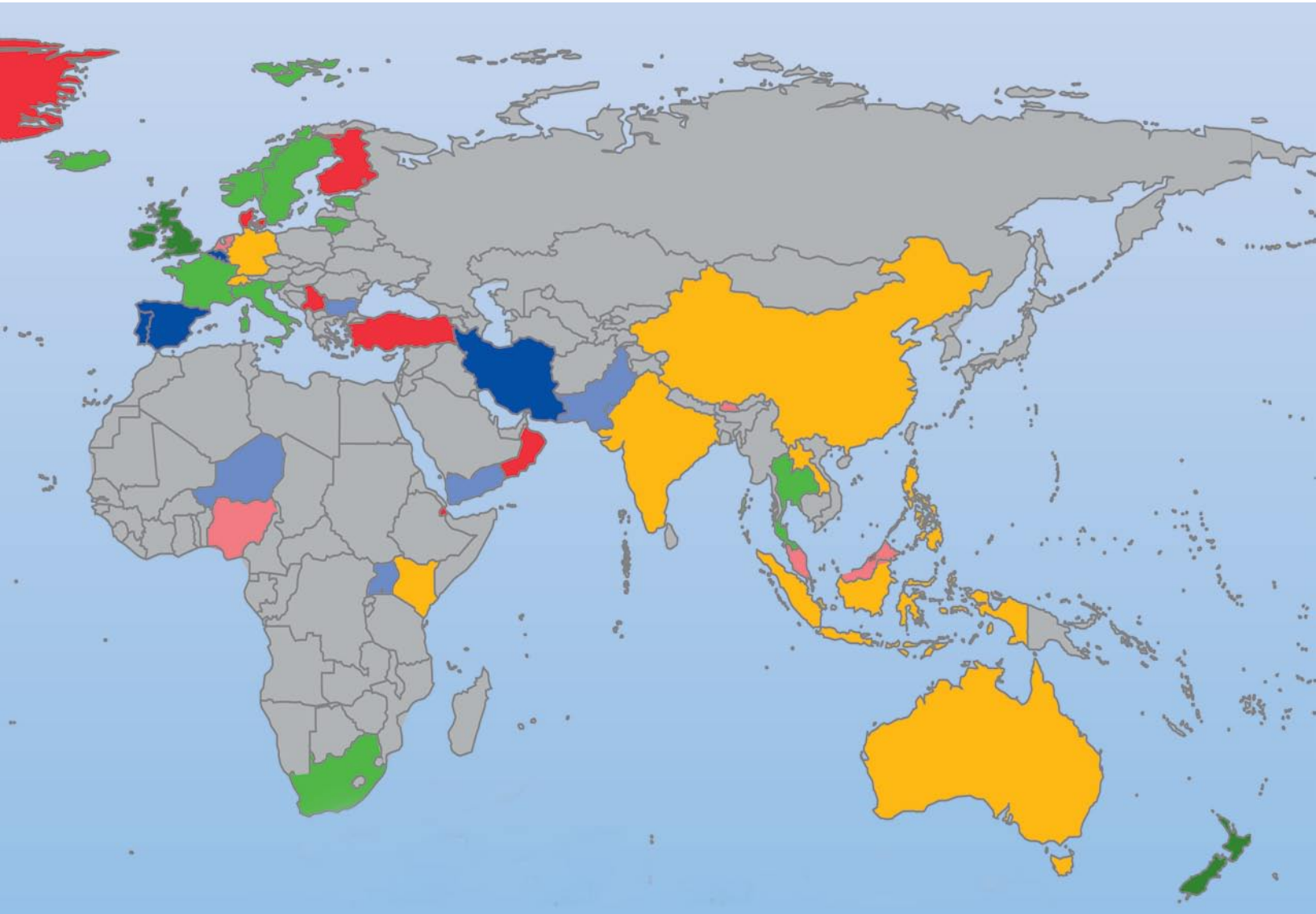
4. Smokefree soon

4.a Countries that have passed but not implemented smokefree legislation. Countries in this group include **Brunei Darussalam, Denmark, Djibouti, Finland, Mexico, Oman, Panama, Serbia and Turkey**.

4.b Countries that have made good progress toward passing good smokefree legislation. This group includes **Bhutan, Guatemala, Malaysia, Mauritius, Netherlands and Nigeria**.

policies save money as well as lives. The policies also improve worker satisfaction and the company's public image.

The purpose of this toolkit is to help you design and implement a smokefree workplace. While there is no "one-size-fits-all" plan for going smokefree, this toolkit draws from the experience of workplaces around the world to provide the basic elements of an effective smokefree plan.



This map shows the progress of smokefree policies worldwide as of March 2008.

This toolkit is a project of the Global Smokefree Partnership, a multi-partner initiative formed in 2005 to promote effective smokefree air policies worldwide. The partnership involves more than 300 organizational and individual members from more than 60 countries worldwide, and it is hosted by the American Cancer Society and the Framework Convention Alliance.

Companies should adapt the advice in this toolkit to fit their unique circumstances.

Experience from smokefree companies shows that proper implementation of these policies requires planning and coordination. This toolkit provides senior leadership, managers, and staff with easy-to-use advice on what to do from the moment your company decides to implement a smokefree policy.

For more information on the Global Smokefree Partnership or on smokefree policies, please visit the Global Smokefree Partnership Web site at www.globalsmokefreepartnership.org or email info@globalsmokefreepartnership.org.

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SMOKEFREE WORKPLACES: THE ESSENTIAL FACTS

Employers and governments worldwide are taking decisive action to protect workers from the harm caused by secondhand smoke. Hundreds of millions of people worldwide are protected by 100% smokefree policies in their workplace, and this number is growing rapidly.[1] Three major developments are driving the global trend towards smokefree workplace policies:

1. There is overwhelming consensus among medical and scientific authorities worldwide that secondhand smoke is a major public health threat, and that the only effective way to protect the public is to eliminate secondhand smoke from all workplaces and public places.[2]

2. Smokefree air policies have proven to be popular, effective, and well-respected in diverse places such as France, Hong Kong, Ireland, Italy, New Zealand, the United Kingdom, and Uruguay.[3]

3. The Framework Convention on Tobacco Control (FCTC) – the international tobacco control treaty – imposes a legal obligation on the more than 150 countries[4] that have ratified the treaty to adopt effective smokefree air laws.[5] Guidelines adopted by the treaty's governing body in 2007 make it clear that only comprehensive smokefree air laws will meet the treaty's requirements.[6]

Health Risks of Secondhand Smoke

Secondhand smoke, also known as environmental tobacco smoke, is a complex mixture of some 4,000 chemical compounds, including almost 70 known or probable human carcinogens.[7] Health and scientific authorities around the world agree that secondhand smoke is a serious threat to human health and that effective action must be taken to reduce exposure. Their conclusions include:

- The International Labour Organisation (ILO) estimates that each year about 200,000 workers die because of exposure to secondhand smoke in the workplace.[8]

- Secondhand smoke is a major cause of disease in non-smokers, including lung cancer, coronary heart disease, and cardiac death.[9]

- There is no safe level of exposure to tobacco smoke.[10]

- Food service workers have a significantly greater risk of dying from lung cancer than the general population, in part because of secondhand smoke exposure in the workplace.[11]

- Cadmium, benzene, lead, and arsenic are just a few of the over 4,000 hazardous chemical components of secondhand smoke that are also toxins common to blue-collar workplaces. Synergistically, cigarette smoke and workplace toxins can multiply the risk of getting lung cancer by as much as 53 times in blue-collar workers.[12]

Smokefree policies save lives and protect employee health.

- Numerous studies have documented significant declines in hospital admissions for heart attacks following the implementation of comprehensive smokefree laws.[13]

- Respiratory symptoms among bar workers in Scotland decreased by 26 percent after smokefree legislation was implemented in 2006; asthmatic bar workers experienced reduced airway inflammation and reported an improved quality of life.[14]

- Seven out of every 10 smokers want to quit smoking,[15, 16] and smokefree policies can help smokers quit successfully by reducing environmental triggers and not allowing smoking to be the norm.[17]

- A review[18] of smokefree workplaces internationally concluded that smokefree workplaces lead to:
  - A four percent decrease in the number of smokers
  - Three fewer cigarettes a day smoked by continuing smokers

Only comprehensive smokefree policies are effective at eliminating exposure to secondhand smoke; partial measures do not work.

- Guidelines for implementing the FCTC's legally binding smokefree air requirements call for 100% smokefree indoor workplaces and public places and declare that the use of ventilation, filtration, and "designated smoking areas" are not effective.[19]

- The US Surgeon General has concluded that ventilation and filtration technologies and separation of smokers and non-smokers within the same air space do not provide effective protection from the health risks of secondhand smoke.[20]

- The same report concluded that exposure of non-smokers to secondhand smoke cannot be controlled by air cleaning or mechanical air exchange.

Smokefree policies are good for business.

- Well-designed, independent studies have shown that smokefree laws do not have a negative economic impact on the hospitality or tourism industry.[21]
- Benefits for employers include increased employee productivity, reduced sickness in employees from smoking and secondhand smoke exposure, reduced injuries, and reduced risk of fire damage. In Taiwan, such benefits have been quantified at over US $1 billion a year.[22]
- If all US workplaces were smokefree, it would save over $60 million in medical costs within the first year and an estimated $280 million in the first seven years.[23]
- In New York City, business tax receipts in the city's bars and restaurants increased by 8.7 percent and hospitality sector jobs increased by more than 10,000 in the first year after the city's smokefree law took effect.[24]

Smokefree compliance rates are high.

