WORLD HEALTH ORGANIZATION
EUROPE

TOBACCO IN THE WORKPLACE: MEETING THE CHALLENGES. A HANDBOOK FOR EMPLOYERS

AN INITIATIVE OF THE WHO EUROPEAN PARTNERSHIP PROJECT TO REDUCE TOBACCO DEPENDENCE

Tobacco in the Workplace: Meeting the Challenge

A Handbook for Employers

by John Griffiths and Kate Grieves

This publication is a product of
the WHO European Partnership Project
to Reduce Tobacco Dependence.

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Promoting good health within the workplace

The importance of promoting and maintaining a healthy workforce is increasingly being recognised. Many organisations are already active in health promotion, particularly tobacco control. Existing systems include health-related policies, occupational health and health & safety departments, and a corporate culture and ethos that places importance on employee health and well-being. Workplace health promotion programmes should be a core element of the organisation's corporate ethos. This requires support at senior management level, with responsibility for implementation shared among several individuals or departments.

WHO Partnership Project to Reduce Tobacco Dependence

The WHO European Partnership Project to Reduce Tobacco Dependence was set up in 1999, for an initial three-year period, with the objective of reducing tobacco-related death and disease. The Partnership Project comprises private, non-commercial and public sector partners, including the pharmaceutical sector at the European level and in four target countries, France, Germany, Poland and the United Kingdom. In 2001, the Czech Republic joined the project.

The World Health Organization gratefully acknowledges the financial contribution of Glaxo SmithKline, Novartis Consumer Health and Pharmacia towards the Partnership Project.

WHO Regional Office for Europe

The World Health Organization is a specialised agency of the United Nations with primary responsibility for international health matters and public health. The WHO Regional Office for Europe, in Copenhagen, is one of six regional offices worldwide. Each Regional Office has its own programme geared to the particular health problems of the countries it serves. The WHO European Region embraces 870 million people, from Greenland in the north-west and the Mediterranean in the south to the Pacific coast of the Russian Federation in the east. Since 1990, the number of member states has been 51.

Contents

European Healthy Workplaces Project

One of the initiatives developed by the Partnership Project was the European Healthy Workplaces Project. The aim was to facilitate the development of sustainable workplace tobacco control activities in organisations (both public and private) across Europe, by applying the principles of workplace health promotion in the context of workplace tobacco control. The guidance outlined in this booklet was developed from the experiences of 16 participating pilot organisations representing a wide range of organisations.

The Project Team was led by John Griffiths and Kate Grieves. Ongoing support at a national level was provided in France by Sylvianne Ratte (Réseau Hôpital sans Tabac), in Germany by Margot Wehmhoener (BKK Bundersverband) and in Poland by Patrycja Wojtaszczykand Jacek Pyzalski (Nofer Institute of Occupational Medicine).

The activities of the European Healthy Workplaces Project would not have been possible without the support of several individuals and organisations, including: WHO Europe, BKK Bundersverband, Nofer Institute for Occupational Medicine, ASH UK, Patsy Harrington, Ann McNeill and Clive Bates. Special thanks go to the 16 participating organisations who were intrinsic to the project:

France	The municipality of Villeneuve d'Ascq, Centre Hospitalier Universitaire d'Amiens, Coca Cola Entreprise France, USINOR
Germany	The municipality of the City Dortmund, Krankenhaus Links der Weser, Bremen, Siemens AG, Mulheim am der Ruhr, Volkswagen, Wolfsburg
Poland	The municipality of Starostwo Powiatowe w Cieszynie, The Santa Spirit Hospital in Rawa Mazowiecka, Powszechny Bank Kredytowy SA, Zaklad Energetyczny Torun SA
United Kingdom	The municipality of Bridgend County Borough Council, Birmingham Children's Hospital NHS Trust, BAE Systems, UNISON

The case for why employers should introduce a smoke free workplace policy is put forward in the companion handbook 'Why Smoking in the Workplace Matters: An Employer's Guide'.

