

November 2001

Codes of Practice for Smoking at Work

***- Presentation by Paul Hooper,
Warwickshire Health Authority.***

Paul introduced his presentation with a quotation from an appallingly cynical Tobacco Company Executive who once said: -

"We don't smoke that s*, we just sell it. We reserve the right to smoke for the young, the poor, the black and the stupid"**

Paul went quickly on to describe the huge burden that smoking placed on our Community: -

- 13 million adults in the UK smoke
- ≈120,000 deaths per year
- Direct Medical Costs - £1.7bn each year

Globally, the figures are: -

- \$200 billion cost last year
- 10% of the World population smokes
- 1000 million deaths this century.

In 1999 there were 3.5 million deaths worldwide split equally between **Developed** and **Developing Countries**. By 2030, it is estimated, this will have risen to 10 million per annum, split 30% (Developed) and 70% (Developing)

This graph shows that there is a prevalence of smoking in the lower skilled groups: -

Smoking prevalence



Bridgwood et al, General Household Survey 1998

This distribution is the cause of many social inequalities and the latest health plans are targeted at the lower manual groups.

Behind the headline statistics lie other compelling figures: -

Mortality

- At least 320 deaths **every day** from smoking in the UK
- $\frac{1}{5}$ of all deaths are across all ages
- $\frac{1}{4}$ of all deaths in age group 35 –64 years
- 22 years lost from life expectancy for all smokers (aged 35-69) dying of smoking-related disease

The major health consequences of smoking

- Cancer
 - Lung
 - Mouth, larynx, throat, oesophagus
 - cervix
 - bladder
 - pancreas
- COPD
- Coronary Heart Disease
- Cerebrovascular Disease
- Peripheral vascular disease
- Pregnancy and birth complications

Other consequences of smoking

- Worsening of existing disease e.g. Asthma
- Ulcers, Crohn's Disease

- Male impotence, sperm abnormalities, early menopause
- Facial Wrinkles, grey hair, hair loss

Economic burden of smoking in the UK each year

Medical

- £1.7bn direct costs to NHS
- 8m GP consultations
- > 7m prescriptions
- 364,000 hospital admissions
- 17,000 child hospital admissions due to parents smoking

Societal

- Industry
 - 1 in every 100 working days lost (total working population)
 - sick leave/smoking breaks
- Fires, 6,500 with 2,383 casualties
- Social security benefits

Another factor is that deaths occur when people are at their most productive.

A counter argument from the tobacco industry is that it would lose jobs if people stopped smoking. This is a rather spurious argument as, over the years, automation has caused many more job cuts! The overall position is that smoking must be reduced and there are National Guidelines with a **Cancer Plan** with an: -

"explicit commitment to reduce smoking rates among manual groups from 32% in 1998 to 26% by 2010 to narrow the gap between manual and non-manual groups"

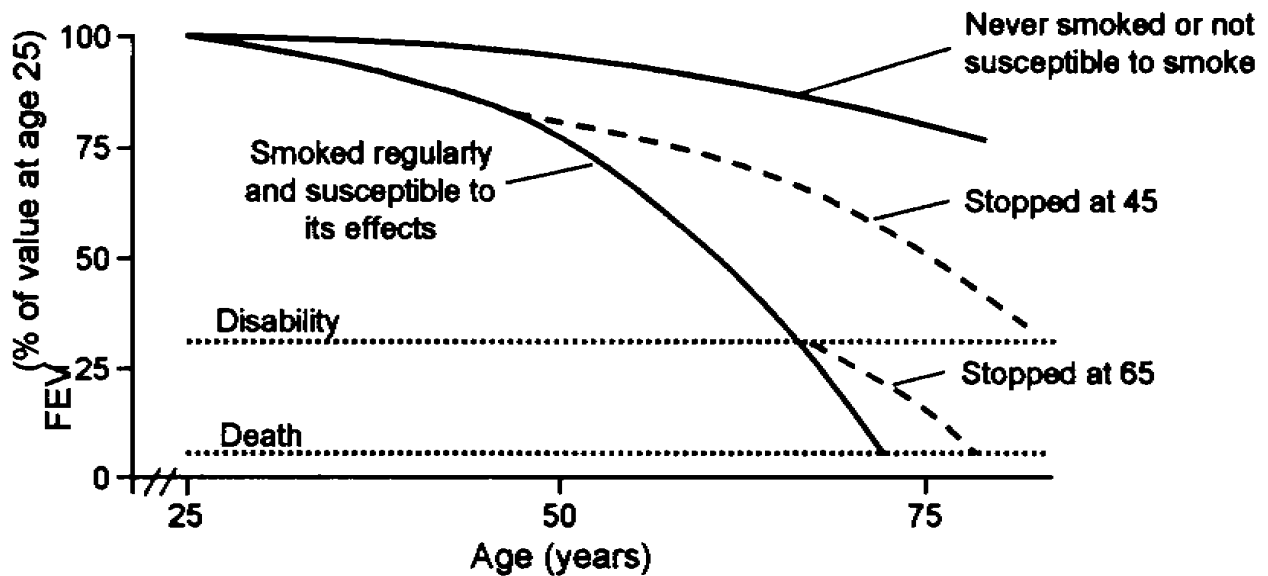
Despite the obvious risks to health, Smoking is difficult to give up because of the strongly addictive effect of Nicotine in tobacco: -