- The overwhelming majority of people and businesses comply with smokefree laws. Typically, compliance levels are higher than 90 percent.[25]

Table 1

Compliance rates in smokefree jurisdictions	
England	98% [26]
Ireland	94% [27]
Italy	98.5% [28]
Massachusetts	96.3% [29]
New York City	97% [30]
New Zealand	97% [31]
Norway	97% [32]
Ottawa	95% [33]
Scotland	94.2% [34]
Wales	98% [35]

References

1 Global Voices for a Smokefree World: Movement Towards a Smokefree Future, Global Smokefree Partnership (2007). Available online at: http://www.globalsmokefreepartnership.org/files/members/files/82.pdf. Accessed 11.01.07

2 World Health Organization (2007). Protection from Exposure to Second-hand Tobacco Smoke. Policy Recommendations. Available online at: http://www.who.int/tobacco/resources/publications/wntd/2007/pol_recommendations/en/index.html. Accessed 11.01.07

3 Global Voices for a Smokefree World: Movement Towards a Smokefree Future, Global Smokefree Partnership (2007). Available online at: http://www.globalsmokefreepartnership.org/files/members/files/82.pdf. Accessed 11.01.07

4 The World Health Organization (2008). WHO Framework Convention on Tobacco Control. Available online at: http://www.fctc.org/docs/treaty/fca-fctc-ratification-overview-en.pdf. Accessed 05.07.08

5 The World Health Organization (2003). WHO Framework Convention on Tobacco Control. Available online at: http://www.who.int/tobacco/fctc/text/final/en/. Accessed 11.01.07

6 'Adoption of the guidelines for implementation of Article 8'. World Health Organization, Conference of the Parties to the WHO Framework Convention on Tobacco Control, second session, decision FCTC/COP2(7). Available online at: http://www.who.int/gb/fctc/PDF/cop2/FCTC_COP2_DIV9-en.pdf. Accessed 11.01.07

7 US Department of Health and Human Services (2006). The health consequences of involuntary exposure to tobacco smoke: a report of the Surgeon General (Atlanta, GA): Department of Health and Human Services, Centers for Disease Control and Prevention, National Centre for Chronic Disease Prevention and Health Promotion, Office of Smoking and Health: Washington, DC. Available online at: http://www.surgeongeneral.gov/library/secondhandsmoke/report. Accessed 11.01.07

8 Takala J (2005). Introductory report: decent work, safe work. International Labor Organization: Geneva. Available online at: http://www.ilo.org/public/english/protection/safework/wdcongrs17/intrep.pdf. Accessed 11.01.07

9 World Health Organization (2007). Protection from Exposure to Second-hand Tobacco Smoke. Policy Recommendations. Available online at: http://www.who.int/tobacco/resources/publications/wntd/2007/who_protection_exposure_final_25June2007.pdf. Accessed 11.01.07

10 World Health Organization (2007). Protection from Exposure to Second-hand Tobacco Smoke. Policy Recommendations. Available online at: http://www.who.int/tobacco/resources/publications/wntd/2007/who_protection_exposure_final_25June2007.pdf. Accessed 11.01.07

11 Shopland, D.R.; Anderson, C.M.; Burns, D.M.; Gerlach, K.K., "Disparities in smoke-free workplace policies among food service workers," *Journal of Occupational and Environmental Medicine*, 46(4): 347-356, April 2004.

12 Building Trades Unions Ignite Less Tobacco [BUILT] Project, "Unions yes [and] tobacco no," *California: Department of Health Services*, 2001.

13 Barone-Adese F et al (Oct. 2006). "Short-term effects of Italian smoking regulation on rates of hospital admission for acute myocardial infarction," *Eur Heart J* 2006 Oct; 27(20): 2468-72. Epub 2006 August 29. Available online at: http://eurheartj.oxfordjournals.org/cgi/rapidpdf/ehl201v1. Accessed 11.01.07

14 Menzies D et al. (2006). Respiratory symptoms, pulmonary function and markers of inflammation among bar workers before and after a legislative ban on smoking in public places. *JAMA*. 296:1742-1748. Available online at: http://jama.ama-assn.org/cgi/content/full/296/14/1742. Accessed 11.02.07

15 Centers for Disease Control and Prevention (2002). Cigarette Smoking Among Adults—United States, 2000. Morbidity and Mortality Weekly Report [serial online];51(29): 642–645. Available online at: http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5129a3.htm. Accessed 11.02.07

16 UK Department of Health (2006). Smoke-free premises and vehicles. Consultation on proposed regulations to be made under powers in the Health Bill Partial Regulatory Impact Assessment. London: Department of Health. Available online at: http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_4137326.pdf. Accessed 11.02.07

17 Moskowitz, J., et al (May 2000). "The Impact of Workplace Smoking Ordinances in California on Smoking Cessation." *American Journal of Public Health, 90*(5), May 2000.

18 Fichtenberg CM and Glantz SA (2002). Effect of smoke-free workplaces on smoking behaviour: systematic review. *British Medical Journal* 325:188.

19 'Adoption of the guidelines for implementation of Article 8'. World Health Organization, Conference of the Parties to the WHO Framework Convention on Tobacco Control, second session, decision FCTC/COP2(7). Available online at: http://www.who.int/gb/fctc/PDF/cop2/FCTC_COP2_DIV9-en.pdf. Accessed 11.01.07

20 US Department of Health and Human Services (2006). The health consequences of involuntary exposure to tobacco smoke: a report of the Surgeon General (Atlanta, GA): Department of Health and Human Services, Centers for Disease Control and Prevention, National Centre for Chronic Disease Prevention and Health Promotion, Office of Smoking and Health: Washington, DC. Available online at: http://www.surgeongeneral.gov/library/secondhandsmoke/report. Accessed 11.01.07

21 Scollo M et al. (2003). Review of the quality of studies on the economic effects of smoke-free policies on the hospitality industry. *Tobacco Control* 12:13-20. Available online at: http://tobaccocontrol.bmj.com/cgi/reprint/12/1/13. Accessed 11.04.07

22 Tsai SP, Wen CP, and Hu SC et al. (2005). Workplace smoking related absenteeism and productivity costs in Taiwan. *Tobacco Control* 14:i33-i37. Available online at: http://tobaccocontrol.bmj.com/cgi/reprint/14/suppl_1/i33?maxtoshow=&HITS=10&hits=10&RESULTFORMAT=&author1=tsai&andorexactfulltext=and&searchid=1&FIRSTINDEX=0&sortspec=relevance&volume=14&resourcetype=HWCIT. Accessed 11.04.07

23 Ong MK and Glantz SA (2004). Cardiovascular health and economic effects of smoke-free workplaces. *American Journal of Medicine* 117(1):32-8. Available online at: http://www.tobaccoscam.ucsf.edu/pdf/Ong-CV-Disease.pdf. Accessed 11.04.07

24 New York City Department of Finance, New York City Department of Health and Mental Hygiene, New York City Department of Small Business Services, and New York City Economic Development Corporation (March 2004). The State of Smoke-Free New York City: A One-Year Review. Available online at: http://www.nyc.gov/html/doh/downloads/pdf/smoke/sfaa-2004report.pdf. Accessed 11.04.07

25 Global Voices for a Smokefree World: Movement Towards a Smokefree Future, Global Smokefree Partnership (2007). Available online at: http://www.globalsmokefreepartnership.org/files/members/files/82.pdf. Accessed 11.04.07

26 Department of Health (2007) Awareness, attitudes and compliance: three months after the commencement of smokefree legislation – a summary report. Online at: http://www.smokefreeengland.co.uk/files/three-month-report-factsheet.pdf. Accessed 07.14.08

27 Office for Tobacco Control (2005). Smoke-free workplaces in Ireland: A one year review. Clane, Ireland: Office for Tobacco Control. Available online at: http://www.otc.ie/Uploads/1_Year_Report_FA.pdf. Accessed 11.04.07

28 Gallus S et al. (Nov. 2005). Effects of new smoking regulations in Italy. *Annals of* Oncology. 17:346-347. Available online at: http://annonc.oxfordjournals.org/cgi/reprint/17/2/346. Accessed 11.04.07

29 Harvard School of Public Health (2005). Evaluation of the Massachusetts Smoke-free Workplace Law: Preliminary Report. Harvard University: Boston. Available online at: http://www.hsph.harvard.edu/academics/public-health-practice/files/Smoke-free_Workplace.pdf. Accessed 11.04.07

30 New York City Department of Finance, New York City Department of Health and Mental Hygiene, New York City Department of Small Business Services, and New York City Economic Development Corporation (March 2004). The State of Smoke-Free New York City: A One-Year Review. Available online at: http://www.nyc.gov/html/doh/downloads/pdf/smoke/sfaa-2004report.pdf. Accessed 11.04.03

31 National Research Bureau (2005). Smoking in New Zealand Bars: A Pre and Post December 10th Legislation Survey. Available online at: http://www.ash.org.nz/pdf/NewsandPress/Main/2005/backgrounder.pdf. Accessed 07.14.08

32 Lund KE (2007) The introduction of smoke-free hospitality venues in Norway Impact on revenues, frequency of patronage, satisfaction and compliance Oslo: SIRUS. Online at: http://www.sirus.no/internett/tobakk/publication/375.html. Accessed 25.02.08

33 Luk, R et al (2003) The Economic Impact Of A Smoke-Free Bylaw On Restaurant And Bar Sales In Ottawa, Canada. Ontario Tobacco Research Unit: Toronto. Online at: http://www.otru.org/pdf/updates/update_june2003.pdf. Accessed 26.02.08

34 Scottish Executive (2006). Smoke-Free Legislation – National Compliance Data: Summary 1 October – 31 December, 2006. Edinburgh: Scottish Executive. Available online at: http://www.clearingtheairscotland.com/latest/index.html. Accessed 11.04.07

35 Welsh Assembly Government (2008) Compliance data for Wales 1st - 31st December 2007 Online at: http://www.smokingbanwales.co.uk/english/compliance-data. Accessed 26.02.08

MYTHS AND REALITIES OF SMOKEFREE WORKPLACE POLICIES

As your company begins to consider implementing a smokefree policy, you may have to respond to a variety of myths concerning secondhand smoke and the impact of smokefree policies that have been perpetuated by the tobacco industry and its allies.

Below are some common myths along with the facts needed to set the record straight.

Myth: "Secondhand smoke is not harmful to health."

Facts: Every major scientific body in the world, including the World Health Organization, the International Agency for Research on Cancer, and the US Centers for Disease Control and Prevention, have reached the same conclusion: Secondhand smoke is a serious health threat and a significant cause of disease and death.[1,2,3]

The US Surgeon General's 2006 Report on the Health Consequences of Involuntary Exposure to Tobacco Smoke found that secondhand smoke exposure causes disease and premature death in children and adults who do not smoke. The report concluded that there is no safe level of exposure to secondhand smoke.[4]

Studies that do not show a correlation between secondhand smoke and disease are typically funded by the tobacco industry.[5] The tobacco companies have paid scientific consultants across the world to attack the scientific evidence that secondhand smoke harms health.[6]

Myth: "Smokefree policies violate an individual's right to smoke."