Introduction

This handbook will help your workplace to develop and implement a workplace smoking policy. It aims to provide step-by-step guidance and practical tools to enable you to implement the best possible smoking policy.

Failure to address the issue of smoking in the workplace costs employers money, contributes to premature death and disability and the suffering caused by them and, in the long term, may threaten the viability of your organisation.

Formally addressing the issue of smoking sends a clear message to employees and their families that their health and well-being is important. It also demonstrates to the wider community that you are playing a proactive part in protecting individuals from the harm caused by tobacco.

The companion booklet 'Why Smoking in the Workplace Matters. An Employer's Guide' details the rationale for developing an organisational response to tobacco. Some key points are:

- Smoking will cause the premature death of half of your employees who smoke long term, and half of these will die in middle age[1]. These highly experienced staff are often difficult to replace.
- Smokers generally take more sick leave than non-smokers. This is typically an additional 1-3 days each year per smoking employee, but smokers with chronic smoking-related disease may be off work for much longer.[2]
- The combination of lost productivity and other costs associated with workplace smoking can cost employers between €160-1,600 per smoking employee per year.[2]
- Smoking at work can increase the risk of fire, harm working relationships and have a negative impact on public perception of the organisation.[2]

[1] ASH Factsheet No 2 Feb 2001 www.ash.org.uk
[2] Bertera RL, 1991, Health Canada 1997, Parrot et al, 2000, Griffiths et al Literature Review 2000

Building a comprehensive corporate policy

1. Establish a working group

Identifying and convening a working group creates a structure to develop action, and is a clear statement that smoking is an issue your organisation takes seriously. Ensure representation from all parts of the organisation, and give the group responsibility for development of the policy and consulting with staff. A typical working group includes representatives from:

- Senior management
- Occupational health
- Human resource management
- Safety officers
- The trades unions/employees
- The works council

The working group has a key role to play as an advocate for the policy. Ideally a nominated 'champion' for workplace tobacco issues should lead the group. This should be a senior manager who has the development of a workplace smoking policy as one of his/her annual objectives. The case studies clearly indicated that a working group with one or more people acting as organisational champion(s) made more rapid progress than those without.

2. Review current practice

Audits help to identify strengths and weaknesses of current practice and aid development of action. The audit review of policy and practice should be comprehensive and cover:

- Assessment of how tobacco/smoking features within the organisation
- Communication and consultation mechanisms
- Outline of the process to be followed for policy development and implementation
- Provision of smoke-free work areas
- Provision of advice and support to smokers who wish to stop

Representatives from across your organisation (human resource management, occupational health and safety, employee groups and senior management) should be included in the audit process. Model audit tools are shown in Appendix 1 & 2.

Management checklist for action

- Has a review of the current situation been undertaken? ✔ or ✘
- Has a multidisciplinary working group been established? ✔ or ✘
- Have communication and consultation mechanisms with employees been put in place? ✔ or ✘
- Is information available to all? ✔ or ✘
- Have the details of the policy been decided? ✔ or ✘
- Is the workplace going to be smoke-free? ✔ or ✘
- If not, have restrictions on smoking been identified? ✔ or ✘
- Are non-smoking (and smoking) areas clearly signed? ✔ or ✘
- Will the policy be monitored and reviewed, and if so have dates been set? ✔ or ✘
- Are measures in place to help smokers stop? ✔ or ✘

Note: The aim of the consultation process is to seek employee opinion on your plans, not to seek permission to introduce policy or the resulting measures.

3. Involve employees

The best policies are developed in partnership with employees, but it is also critical that senior management backing is clearly and publicly expressed. Visible senior management support indicates that smoking is a priority that cannot be permitted to drop off the corporate agenda.

One of the simplest ways of incorporating this inclusive approach is to survey employee attitudes on smoking at work. This demonstrates to employees that their views count, and a willingness to listen and give consideration to them.