- It is as addictive as heroin or cocaine
- Nicotine addiction has a neurobiological basis
- 97% of smokers fail to give up using will-power alone

The reduction in health risks, however, should give a strong incentive to stop: -

- Overall mortality risk approaches that of a never-smoker after 10 – 15 years
- Decline in lung function approaches that of a never-smoker after 3 – 4 years
- Risk of lung cancer reduced by between a third and a half after 10 years
- Risk of Coronary Heart Disease reduced by at least a half after 1 year

Stopping smoking slows decline in lung function



Adapted from :Fletcher et al, Br.Med J 1977

Success is linked to support strategies: -

- **Non pharmacological**
 - Willpower alone
 - Advice from healthcare professionals
 - Self-help materials
 - Behavioural therapy
 - Hypnosis
 - Acupuncture
- **Pharmacological**
 - Nicotine replacement therapy
 - Bupropion HCl SR (Zyban)

Paul commented that support and pharmacological intervention provide the highest cessation rates: -

	% abstinent after 12 months
Willpower alone	3
Self-help materials	4
Brief GP Advice	5
Brief GP Advice & NRT bought from pharmacy	6

Smokers' clinic	10
Smokers' clinic & NRT	20

He added that hypnosis and acupuncture were not very successful, but that using drugs with the conventional support measures doubled the success rate. He went on to say that external forces like smuggling did much to undermine campaigns and that 50% was carried out by organised crime! Advertising was also counter-productive and product control, like menthol cigarettes, ignored the carcinogenic effect of other additives. Smoking on films was another form of subliminal advertising!

Another hazard which is getting more attention is that of Passive Smoking. This is Involuntary or 'Sidestream' or ETS (Environmental Tobacco Smoke). Tobacco smoke contains over 4000 chemicals, of which approximately 60 cause cancer. 85% of smoke from smokers is inhaled this way. The hazards are: -

- Lung Cancer
- Nasal Cancer
- Heart disease

In Non Smokers it can also

- Act as a trigger for Asthma and Bronchitis
- Irritate the eyes
- Cause Coughs and Headaches

The support for Smoking restrictions are quite strong: -

- 4 out of 5 people are in favour
- 86% ex-smokers want restrictions
- 69% smokers are in favour of restrictions
- About 30% of workers are affected by smoking at work

So, why have a policy?

- Health and Safety requirements
- Employee well being
- Good human resource management
- Reduced absenteeism
- Reduced risk from fires
- Reduced risk of litigation

What legal provisions are there?

- Health and Safety At Work Act
- European Law
- Industrial Injury Compensation
- Negligence actions
- Tribunals
- ACOP (when it gets enacted!)

What support does it give employers?

- It is legal to recruit non-smokers
- Employees do not have 'right to smoke'

- Can make changes in policy
- Can be a disciplinary matter
- This should be known in advance and included in Contract of Employment
- Can apply to non-employees

What are the Policy Options?

- **Complete ban**

These are very controversial, unless there are objections from the workforce. A compromise position is to have 'smoking breaks' at specific times, but this can lead to smokers having preferential breaks to other workers. Breaks could be taken in workers' own time, but a complete ban is best!

- **Smoking rooms/Areas**

This removes the passive risk to all employees but managers tend to watch smokers carefully to control the operation of this provision.

Implementation of a Smoking Policy has to be approached with great sensitivity and should include: -

- Consultation - this is not the same as 'negotiation!
- Time
- Clarity
- Support – Outside support is often seen to be more acceptable. The theme should be "How to get through the day". Advice on how to stop smoking should include
 - ❖ Self help
 - ❖ Groups
 - ❖ One- to-One Counselling, especially sparsely occupied areas
- Consistent Enforcement
- Monitoring – most important in all aspects of the policy operation
- Review !

Members' Questions

The **Mark Hoare of Birmingham University** commented that in the mining industry smoking bans had been accepted for years. Paul agreed that certain workplaces had special requirements which demanded such stringencies but, he added, why be harsh if you didn't need to be?

Brian Greaney of Safety Training and Advisory Service pointed out an anomaly in Residential Care Homes where staff were not allowed to smoke whilst residents were! Paul added a similar example where Youth Workers were resistant to a ban because it "spoilt the youngsters' ambience"! He went on to say that many workers refused to clean up smoking rooms. He also said that for Passive Smokers, working an 8-hour

shift was equivalent to four cigarettes per day and was possibly a greater threat than asbestos fibres.

Peter Evans offered the opinion that the law should state, unequivocally, that 'Smoking Rooms' must be provided. Paul replied that, although the need was strong, it was impractical in SMEs. A bus-shelter outside might be better option!

Chris Fantom of sight and Sound asked about the ventilation of large workplace buildings. Paul said that large air change volumes would be needed to clear the air adequately.

David Hughes of Hughes Business Services made the comment that passengers accept bans on aircraft, the implication being that why would they not do so at work? Elimination of the risk was always the first step to control the risk. Paul said that some airlines did go one step further and offer nicotine patches. David went on to say that extra breaks for smokers was unfair to non-smokers and could lead to harsh scrutiny. He ended with the lament "Why do people still smoke if we all know about the dangers?"

Paul concluded by saying that it was a complex issue and referred the audience to the effect of strong advertising and the ASH leaflet.

As there were no further questions, the chairman thanked Paul for an excellent presentation which had forced the Secretary to carry out some frantic scribbling! He asked the members to show their appreciation in the normal manner.