Fact: The right of a person to breathe clean air takes precedence over any possible right of smokers to pollute the air other people breathe.

Myth: "Ventilation systems and separate rooms for smokers provide adequate protection from secondhand smoke."

Facts: Ventilation systems and designated smoking rooms do not provide effective protection to the public and workers from the deadly effects of secondhand smoke.[7]

The American Society of Heating, Refrigerating, and Air Conditioning Engineers (ASHRAE), the international standard-setting body for indoor air quality, concluded that there is no safe level of exposure to secondhand smoke and that ventilation and other air filtration technologies cannot eliminate the health risks caused by secondhand smoke exposure.[8]

Internal British American Tobacco (BAT) documents reveal that the company knew that air filtration and ventilation systems were ineffective, yet still promoted the technology as a viable option to smoking restrictions. According to the documents, BAT's interest in ventilation systems was primarily "to negate the need for indoor smoking bans around the world."[9]

Myth: "Smokefree laws will result in more smokers smoking in their homes and will expose more children to the dangers of secondhand smoke."

Facts: International evidence suggests that smokefree laws reduce children's exposure to secondhand smoke.

Smokefree laws encourage adults to quit.[10] When fewer adults smoke, children's exposure to secondhand smoke is reduced.[11] Smokefree laws also encourage people to adopt smokefree homes voluntarily.[12,13]

After smokefree workplaces were introduced in Australia, the proportion of family homes with smoking restrictions nearly doubled.[14] Similar results were found in the United States.[15]

Myth: "Smoking restrictions are not appropriate in our country."

Facts: More than 200 million people worldwide are protected by 100% smokefree laws, and many more are protected by employer policies. Smokefree policies have been successfully implemented in every region. It is appropriate to protect all people from death and illness caused by secondhand smoke, no matter what country they live in.[16] No one is immune to the health risks from secondhand smoke.

References

1 International Agency for Research on Cancer (July 2002). Monograph 83. Tobacco Smoke and Involuntary Smoking. Summary of Data Reported and Evaluation: Geneva

2 World Health Organization (2007). Protection from Exposure to Second-hand Tobacco Smoke. Policy Recommendations. Available online at: http://www.who.int/tobacco/resources/publications/wntd/2007/who_protection_exposure_final_25June2007.pdf. Accessed 11.01.07

3 U.S. Department of Health and Human Services (January 2003). Second national report on human exposure to environmental chemicals (Atlanta, GA): U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Environmental Health. Available online at: http://www.jhsph.edu/ephtcenter/Second%20Report.pdf. Accessed 11.05.07

4 U.S. Department of Health and Human Services. *The Health Consequences of Involuntary Exposure to Tobacco Smoke: A Report of the Surgeon General.* 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.

5 Barnes, D. E.; and Bero, L., "Why review articles on the health effects of passive smoking reach different conclusions," *JAMA* 279, 19 (20 May 1998): 1566–1570.

6 Ong EK and Glantz SA (2000) "Tobacco industry efforts subverting International Agency for Research on Cancer's second-hand smoke study." *Lancet* 355:1253-9.

7 World Health Organization (2007). Protection from Exposure to Second-hand Tobacco Smoke. Policy Recommendations. Available online at: http://www.who.int/tobacco/resources/publications/wntd/2007/who_protection_exposure_final_25June2007.pdf. Accessed 11.01.07

8 Samet J et al. (2005). ASHRAE position document on environmental tobacco smoke. American Society of Heating, Refrigerating and Air-Conditioning Engineers (ASHRAE). Available online at: http://www.ashrae.org/content/ASHRAE/ASHRAE/ArticleAltFormat/20058211239_347.pdf. Accessed 11.01.07

9 Leavell NR et al. (January 2006). Blowing smoke: British American Tobacco's air filtration scheme. *British Medical Journal* 332: 227–229. Available online at: http://www.bmj.com/cgi/reprint/332/7535/227. Accessed 11.05.07

10 U.S. Department of Health and Human Services (2006). The health consequences of involuntary exposure to tobacco smoke: a report of the Surgeon General (Atlanta, GA): Department of Health and Human Services, Centers for Disease Control and Prevention, National Centre for Chronic Disease Prevention and Health Promotion, Office of Smoking and Health: Washington, DC. Available online at: http://www.surgeongeneral.gov/library/secondhandsmoke/report. Accessed 11.01.07

11 Jarvis MJ et al. (2000). Children's exposure to passive smoking in England since the 1980s: Cotinine evidence from population survey. British Medical Journal 321:343-5. Available online at: http://www.bmj.com/cgi/content/full/321/7257/343?ijkey=a2dfe7b329b80c790c1bf0ec7038ad114db1bced. Accessed 11.05.07

12 Borland R et al. (1999). Trends in environmental tobacco smoke restrictions in the home in Victoria, Australia. Tobacco Control 8:266-71. Available online at: http://tobaccocontrol.bmj.com/cgi/reprint/8/3/266. Accessed 11.05.07

13 Borland R et al. (2006). Determinants and consequences of smoke-free homes: findings from the International Tobacco Control (ITC) Four Country Survey. Tobacco Control 15 Suppl 3:iii42-50. Available online at: http://tobaccocontrol.bmj.com/cgi/reprint/15/suppl_3/iii42. Accessed 11.05.07

14 Borland R et al. (1999). Trends in environmental tobacco smoke restrictions in the home in Victoria, Australia. Tobacco Control 8:266-71. Available online at: http://tobaccocontrol.bmj.com/cgi/r print/8/3/266. Accessed 11.05.07

15 Gilpin EA et al. (2002). Clean indoor air: advances in California, 1990-1999. American Journal of Public Health 92(5): 785-91. Available online at: http://www.ajph.org/cgi/reprint/92/5 785?ijkey=94f8d743f6474876ac42e01c460d1d7739e46d54. Accessed 11.05.07

16 Global Voices for a Smokefree World: Movement Towards a Smoke-free Future, Global Smokefree Partnership (2007). Available online at: http://www.globalsmokefreepartnership.org/files/members/files/82.pdf. Accessed 11.05.07

MAKING YOUR WORKPLACE SMOKEFREE: A TIMELINE OF ACTIVITIES

This model timeline suggests six months of lead time to implement a 100% smokefree policy in a large organization. Smaller companies and companies that already have strong smoking restrictions in place may be able to move more quickly. All recommended activities should be adapted to fit the specific circumstances of each workplace.

Months	1	2	3	4	5	6	7	8	9	10	11	12	13	Annually
1. Assign overall responsibility to a respected manager to coordinate the development and implementation of a 100% smokefree policy.														
2. Form a working group to coordinate and implement the project.														
3. Gather information: Conduct a situation analysis and assess employee readiness through a survey and outreach. The survey should provide information on the overall level of support for a smokefree workplace, the percentage of smokers and their concerns, the level of interest in quitting, the level of interest in cessation products and services, and other issues.														
4. Use the results of the survey and outreach to predict areas that may be challenging, and develop strategies to address each challenge.														
5. Develop a draft policy statement that reflects recommendations from the working group and that is based on research and outreach.														
6. Develop an overall implementation plan to support the draft policy statement, including a communications plan and timeline.														
7. Secure the approval of senior management for the draft policy statement and implementation plan.														

Months	1	2	3	4	5	6	7	8	9	10	11	12	13	Annually
8. Before announcing the new policy to the entire staff, meet with senior and mid-level managers and inform them of the following: • What immediate steps they should take to implement the policy • How information will be communicated to staff (e.g., signage, employee letters) • What their responsibilities are (e.g., to ensure that policy requirements are met) • What key messages they should emphasize to employees														
9. Announce the new policy and the timeline for implementation to employees.														
10. Ensure that appropriate mechanisms are in place to monitor and respond to feedback from managers and staff throughout the implementation process.														
11. Implement the communications plan. Messages should include: • A rationale for the policy • Information on the health harms of tobacco smoke and exposure to secondhand smoke • A timeline for implementation of the policy • The availability and types of cessation assistance														
12. Finalize plans to address your employees' cessation needs. Consider working with insurance providers to offer smoking cessation products and services (e.g., nicotine replacement therapy and counseling) to employees at no cost.														

Months	1	2	3	4	5	6	7	8	9	10	11	12	13	Annually
13. Plan a high-profile event or promotional activity, such as an employee health day, to celebrate the implementation of the smokefree policy. Engage top management and possibly political figures and/or the media.														
14. Prepare for physical changes that must take place for the policy to go into effect (e.g., make sure that no tobacco will be sold onsite and ashtrays and cigarette butt receptacles will be removed; if implementing a 100% smokefree campus, ensure that "smoking shelters" will be eliminated from company premises).														
15. Train or brief managers on: • How they can support employee efforts to quit • Enforcement and disciplinary procedures for breaches of the policy • Logistical and administrative changes that will take place as a result of implementation of the policy (e.g., posting of signs, inclusion of policy in employee manuals/handbooks, etc.)														
16. Develop signs and communications materials that will be used when the policy goes into effect. Sign text may include: • "No Smoking" • "This is a smokefree workplace." • "This company is smokefree." • "This company and these grounds are smokefree."														
17. Make sure that job postings for new staff and new employee orientation materials state the smokefree workplace policy.														
18. Formally announce implementation of the smokefree policy. Hold a high-profile event or promotional activity to celebrate the first day, if possible.														

