

Why Should You, as an Employer, Encourage Smoking Cessation?

- ❖ **The majority of secondhand smoke exposure occurs not only in homes, but also in workplaces.** *Exposure to secondhand smoke increases the risk of developing heart disease and lung cancer by up to 30% and therefore leads to high direct and indirect costs for nonsmoking employees.ⁱ Smoke-free policies are the only way to fully protect nonsmokers from secondhand smoke.*
- ❖ **Employees who smoke have much higher rates of absenteeism.** *Research has shown that smokers take almost eight days more of sick leave compared to employees who do not smoke.ⁱⁱ However, studies have shown that absenteeism decreases and workplace productivity increases over time when employees quit smoking.ⁱⁱⁱ*
- ❖ **Tobacco use is the leading contributor to worker lost production time, more than alcohol consumption, family emergencies, age, or education, according to a national study of the American Productivity Audit data of the U.S. workforce.^{iv}** *Lost productivity costs are about \$4,430 per year for current smokers compare to \$3,246 per year for former smokers and \$2,623 per year for nonsmokers.^v*
- ❖ **Smoking has serious health consequences.** *However, there is substantial evidence that smoking cessation decreases the risk for heart disease, stroke, and lung disease.^{vi} AND Studies have shown that smoke-free worksite policies help reduce tobacco consumption and help employees quit smoking.^{vii}*
- ❖ **Pregnant smokers are at an increased risk for miscarriage, premature birth, and low birth weight – all of which impact medical costs. Smoking during pregnancy also increases the risk of stillbirth.** *Approximately 1,000 infants die annually as a result of smoking during pregnancy.^{viii}*

In conclusion, smoking cessation is cost-saving and has a positive health impact. Effective cessation programs generally include counseling and medication and a combination of the two improves success rates even more. Despite these benefits, only four percent of employers cover the recommended tobacco use treatment package.^{ix}

Addressing tobacco use is an area in which employers can make a positive impact on the health of their employees and the health of their organization. According to the 2004 National Worksite Health Promotion Survey, 19% of employers offered tobacco use treatment programs; 40% completely prohibited smoking on worksite property; and 57% restricted tobacco use to outdoor areas only.^x While tobacco control efforts are effective and cost-saving, services are rarely offered and only 28% of smokers receive treatment.^{xi}

ⁱU.S. Department of Health and Health Services. *The Health Consequences of Involuntary Exposure to Tobacco Smoke: A Report of the Surgeon General*, Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, Coordinating Center for Health Promotion, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2006.

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- ⁱⁱ Lundborg, P. *Does Smoking Increase Sick Leave? Evidence Using a Register Data on Swedish Workers*. *Tobacco Control*, 2007; 16: 114-18
- ⁱⁱⁱ Halpern MT., Shikiar R., Rentz AM., Khan ZM.. *Impact of Smoking Status on Workplace Absenteeism and Productivity*. *Tobacco Control*, 2001; 10: 233-38.
- ^{iv} Stewart WF., Ricci JA., CheeE., Morganstein D. *Lost Productive Work Time Costs from Health Conditions in the United States: Results from the American Productivity Audit*, *Journal of Occupational and Environmental Medicine*, 2003;45(12):1234-46.
- ^v Bunn WB., Stave GM., Downs KE., Alvir JMJ., Dirani R. *Effect of Smoking on Productivity Loss*. *Journal of Occupational and Environmental Medicine*, 2006;48(10):1099-1108.
- ^{vi} U.S. Preventive Services Task Force. *Counseling and Interventions to Prevent Tobacco Use and Tobacco-Caused Disease in Adults and Pregnant Women: Reaffirmation Recommendation Statement*. AHRQ Publication No. 09-05131-EF-1, April 2009. Agency for Healthcare Research and Quality, Rockville, MD.
<http://www.ahrq.gov/clinic/uspstf09/tobacco/tobaccors2.htm>
- ^{vii} Bauer JE., Hyland A., Li Q., Steger C., Cummings KM. *A Longitudinal Assessment of the Impact of Smoke-free Policies on Tobacco Use*. *American Journal of Public Health*, 2005;95(6):1024-9.
- ^{viii} Ibid
- ^{ix} Bondi MA., Harris JR., Atkins DA., French ME., Umland B. *Employer Coverage of Clinical Preventive Services in the United States*. *American Journal of Health Promotion*. 2006; 20(3): 214-22.
- ^x Linnan L., Bowling M., Childress J., Lindsay G., Blakey C., Pronk S., Wieker S., Royall P. *Results of the 2004 National Worksite Health Promotion Survey*. *American Journal of Public Health*. November 29, 2007.
- ^{xi} National Commission on Prevention Priorities. *Preventive Care: A National Profile on Use, Disparities, and Health Benefits*. Partnership for Prevention, August 2007.