Months	1	2	3	4	5	6	7	8	9	10	11	12	13	Annually
19. Beginning on the first day, prominently display signs and make visitors to the facility aware of the policy (e.g., on visitor badges).														
20. Remove ashtrays and cigarette butt receptacles. Make sure no tobacco is sold on the premises. If implementing a 100% smokefree campus policy, eliminate "smoking shelters" from company premises.														
21. Suggest that top management officials walk through company premises, especially areas where employees have traditionally smoked in the past, during the first few days after the policy takes effect, as a visible show of support for the policy.														
22. Continue the communications campaign, providing messages that promote a smokefree lifestyle, thanking employees for their support and efforts to make the smokefree policy a reality, and informing employees of the types of cessation assistance available.														
23. Clarify policy provisions and adjust implementation and enforcement procedures as necessary, based on results from the monitoring process.														
24. Continue to monitor and respond to input and feedback from employees and management. Specifically monitor the following: • The implementation and enforcement process (i.e., identify any areas of non-compliance or confusion and make sure the policy is being applied in an equitable manner) • The utilization of cessation services and products offered by the company														

Months	1	2	3	4	5	6	7	8	9	10	11	12	13	Annually
25. Document lessons learned through the implementation process.														
26. Debrief the working group, and assign duties for ongoing activities related to responding to employee questions and comments and evaluating the impact of the smokefree policy.														
27. Meet with senior management and report on lessons learned, the results of process and outcome evaluations, and ongoing activities.														
28. Evaluate indicators involving: • The number of smokers and interest in quitting (both in general and among those who received cessation services through the employee health services) three, six, and 12 months after the implementation of the policy • Employee compliance with policy • Employee participation in cessation programs and utilization of medications offered • Physical changes in company environment to support policy implementation • Employee satisfaction with policy • Employee visits to the company Web page explaining the smokefree policy (if applicable) Note: Refer to the section entitled "Monitoring and Evaluating the Impact of a Smokefree Workplace Policy" for more details.														
29. Report evaluation results to the working group and top management.														
30. Celebrate your smokefree success in conjunction with national/regional/ international events such as World No Tobacco Day or International Labor Day. Use those opportunities to market the cessation programs and services offered by your company.														

EMPLOYEE SUPPORT FOR A SMOKEFREE WORKPLACE

The success of your smokefree workplace policy depends on the understanding and support of your employees. Fortunately, in most workplaces, the level of support is high from the outset. Without proper care and planning during implementation, however, misunderstandings and resistance can arise. Therefore, gaining and sustaining a high level of employee support is the overarching goal of your implementation plan.

Important actions and principles for success include:

Assign overall responsibility for policy development and implementation to a senior manager with good relationships throughout your company. It is important for employees to see that your company's leadership is committed to the policy and that the initiative is well managed by someone they trust.

Create a Smokefree Policy Working Group to help develop and implement the policy. The working group should include smoking and non-smoking employees who are respected "opinion leaders" within the company. The working group could include one or more members of senior management, human resources, union leaders (if relevant), and representatives from human resources, the communications staff, buildings and maintenance, and other relevant departments and divisions. The basic decision to create a 100% smokefree workplace should be made by your company on the basis of health information and the advice of medical authorities, and should not be questioned by the working group. All other matters regarding the policy and its implementation should be open to the working group's input and advice. It is suggested that the working group continue meeting regularly after the implementation of the smokefree policy to help monitor its impact and manage future tobacco policy initiatives (for example, expanding a smokefree policy to a workplace campus or implementing a tobacco-free policy).

Begin with a situation analysis and assessment of employee readiness. As with any initiative, begin the process by gathering information about current practices within your company, recent experiences by similar companies that have become smokefree, and the current level of support for a smokefree workplace among employees. Much of this information can be gathered through informal research and outreach by the Smokefree Policy Working Group. An employee survey, however, can be very helpful in assessing opinions and ensuring that all employees have an opportunity to be heard. Information needed should include answers to the following questions:

- What is the current policy and practice concerning smoking and smoking breaks?
- What percentage of employees smoke?
- Is smoking more prevalent among some staff members or departments?

- What are the most popular locations for smoking now?
- What is the current level of support for a 100% smokefree policy?
- What are the main concerns employees have about a 100% smokefree policy?
- What is the level of knowledge of the health risks of smoking and secondhand smoke?
- What is the level of interest in quitting smoking?
- What is the level of interest in smoking cessation counseling and medications?

Other important information, such as copies of any previous policies on smoking in the workplace, the status of smoking in any union contracts, and whether smoking policies are included in any current property leases, can be obtained through internal research.

Use the assessment to predict areas that may be a challenge and to develop strategies for each challenge. Supervisors need to be prepared to address a variety of concerns. For example, do some employees say they will quit their jobs if they cannot smoke at work? Do some believe that a smokefree policy would be unfair? Is there a particular department or office where opposition to the policy is unusually high?

Develop a written policy statement. Your statement should explain the rationale for the policy, details about where the policy applies, and consequences for non-compliance. For more information on developing a written policy, see the section entitled "Designing a 100% Smokefree Workplace Policy."

Ensure that the policy and its enforcement are fair to smokers and non-smokers, across job categories. Make sure that smokers and non-smokers receive equal work breaks, for example.

Develop and implement a communications plan. Your communications plan will ensure that all employees understand what is expected of them under the policy and the health rationale for the policy. For more guidance on developing a communications plan, see the section entitled "Communication Strategies for a Smokefree Workplace".

Ensure that employees have a chance to voice any concerns about the policy and its implementation. Continued involvement by the Smokefree Policy Working Group is important because compliance with smokefree policies is higher when employees are consulted and involved in the process. Every member of the working group should be engaged in outreach. The section entitled "Monitoring and Evaluating the Impact of a Smokefree Workplace Policy" discusses ways to solicit feedback from employees.

Ensure that meaningful opportunities for feedback continue after the policy is implemented. Your company needs to know about any problems or perceived problems over time.

Demonstrate your company's commitment to employee health by providing effective smoking cessation information and benefits. The implementation of a smokefree policy can be a great motivation for smokers to quit. Your company should offer "best practice" cessation options to support smokers trying to quit. For more information on smoking cessation in the workplace, please see the section entitled "Helping Employees Quit Smoking".

Make it a family-oriented initiative, if possible. Extending cessation benefits to employees' family members has been found to increase smokers' accountability and encourage them to stop smoking. Involving family members and covered dependents in cessation programs has been demonstrated to be more likely to yield changes compared to focusing only on the employee in the workplace.[1]

1 U.S. Department of Health and Human Services Centers for Disease Control and Prevention Office on Smoking and Health, Wellness Councils of America, and the American Cancer Society. (1996). Making Your Workplace Smokefree—A Decision Maker's Guide. Available online at http://www.cdc.gov/tobacco/secondhand_smoke/workplace_guide.htm. Accessed March 4, 2008

DESIGNING A 100% SMOKEFREE WORKPLACE POLICY

The goal of your smokefree workplace policy is to promote a healthy and productive work environment for all employees. A worker-friendly policy should clearly communicate your company's concern for the health and well-being of all employees and should be designed to treat all workers fairly.

The policy should be put in writing, clearly identifying both the goals and the steps necessary to meet those goals. Whenever possible, the new policy should be integrated with similar programs and procedures on health and safety in the workplace, as is shown in the diagram "Sample Workplace Health and Wellness Program". The policy statement should emphasize goals including providing a healthy workplace, supporting workers who want to quit smoking, and protecting all employees from secondhand smoke.

The written policy should include:

- The purpose of the policy
- A connection between the policy and company values
- A time frame for implementation
- A clear statement that the policy applies to everyone: employees, visitors, sub-contractors, and others
- A clear statement that tobacco use is not allowed anywhere in company buildings or on company property; if there are exceptions they should be noted (See discussion below.)
- A description of the support available for smokers, such as counseling and smoking cessation services
- The consequences of non-compliance
- The names and contact information of designated staff members who can answer questions related to the policy

Most elements of the written policy are straightforward. Several points, however, require special attention. These include:

Compliance. In general, smokefree policies tend to be self-enforcing, with high compliance rates. Non-compliance with the policy should be handled in the same manner non-compliance is handled with your company's other policies. It should be made clear that compliance with the policy is a condition of employment. The first response to non-compliance by a staff member should also involve counseling about the policy and the reasons behind it.

Does the policy apply outdoors? To provide adequate protection for non-smokers, indoor workplaces should be 100% smokefree. Some workplaces allow employees to smoke outdoors, in designated areas located away from doors and windows. However, there is a growing trend toward providing a completely smokefree property, indoors and out. The rationale for not allowing smoking outdoors is to provide a healthy work environment that fully supports employees who wish to quit smoking. Eliminating outdoor smoking also eliminates cigarette litter issues and the need to enforce rules regarding designated smoking areas. If your company allows outdoor smoking, the written policy should specify where such smoking is permitted, and appropriate arrangements should be made to minimize cigarette litter.

This toolkit includes a model smokefree workplace policy and sample smokefree and tobacco-free policies from other companies that you may customize to fit your needs.

Model Smokefree Workplace Policy

[Note: This model policy may be easily adapted to implement a tobacco-free policy if your company chooses to do so.]

[company name] is dedicated to providing a healthful, comfortable, and productive workplace for all its employees.

The health hazards related to smoking are well-documented. These health hazards impact both the smoker and the non-smoker who is exposed to secondhand smoke. Therefore, [company name] will provide a smokefree workplace to all of its employees and all visitors.

Principles

- This policy will apply to all persons, at all times, in company-owned or leased buildings and vehicles [if feasible: "and on company-owned or leased outdoor property"].
- This policy will be implemented no later than [date of implementation].
- This policy also applies to company-sponsored meetings and events on or off company premises.
- [If feasible: "This policy applies to personal vehicles on company property, including parking lots."]
- Smoking of all types (including but not limited to cigarettes, bidis, kreteks, pipes, and cigars) is prohibited.
- Tobacco cessation and awareness programs, referrals, and resources will be made available to employees who desire to stop using tobacco. [Include information about where to go to receive help or information on quitting smoking.]
- Compliance with the smokefree workplace policy is mandatory for all employees and persons visiting the company, with no exceptions. Employee non-compliance with the policy will result in disciplinary action.
- This policy will be enforced through administrative action by supervisors and managers. Supervisors are responsible for ensuring that employees under their direction are aware of the policy and comply with it and for taking appropriate action to correct non-compliance. Supervisors are responsible for ensuring that all employees are notified of the new policy and receive a copy of the policy.

- Any person who observes violations of the policy may report these violations to the supervisor of the employee in question. Once the employee's supervisor has been notified of a violation, or if the supervisor directly observes a violation by an employee under his or her direction, the supervisor is responsible for discussing the violation with the employee and taking appropriate disciplinary action. If the problem persists, an employee who observes violations of the policy can speak to [company department, name, and phone number for complaints].

- Any disputes involving this policy should be handled through the company's established procedures for resolving work-related problems.

- Questions regarding this policy should be referred to [provide contact information for one or more staff designated to handle inquiries].

Sample Smokefree Workplace Policies

Johnson & Johnson
Worldwide Tobacco-Free Workplace Policy

1. POLICY

1.1 Johnson & Johnson and its affiliates desire to promote the health and wellness of their employees by incorporating a total "tobacco-free" workplace. Companies can individually manage their transition to a "tobacco-free" workplace based on their current smoke-free status, but must be totally "tobacco-free" by no later than January 1, 2007.

1.2 To be in compliance with this policy, companies must communicate the tobacco-free workplace policy to employees and develop site-specific implementation plans in conjunction with site management, Human Resources, and Health & Safety no later than January 1, 2006.

1.3 Each affiliate is expected to establish a company policy of its own which incorporates each of the elements described in this corporate policy. Where local laws restrict certain concepts in the policy, it is expected that the local company policy will be modified to be permissible under the law.

2. PURPOSE

2.1 The personal health hazards related to all tobacco products, which include but are not limited to, smoking (e.g., cigarettes, pipes, cigars, hookah, etc.) and/or using smokeless tobacco (e.g., snuff, chew-gutka, jarda, betel quid, etc.) have been well-documented. The health hazards related to smoking impact both the smoker and the non-smoker who is exposed to secondhand smoke. It is the intent of Johnson & Johnson companies to provide all employees with a work environment conducive to good health.

3. APPLICABLE

3.1 This policy is applicable to all employees, contractors, and visitors while on the property at any of our locations worldwide. As necessary, this policy will be modified to comply with local laws regulating designated smoking areas.

3.2 All employees, contractors, and visitors are prohibited from using tobacco at Johnson & Johnson company workplaces. The workplace is defined as inside all Johnson & Johnson company-owned or leased facilities, as well as outside on the grounds and parking lots, and inside company-owned or leased vehicles and personal vehicles on company property. This policy also applies to company-sponsored meetings and events on or off company premises. Prohibited uses of tobacco include but are not limited to smoking (e.g., cigarettes, pipes, cigars, hookah, etc.) and/or using smokeless tobacco (e.g., snuff, chew-gutka, jarda, betel quid, etc.).

3.3 Tobacco cessation and awareness programs, behavioral modification tools, referrals, and resources will be made available to employees who desire to stop tobacco use.

3.4 Employee non-compliance with the policy will result in disciplinary action.

3.5 Any questions regarding this policy should be referred to the local Human Resources and/or Health & Safety representative.

Welch Allyn Smokefree Workplace Policy

PURPOSE
To provide clean air in all Welch Allyn Affiliated Company work environments.

AFFECTS
All Welch Allyn Affiliated Company employees, agency temporary, contract employees, and all non-employees.

POLICY
No smoking or lighting of cigarettes, cigars, pipes, or other substances on company property. Property is defined as office or plant site or building and any motor vehicle owned by a Welch Allyn Affiliated Company.

Violations of this policy will be treated according to the following progressive counseling schedule. Steps 2-4 will be documented in the employee's file.

1. First time an employee is found smoking results in a verbal warning, including a review of the policy.

2. Second time results in a written warning.

3. Third time results in a one-day leave without pay, to consider the seriousness of the situation.

4. Fourth time results in termination.

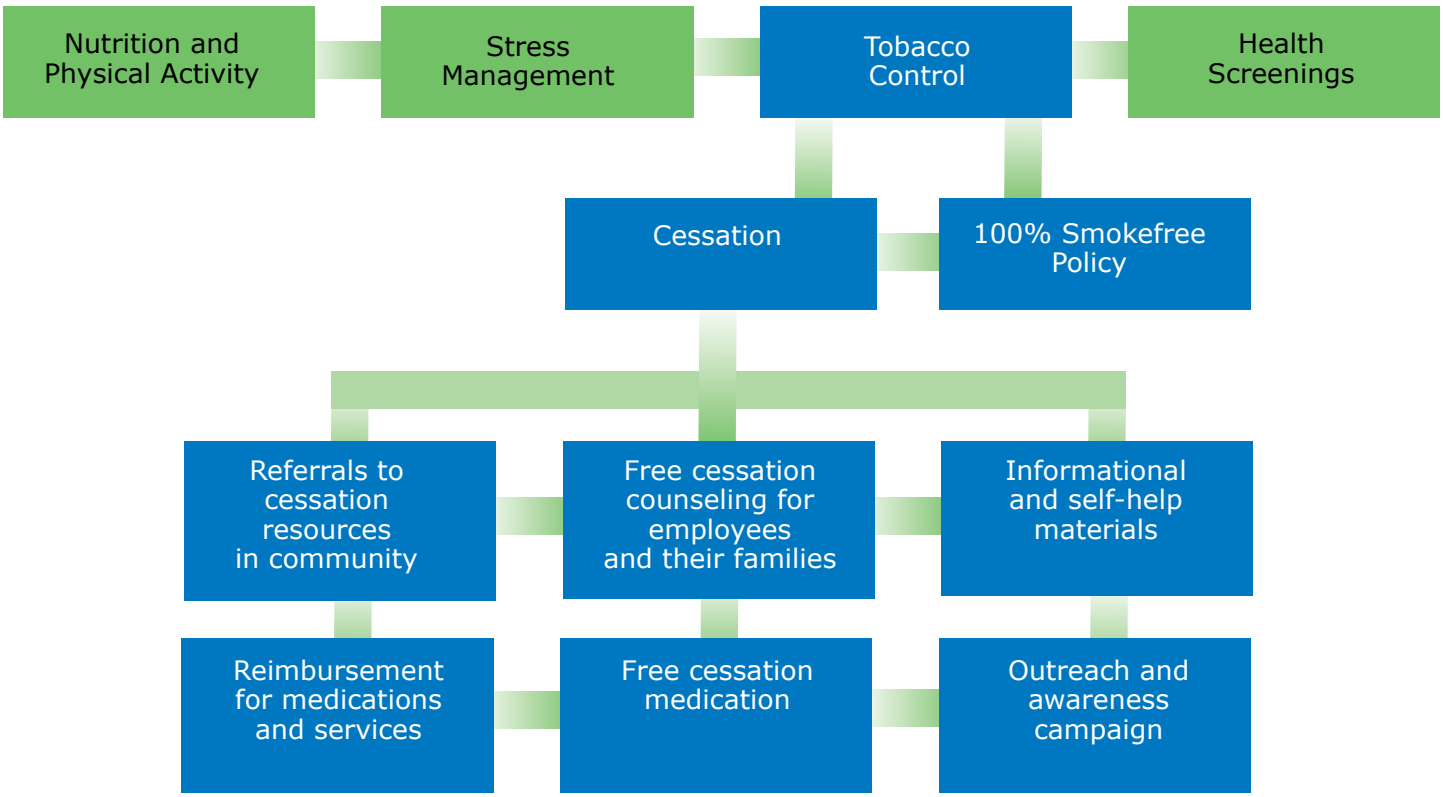
For violations in areas of volatile substances or products damageable by smoke, step 3 or 4 may be invoked directly.

The Dow Chemical Company

In North America, all Dow property and meetings are smokefree. All Dow Health Services facilities are tobacco-free.

Globally, all Dow buildings and meetings are smokefree. Designated outside smoking areas are still allowed.

SAMPLE WORKPLACE HEALTH AND WELLNESS PROGRAM



COMMUNICATION STRATEGIES FOR A SMOKEFREE WORKPLACE

Developing and implementing a communications plan that tells employees what they need to know about the new smokefree policy – and one that does so in a positive way – is central to the overall success of the policy. Key elements of a communications plan include a listing of the target audiences, effective messages and appropriate messengers for each audience, the appropriate media or methods to reach each audience, and a timeline for all activities.

Identifying target audiences. For most companies, there are four primary audiences:

- All employees affected by the policy
- Managers who need special briefing and training about their role in implementing the policy
- Shareholders, customers, and the general population
- Mass media

Developing effective messages. Your communications plan should use the results of the situation analysis and outreach (discussed in the section entitled "Employee Support for a Smokefree Workplace") to identify information and messages each audience needs to understand. Strategies for developing effective messages include:

- Keep all communications positive and focused on your company's genuine interest in promoting health and safety.
- Make sure employees understand that the policy will be implemented fairly in a process in which smokers and non-smokers are represented, and that feedback and ideas from staff are welcome.
- Avoid any messages that could appear negative or insensitive to smokers.
- Ensure that all employees understand the health rationale for the policy: Research shows unequivocally that secondhand smoke is a significant health risk; medical authorities agree that all workplaces should be completely smokefree; and ventilation systems cannot remove all of the toxic chemicals and gases from the air.

- Ensure that managers and supervisors know what is expected of them and are prepared to implement the policy.

- Be sure to communicate the timeline for implementation of the policy.

- Promote company-supported smoking cessation counseling and treatment opportunities, beginning one to three months in advance of implementation. Employees need time to decide to quit smoking. They also need to know from the outset that your company wants to help them quit.

- After the implementation of the policy, thank employees for their support and their efforts to make the smokefree policy a reality.

Choosing the best messengers. The person who delivers a message is often as important as the message itself.

- Include a visible role for senior corporate executives as communicators; it is important for your company to signal the commitment of top management to the new policy.

- Involve other effective messengers. Respected doctors or nurses within your company, union leaders, and charismatic employees who are skilled communicators and committed to the policy all could play an important role.

- If possible, include messages from popular, well-known personalities outside of your company, such as politicians or sports stars committed to smokefree air.

Delivering your messages. Key messages should be delivered repeatedly in advance of the implementation date using all available means of communication.

- For reaching employees, effective delivery methods include email, meetings, trainings, your company's Web site, blogs, newsletters, paystubs, bulletin boards, and signs. Make sure the policy is included in employee orientation materials and job postings.

- For reaching shareholders and the general population, the mass media and your company's annual report can be used to highlight the company's commitment to employee health and well-being.

- For reaching the mass media, consider disseminating press releases and feature articles, holding news conferences and interviews, or holding special events to draw attention to your company's smokefree efforts.

- Special events and promotional activities can be effective ways to deliver key messages. Consider scheduling a special event on implementation day. For example, implementation could be timed to coincide with a national or international no-smoking day, and your company could work with health officials or health groups to host a media event on that day. Your company could also sponsor a health fair on or in advance of implementation day. Other promotional activities could include a poster contest, a countdown until the launch of the policy, or incentives for employees who quit smoking during the first month.

Developing a Timeline. Your communications plan should include a timeline to ensure that appropriate messages are delivered at each stage of the implementation process, beginning approximately four months in advance, if possible, and continuing past the implementation of the policy, as needed.

HELPING EMPLOYEES QUIT SMOKING

Offering assistance to employees who would like to stop smoking benefits both employers and employees alike. For employees, the benefits are profound because most smokers would like to quit, and smoking cessation can significantly improve health and quality of life. For employers, the benefits include reducing the high costs of absenteeism, medical care, lost productivity, and cleaning and maintenance related to smoking. Reduced smoking rates among employees can also improve your company's image and employee morale.

Smoking cessation initiatives can be especially important and cost-effective if implemented one to three months in advance of a smokefree workplace policy. This will allow the cessation program to help employees who would like to quit smoking ahead of the policy and will give the program a chance to mature before demand increases in response to the smokefree policy. Workplace smoking cessation initiatives are also affordable. They are widely regarded as the "gold standard" of health-care cost-effectiveness.

Due to the wide variation in health care systems and employer practices among countries, no single approach to helping employees quit will work everywhere. The following helpful guidelines, however, can be adapted to the size and culture of your company. These include:

Rely on an interdepartmental working group to develop and oversee smoking cessation assistance. For ease of coordination, the same working group that is overseeing implementation of the smokefree workplace policy could also be asked to oversee development or enhancement of smoking cessation assistance offered by your company. Activities of the working group should include:

- Assessing the current cost of smoking to your company and the potential benefits that could be achieved through a smoking cessation initiative
- Using surveys and/or focus groups to assess the level of interest among employees in smoking cessation products and services
- Researching available resources
- Deciding on an approach and making appropriate recommendations to management

Determine the level of support to provide. Your company can provide smoking cessation programs and support ranging from "comprehensive" to "facilitative" to "referral-based," as described below:

- Comprehensive: Fully-funded benefits are provided on-site.
- Facilitative: The employer provides extensive information, including self-help materials, and makes some cessation services available.
- Referral-based: Employers refer employees to community-based programs and materials.

Integrate smoking cessation assistance into your company's other health and wellness programs. Occupational health and wellness staff involved in stress management, nutrition and physical activity, health screenings, and other programs offered by your company should be trained to assess, educate, and refer smokers to appropriate cessation information and programs as part of their work. The diagram labeled "Sample Workplace Health and Wellness Program" shows how smoking cessation fits into other programs.

Evaluate the success of the cessation assistance offered. Your company should evaluate both short-term benefits of the cessation assistance, such as enhanced employee awareness, improved morale, higher quality of work, increased job satisfaction, and long-term outcomes such as:

- Increased productivity
- Reduced employee absenteeism
- Prevention of injuries
- Reduced risk of fire damage
- Increased employee retention
- Enhanced opportunities for corporate social responsibility

Consider coordinating the collection of this information with the evaluation of the smokefree workplace policy.

Choose appropriate smoking cessation resources. Cost-effective smoking cessation products and services that your company could consider offering as part of a cessation program include:

- Individual cessation counseling
- Group counseling
- Telephone counseling
- Informational and self-help materials
- Smoking cessation medications, including nicotine replacement therapy (NRT)
- Referrals to cessation programs and information in the community

All of these approaches to cessation are effective when properly implemented; some smokers are more easily motivated by one approach than another. Studies have shown that cessation medications provide much better results when paired with counseling, so ideally your company would provide employees with access to both.

The following publications provide more detailed information about how your company can help employees quit smoking and about smoking cessation products and services:

Employers' Smoking Cessation Guide: Practical Approaches to a Costly Workplace Problem, 2nd Edition
Professional Assisted Cessation Therapy 2002
http://www.endsmoking.org/resources/employersguide/pdf/employersguide-2nd-edition.pdf

Policy recommendations on smoking cessation and treatment of tobacco dependence World Health Organization (WHO) 2003
http://www.who.int/tobacco/resources/publications/en/intro_chapter3.pdf

Tobacco in the Workplace: Meeting the Challenge. A handbook for employers.
WHO Copenhagen 2002
http://www.euro.who.int/document/e74819.pdf

1 Eddy DM. Eddy ranks the tests. Harvard Health Letter. 1992; (July Suppl): 10-11.

MONITORING AND EVALUATING THE IMPACT OF A SMOKEFREE WORKPLACE POLICY

Monitoring

Throughout the planning, implementation, and enforcement process, it is important to have a system in place to collect feedback on the new policy from employees and managers. The Smokefree Policy Working Group and the manager in charge of implementing the policy should consider a variety of feedback mechanisms, including:

- Informal outreach by the Smokefree Policy Working Group
- Periodic anonymous employee surveys (consider using a service such as www.surveymonkey.com)
- A feedback mechanism through your company's intranet site
- Email inviting feedback
- A suggestion box
- Meetings that include time for questions

Be sure to address employee and management comments, suggestions, and concerns in a timely, thoughtful manner. Clarify policy provisions and adjust implementation and enforcement procedures as necessary.

Evaluation

Six months following policy implementation and annually thereafter, it is recommended that your company conduct an evaluation of the policy. Evaluation allows your company to measure the results of the policy and its implementation and make improvements, as needed, to sustain the smokefree workplace. Consider assessing the following:

- Health Impact
  - Measure the impact of the policy by determining the number of smokers and their interest in quitting before and after the smokefree policy implementation (both in general and among those who received cessation services through the employee health services). Ideally, this information would be collected before the policy is implemented; three, six, and 12 months after implementation; and annually thereafter.

- Operational Impact
  - Determine whether the policy is being applied equally to employees, managers, senior managers, visitors, etc., perhaps through a confidential survey.
  - Identify areas of non-compliance.
    - Are all company buildings smokefree, including company-owned or leased facilities? If you have a 100% smokefree campus policy, are outdoor areas and parking lots, company-owned or leased vehicles, and personal vehicles on company property smokefree?
    - Are company-sponsored meetings and events on or off company premises smokefree?
  - Determine whether necessary physical changes to company premises have been made.
    - Is tobacco being sold on company premises?
    - Do ashtrays and cigarette butt receptacles exist on company premises?
  - Track employee participation in cessation programs.

- Employee Satisfaction
  - Measure employees' (including management) satisfaction with the policy and its implementation.
  - Measure employees' satisfaction with the cessation programs and services provided.

- Communications
  - Track employee visits to your company Web page explaining the smokefree policy (if applicable).
  - Identify areas of confusion around the policy and/or its implementation, and find ways to avoid them.
  - Determine whether the existing signage informing employees and visitors of the policy is appropriate and sufficient.
  - Track the number of occasions when requests for support or information could not be met. (Delayed or inadequate support or information should also be judged as failure to provide support.)

The lessons learned and data collected from the monitoring and evaluation process should be documented and reviewed by management and the Smokefree Policy Working Group. The results of monitoring and evaluation will not only guide your development of ongoing activities to ensure the success and sustainability of the smokefree policy, but also will be useful in promoting your company's smokefree success to external audiences.

ARE YOU READY? A SMOKEFREE WORKPLACE IMPLEMENTATION CHECKLIST

Before implementing your smokefree policy, have you …

- ☐ Assigned overall responsibility to a respected manager as a smokefree policy coordinator to develop and oversee policy implementation?
- ☐ Built support for and raised awareness of the impending policy among employees and management?
- ☐ Provided a way for employees and management to provide input and feedback on the smokefree policy implementation?
- ☐ Researched and decided on the smoking cessation tools (services and products) your company will offer?
- ☐ Planned a high profile event or promotional activity, such as an employee health day, to celebrate the implementation of the smokefree policy?
- ☐ Prepared for the physical changes that must take place for the policy to go into effect (e.g., making sure that ashtrays and cigarette butt receptacles will be removed from company premises)?
- ☐ Trained or briefed managers on the implications of the policy?
- ☐ Developed signage that will be posted and communications materials that will be used when the policy goes into effect?
- ☐ Created a Smokefree Policy Working Group composed of smoking and non-smoking employees who are respected "opinion leaders" within your company?
- ☐ Ensured that employees have access to smoking cessation tools and counseling either on-site or through referrals to outside resources?

On the day your smokefree policy is to be implemented, have you …

- ☐ Ensured that job postings for new staff and new employee orientation materials state that your company has a smokefree workplace policy?
- ☐ Prominently displayed signage and made visitors to the facility aware of the policy (e.g., on visitor badges)?
- ☐ Formally announced the policy, ideally in conjunction with a high-profile event or promotional activity, such as an employee health day?

- ☐ Removed ashtrays and cigarette butt receptacles and, if implementing a 100% smokefree campus policy, eliminated "smoking shelters" from company property?
- ☐ Ensured that no tobacco products are sold on company premises?

After your smokefree policy is implemented, have you …

- ☐ Continued the awareness campaign, providing messages that promote a smokefree lifestyle and thanking employees for their support and efforts to make the smokefree policy a reality?
- ☐ Continued to monitor and respond to input and feedback from employees and management?
- ☐ Evaluated the impact of your efforts and documented lessons learned and future needs?
- ☐ Met with the Smokefree Policy Working Group and senior management to discuss the results of the policy evaluation and ongoing activities?
- ☐ Celebrated your smokefree workplace policy success in conjunction with national/regional/international events such as World No Tobacco Day and International Labor Day?

See "Making Your Workplace Smokefree: A Timeline of Activities" for more details about these tasks.

COMPANY PROFILES: HOW DID THEY GO SMOKEFREE?

Case Study: The Dow Chemical Company

Company description (from company Web site, www.dow.com)

With annual sales of $54 billion and 46,000 employees worldwide, Dow is a diversified chemical company that combines the power of science and technology with the "Human Element" to constantly improve what is essential to human progress. The Company delivers a broad range of products and services to customers in around 160 countries, connecting chemistry and innovation with the principles of sustainability to help provide everything from fresh water, food, and pharmaceuticals to paints, packaging, and personal care products. For more information, visit www.dow.com.

Motivation to go smokefree

As part of its commitment to employee health and wellness, Dow established a smokefree policy at its North American locations over 15 years ago. The Dow planning team intentionally anchored the decision to implement a smokefree policy with existing corporate policies and priorities and with the expectations of supporting good health and delivering shareholder value. The smokefree policy was aligned with the company's global Environment, Health, and Safety Policy (to support the protection of individuals from adverse health impacts) and local safety policies (which prohibited smoking for safety reasons).

Smokefree policy

In 2003, Dow's Health Services and Human Resources departments updated the policy in response to the increasing evidence related to the adverse health effects of secondhand smoke.

The new policy involved two parts:

1) Extending its North American smokefree policy to Dow property and meetings, including outdoor areas, and implementing a tobacco-free policy at Dow Health Services facilities (e.g., fitness centers)

2) Implementing a smokefree buildings and meetings policy globally (Designated outside smoking areas would still be allowed.)

Dow spent approximately 18 months planning for the implementation of the new policy. The policy was introduced like any other companywide policy; a clear plan was put in place, deadlines were set, and each step of implementation was approved and documented by the appropriate personnel. A review of local practices and gaps was completed, and tools such as a geographic implementation checklist were provided to aid each region in local implementation. A comprehensive communications plan was also developed and implemented, and customized messages were created for various stakeholders – management, Human Resources, union representatives, employees – and disseminated through the full range of communication vehicles. Opportunities and support for

employee tobacco cessation were also provided well in advance of the policy start date to help encourage tobacco-free lifestyles and ease the transition to the policy. After the rollout of the policy, local adjustments were made as needed. The policy was also incorporated into Dow's quality assurance and audit processes.

Results achieved

Employee tobacco cessation rates, which are tracked as part of Dow's health assessment program, have improved since the implementation of the policy. Dow's global rate of tobacco use is currently 18 percent. By 2014, Dow aims to reduce the prevalence of tobacco use in each of its geographic regions by 10 percentage points.

Obstacles faced

1. Geography-specific challenges
To implement the policy in Germany and the Netherlands, Dow needed approval from the "works councils," or representative employee groups, which created a layer of bureaucracy and led to implementation delays. A key point to take away is to understand the full scope of the decision-makers and to allow adequate time in the implementation plan for extra communication and decision-making. It is also essential to have strong evidence to support the policy recommendations, understand the minimum requirements of the policy, and be open to some flexibility (or more time for implementation) in some areas.

Some sites in the Asia Pacific region have also proved challenging given the high rates of tobacco use and the lack of cessation expertise, services, and medication/nicotine replacement therapy availability. Dow is working with regional health services staff to increase their skills and self-efficacy in addressing tobacco use in both individual counseling and population-based health promotion. Customizing communication materials to be consistent with local resources is important to make them more useful and more credible. In some places, additional resources are allocated to the implementation of local tobacco cessation programs.

2. Lack of understanding of global needs and resources
Extensive research was required to understand the cultural aspects of tobacco use and the cessation options available to Dow's global employee population. At Dow, a global tobacco cessation subject matter expert relies on input from regional contacts around the world to ensure that policy, clinical guidelines, and resources are consistent with known best practices, drive progress, and allow for local flexibility where necessary.

3. Lack of transparency
It can be difficult to assess how effectively the policy is being implemented in more remote locations.

- Dow's tobacco policy is listed, by worksite, on the employee benefit Web site as part of the company's commitment to and pride in offering a healthy workplace.

- Including messaging about Dow's tobacco-free workplace policy as part of the company-wide No Tobacco Day and in the company's sustainability goals encourages grassroots inquiries if local practice deviates from the global expectation.

- Making the policy part of the company audit process and keeping tobacco on the topic list for health-related site visits and update meetings helps to identify (potential) changes in the policy.

Lessons learned

- Do your research. Understand the cessation opportunities available at your global locations and their local laws/customs regarding tobacco use.

- Be able to provide the rationale and business case for implementing a tobacco-free worksite. Ensure that your employees realize that the decision to go tobacco-free is not arbitrary or punitive. Not only is employee health important to the company, but tobacco use results in reduced productivity and increased health risks, both of which affect the company's bottom line.

- Recognize that quitting tobacco use is an emotional and personal issue for people – and that it can be hard work. Be supportive of your employees' quitting efforts, but be sure in your communications and plans that non-tobacco users do not feel punished or unappreciated because they do not use tobacco.

- Consider the greater community. There may be opportunities to take advantage of tobacco control successes within your community – for example, the passage of smokefree legislation – to generate momentum for your tobacco-free workplace policy. By the same token, it may be possible to create changes in tobacco control policy in your community by implementing a tobacco-free policy at your workplace. Suppose there is a small community where there are only two major employers. Consider meeting with the other large employer to discuss whether they would be interested in implementing a smokefree policy at the same time.

- Reinforce the policy via constant communications and monitoring. Reinforcing the policy and monitoring its implementation will help ensure that the policy becomes part of the company's culture and that all new employees and contractors understand it as a mandatory company policy. Recognize that you need consistent support to help employees and family members quit, that relapse is possible, and the desire to quit may come well after the policy launch. Hold tobacco cessation campaigns at regular intervals year after year – not only when the tobacco-free policy is implemented.

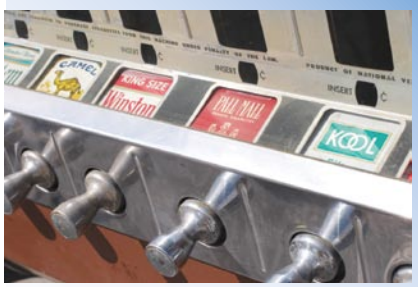
- Keep thinking about how to get to your end goal of a tobacco-free environment. Dow No Tobacco Day takes place every May in conjunction with World No Tobacco Day. It is an opportunity for the company to reinforce the tobacco-free message and to encourage people to think about quitting tobacco use. The event also includes site-specific challenges to provide a supportive environment of no-tobacco use (e.g., sites in Japan close their outside smoking huts for at least the day).

- Reward worksites that take action to create a tobacco-free workplace. Dow has a Healthy Workplace Index, which is an internal tool to measure and encourage sites to create a supportive environment (and culture) that encourages employees to practice healthy behaviors. "Smoke-free workplace" is one indicator in this index, and worksites receive a higher score on that measure if they do not have designated smoking areas.

- Consider implementing a policy that covers all forms of tobacco. One unexpected, negative outcome of the smoke-free policy was a probable increase in smokeless tobacco use among employees. Dow has since increased efforts to inform its employees about the health consequences of smokeless tobacco and dispel the myth that smokeless tobacco is a safe alternative to cigarettes. Dow has also reframed its goal as a tobacco-free workplace as opposed to a smokefree workplace and consistently uses tobacco (vs. smoking) use/cessation in its messaging.

COMPANY PROFILES: HOW DID THEY GO SMOKEFREE?

Case Study: Johnson & Johnson



Company description (from company Web site, www.jnj.com)

Johnson & Johnson is a worldwide family of 250 companies marketing health care products throughout the world.

The companies' more than 119,000 employees are engaged in producing products that serve a broad segment of medical needs. They range from baby care, first aid, and hospital products to prescription pharmaceuticals, diagnostics, and products relating to family planning, dermatology, and feminine hygiene. They are located in 75 countries and sell products in over 150 countries.

Johnson & Johnson is the world's most comprehensive and broadly-based manufacturer of health care products as well as a provider of related services for the consumer, pharmaceutical, and professional markets.

Motivation to go smokefree

Johnson & Johnson acknowledges that employee wellness is crucial to the success of the business and considers it its responsibility to provide employees with the resources to lead healthier lives. In accordance with this credo and to create, promote, and sustain an organizational culture of health, Johnson & Johnson implemented a tobacco-free workplace policy on January 1, 2007.

Smokefree policy

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

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

Results achieved

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

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

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

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

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

Obstacles faced

1. **Partial exemptions based on local laws (requiring an outside smoking area)**
   To overcome this obstacle, Johnson & Johnson positioned the policy as an employee health and safety issue rather than an issue of complying with local tobacco control laws.

2. **Compliance challenges**
   Johnson & Johnson provided advance communication with employees and offered cessation assistance on an ongoing basis to encourage compliance among its employees. The tobacco-free policy was also encouraged as part of an overall wellness culture rather than as a one-off initiative.

3. **Lack of cessation products in the market, i.e., China**
   In some markets, cessation medications are not available.

4. **Co-resident smokers**
   Finding that employees would be more successful at quitting if other smokers in their households quit as well, Johnson & Johnson offered cessation support to families of employee smokers.

Lessons learned

- Obtain management support of the tobacco-free policy. Gain the support of both senior management and local management. Make sure these individuals understand the objectives of and expectations for the policy, as well as the strategies for implementation and their role in that process.

- Assess your current situation and build the business case for going tobacco-free. Conduct an analysis of your employees' smoking behavior (i.e., proportion of employees who are smokers) and readiness for a tobacco-free policy. Consider the smokefree policies of other global organizations. Conduct ongoing reviews of literature and best practices.

- Establish a team comprised of employees from all levels and departments of the company ("Smokefree Policy Working Group") and enlist the team to develop an integrated implementation and communication plan. The Team should include employees from Management, Labor, Health and Safety, Human Resources, and Operations. Also partner with Employee Benefits to leverage resources and coverage for nicotine replacement therapy and evidence-based cessation medications and programs. Engage labor unions.

- Allow for sufficient lead time for policy implementation, perhaps between six and nine months if a tobacco policy already exists and between nine and eighteen months if a tobacco policy does not already exist.

- Communicate the policy to employees. Keep it visible. Develop a corporate communications plan that allows for ongoing (at least annual) marketing of the policy. Develop communications plans and marketing kits for your company locations. Announce the policy and the timeline for implementation and cessation activities. Communicate the management's full support of the policy. Use the full range of communications vehicles, for example, email announcements, tobacco control events in the community, the company intranet, posters and fliers, and the company newsletter.

- Implement any necessary environmental changes. Remove ashtrays from company premises, remove vending machines that sell tobacco, and post "tobacco-free facility" signage.

- Offer support to employees and their family members through workplace tobacco cessation initiatives before and after the effective date. Consider the various types of tobacco cessation programs and resources available, including those that are self-paced and offered on-site or online. Utilize resources available in the local or regional community. Integrate cessation offerings with Employee Health Services (e.g., Employee Assistance, Occupational Health and Wellness). Explore options for coverage of evidence-based tobacco treatment including counseling and medications.

- Evaluate the outcomes of the policy. Develop and/or utilize measurement or assessment tools to monitor progress towards policy implementation. Adjust your strategy as needed. Track and report business results, best practices, and lessons learned to the Smokefree Policy Working Group and senior management. Outcome measures include employee satisfaction with the policy and cessation interventions, changes in employees' smoking behaviors (i.e., percentage of employees who are non-smokers, percentage of employees who quit or attempted to quit one year after implementation of the policy), business results (i.e., cost-avoidance through risk reduction, reduction in medical claims/cost), utilization of cessation offerings, compliance with the policy, and percentage of companies/affiliates that have successfully implemented the policy.

- Consider phasing-in the policy in locations where you might face greater resistance. In Japan, for example, Johnson & Johnson Medical implemented its tobacco-free policy in four phases. Phase one involved separating smoking areas from smokefree areas. Phase two involved removing smoking areas and offering a tobacco control e-learning program to employees. Phase three involved announcing the forthcoming worldwide tobacco-free policy, implementing a "no smoking during office hours" policy, and providing cessation support programs. Phase four involved implementing the tobacco-free workplace policy.

RESOURCES ON SMOKEFREE WORKPLACE POLICIES

Action on Smoking and Health-London.
Smoking in the Workplace.
http://www.ash.org.uk/files/documents/ASH_290.pdf

American Cancer Society.
Guide to quitting smoking.
http://www.cancer.org/docroot/PED/content/PED_10_13X_Guide_for_Quitting_Smoking.asp?sitearea=&level=

Campaign for Tobacco-Free Kids.
Toolkit for Implementing Smoke-free Laws.
http://www.goingsmokefree.org/tools/business.html

The Cancer Council New South Wales. Going smoke-free –
Workplace Recommendations.
http://www.nswcc.org.au/editorial.asp?pageid=386

The Government of South Africa.
A Guide on how to Create a Smoke-free Workplace.
http://www.capegateway.gov.za/eng/pubs/public_info/G/71609

Johnson & Johnson. Collection of materials for going smoke free. (Unpublished)

NHS, National Institute for Clinical Health and Excellence.
Workplace Smoking.
http://www.nice.org.uk/guidance/index.jsp?action=byID&o=11381

Partnership for Prevention. Investing in Health:
Proven Health Promotion Practices for Workplaces.
http://www.prevent.org/workplaceguide

Tobacco Law Center – William Mitchell College of Law.
A Union Guide to Tobacco: Smoke-free Workplace Policies.
http://www.wmitchell.edu/TobaccoLaw/resources/Policies.pdf

U.S. Department of Health and Human Services Centers for Disease Control and Prevention. Implementing a Tobacco-Free Campus Initiative in Your Workplace.
http://www.cdc.gov/nccdphp/dnpa/hwi/toolkits/tobacco/index.htm

U.S. Department of Health and Human Services Centers for Disease Control and Prevention Office on Smoking and Health, Wellness Councils of America, and the American Cancer Society. Making Your Workplace Smokefree—
A Decision Maker's Guide.
http://www.cdc.gov/tobacco/secondhand_smoke/workplace_guide.htm

World Bank. Smoke-free workplaces.
http://siteresources.worldbank.org/INTPHAAG/Resources/AAGSmokeFreeWorkplaces.pdf

World Health Organization Europe. Tobacco in the Workplace:
Meeting the Challenges. A Handbook for Employers.
http://www.euro.who.int/document/e74819.pdf

World Health Organization Europe. Why Smoking in the Workplace Matters:
An Employer's Guide.
http://www.euro.who.int/document/e74820.pdf

GENERAL SMOKEFREE RESOURCES

Action on Smoking and Health – London
http://ash.org.uk

Adoption of the guidelines for implementation of Article 8.
World Health Organization (WHO), Conference of the Parties to the WHO Framework Convention on Tobacco Control, second session, decision FCTC/COP2(7).
http://www.who.int/gb/fctc/PDF/cop2/FCTC_COP2_DIV9-en.pdf

American Cancer Society

- "Enacting Strong Smoke-free Laws:
  The Advocate's Guide to Legislative Strategies"
  http://www.cancer.org/downloads/AA/Legislative_Strategies.pdf

- "Enforcing Strong Smoke-free Laws:
  The Advocate's Guide to Enforcement Strategies"
  http://www.cancer.org/docroot/AA/content/AA_1_7_PDF_Enforcement_Strategy.asp?

Americans for Nonsmokers' Rights
http://www.no-smoke.org

Specific page on international smokefree efforts:
http://no-smoke.org/learnmore.php?id=174

Campaign for Tobacco-Free Kids – International Resource Center
http://tobaccofreecenter.org/smoke_free_laws

Cancer Research UK
http://info.cancerresearchuk.org/publicpolicy/briefings/prevention/tobaccocontrol

Centers for Disease Control and Prevention – Smoking and Tobacco Use
http://www.cdc.gov/tobacco

Framework Convention Alliance
http://www.fctc.org

- Basic Factsheets in Arabic, English, and Spanish:
  http://www.fctc.org/index.php?item=factsheets

- Documents in French:
  http://www.fctc.org/index.php?item=docs-fr

Global Smokefree Partnership
http://www.globalsmokefreepartnership.org

- "Smokefree: The Facts" – 12 factsheets on key aspects of smokefree policies
  - Available in English at:
    http://tobaccofreecenter.org/smoke_free_factsresources
  - Available in Spanish at:
    http://tobaccofreecenter.org/es/smoke_free_factsresources

- Available in French at:
  http://tobaccofreecenter.org/fr/smoke_free_factsresources
- Available in Portuguese at:
  http://tobaccofreecenter.org/pt/smoke_free_factsresources

- Page on Secondhand Smoke:
  http://www.fctc.org/index.php?item=topics&code=15

Johns Hopkins Bloomberg School of Public Health Institute for Global Tobacco Control
http://www.jhsph.edu/global_tobacco

Low-cost research for advocacy
http://www.healthbridge.ca/assets/images/pdf/Using%20Media%20and%20Research%20for%20Advocacy%20low%20cost%20ways%20to%20increase%20success%20June%202006.pdf

Smokefree Partnership Europe
http://www.smokefreepartnership.eu

Smokefree Partnership Europe –
"Lifting the Smokescreen: 10 reasons for going smokefree"
http://www.smokefreepartnership.eu/IMG/pdf/Lifting_the_smokescreen.pdf

Smoke-Free Workplaces in Ireland: A One Year Review
http://www.otc.ie/Uploads/1_Year_Report_FA.pdf

The Health Consequences of Involuntary Exposure to Tobacco Smoke:
A Report of the U.S. Surgeon General (January 2007)
http://www.surgeongeneral.gov/library/secondhandsmoke/report

UK Chartered Institute of Environmental Health –
Resources on national smokefree legislation and enforcement
http://www.idea.gov.uk/idk/core/page.do?pageId=6493757

World Health Organization –
Country Cases on Enforcement of Tobacco Control legislation
http://www.who.int/tobacco/research/legislation/case_studies_index/en/index.html

WHO – Implementation and Enforcement of Tobacco Control Legislation
http://www.who.int/tobacco/research/legislation/implementantion/en/index.html

WHO Framework Convention on Tobacco Control
http://www.who.int/tobacco/fctc/text/final/en

WHO MPOWER Report
http://www.who.int/tobacco/mpower/en/index.html

WHO Policy Recommendations on Exposure to Secondhand Smoke
http://www.who.int/tobacco/resources/publications/wntd/2007/pol_recommendations/en/index.html

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FRAMEWORK CONVENTION ALLIANCE
BUILDING SUPPORT FOR TOBACCO CONTROL

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REFERENCES

[1] World Health Organization Framework Convention on Tobacco Control: http://www.who.int/fctc/en/

[2] U.S. Department of Health and Human Services. The Health Consequences of Smoking—50 Years of Progress: A Report of the Surgeon General. Atlanta: 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, 2014

[3] U.S. Department of Health and Human Services. A Report of the Surgeon General: How Tobacco Smoke Causes Disease: What It Means to You. Atlanta: 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, 2010.

[4] National Toxicology Program. Report on Carcinogens, Thirteenth Edition. Research Triangle Park (NC): U.S. Department of Health and Human Services, Public Health Service, 2014 [accessed 2015 Aug 20].

[5] Guidelines for implementation of Article 8 of the WHO FCTC on protection from exposure to tobacco smoke, 2007. World Health Organization.

[6] A report issued in 2013 by King Hussein Cancer Foundation and Center. To view the report in Arabic please consult http://www.khcf.jo/PDF/Status%20Quo%20of%20TC%20Report.pdf

[7] ASHRAE position document on environmental tobacco smoke, 2010. American Society of Heating, Refrigerating and Air-Conditioning Engineers. https://www.ashrae.org/File%20Library/docLib/About%20Us/PositionDocuments/ASHRAE_PD_Environmental_Tobacco_Smoke_2013.pdf

[8] U.S. Department of Health and Human Services. Preventing Tobacco Use Among Youth and Young Adults: 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, 2012.

[9] IARC Handbooks of Cancer Prevention in Tobacco Control, Volume 13, Methods for Evaluating Tobacco Control Policies. International Agency for Research on Cancer.

[10] Assessing compliance with smoke-free laws, a how-to guide for conducting compliance studies, 2011. Campaign for tobacco-free kids, Johns Hopkins School of Public Health, and International Union against Tuberculosis and Lung Disease.

[11] Smoke-free: what does success look like? Indicators of a smoke-free jurisdiction, 2013. Johns Hopkins School of Public Health.

[12] A review of smoking policies in airports around the world, 2015. Stillman FA et al.

[13] Key outcome indicators for evaluating comprehensive tobacco control programs, 2005. Centers for disease control and prevention.

[14] Covert observation in practice: lessons from the evaluation of the prohibition of smoking in public places in Scotland, 2007. Petticrew M et al.

[15] Covert observation in practice: lessons from the evaluation of the prohibition of smoking in public places in Scotland, 2007. Petticrew M et al.