Change often generates resistance. Listen to both smokers' and non-smokers' opinions. Non-smoking staff are increasingly concerned about workplace smoking, although they may feel hesitant about reporting feeling aggrieved by exposure to smoke or covering for smokers taking cigarette breaks.

Surveys also help to gauge interest in smoking cessation among employees and thereby plan cost-effective provision for support. Sample surveys are shown on page 4–7.

SMOKING IN THE WORKPLACE

An employee survey

Five key questions

1. Do you smoke at work? Yes ☐ No ☐

2. Do you think that the existing arrangements for smoking in the organisation are appropriate? Yes ☐ No ☐

3. Does other people's smoking bother you at work? Yes ☐ No ☐

4. Which of the following would you like to see implemented:

   - A complete ban on smoking in buildings? Yes ☐ No ☐
   - A complete ban on smoking on the site? Yes ☐ No ☐
   - A ban on smoking in the workplace, but smoking allowed in designated rest areas? Yes ☐ No ☐
   - If the organisation introduced a new policy restricting smoking at work, would you be more likely to try to stop? Yes ☐ No ☐

Notes:

i. This short questionnaire will help to identify:
   - how many smokers there are in your organisation
   - an indication of their level of addiction
   - how many might consider making a serious quit attempt

   This will be useful information to guide the development of your workplace smoking policy.

ii. Try to minimise reluctance to participate in the survey by allowing the maximum number of employees to receive the questionnaire and guarantee confidentiality.

iii. Use your intranet or distribute surveys via department heads or wage packet inserts.

iv. Make it easy to return completed questionnaires – enclose a pre-addressed envelope or strategically place collecting bins throughout the workplace. Set a reasonable deadline for return of completed questionnaires and, if possible, allow employees time during work to complete it. Pay special attention to eliciting responses from manual workers, among whom smoking prevalence is likely to be higher.

v. Assure staff that the survey is anonymous – although if possible build in some method of tracking results by unit or department by, for example, coding the questionnaires.

vi. To avoid smokers feeling that they are being picked on, introduce the survey in a positive manner. Explain that you are reviewing current policy/practice about tobacco in the workplace, that all employee views are valuable and that the questionnaire is only one part of the process to establish the most appropriate response.

vii. Consider the likely number of responses and how results will be assessed. If appropriate, conduct the survey on a departmental basis.

QUESTIONNAIRE TO PLAN CESSATION SUPPORT

Five key questions

1.	Do you smoke?	Yes ☐ No ☐
	If Yes,	
2.	How many cigarettes do you smoke each day?	
	Fewer than 5 ☐ 6 – 10 ☐ 11 – 15 ☐ 16 – 20 ☐ More than 20 ☐	
3.	Have you ever thought about stopping smoking?	Yes ☐ No ☐
4.	Have you ever tried to stop smoking?	Yes ☐ No ☐
5.	Are you thinking about stopping in the next 6 months?	Yes ☐ No ☐

Notes:

i. This short questionnaire will help to identify:
   - how many smokers you have within your organisation
   - their level of addiction
   - how many would consider making a serious quit attempt

   This will be useful information to guide you in the best ways to encourage cessation and provide appropriate support.

ii. Staff may be reluctant to be surveyed so select the method that will allow the maximum number of employees to receive the questionnaire and guarantee confidentiality.

iii. Use the intranet or distribute via department heads or wage packet inserts

iv. Make it easy to return completed questionnaires – enclose a pre-addressed envelope or place collecting bins throughout the workplace. Set a reasonable deadline for return of completed questionnaires and, if possible, allow employees a few minutes in work time to complete it. Pay special attention to eliciting response from manual workers, among whom smoking prevalence is likely to be higher.

v. Assure staff that the survey is anonymous – although if possible build in a method of tracking results by unit or department by, for example, coding the questionnaires.

vi. To avoid smokers feeling they are being picked on, introduce the survey in a positive manner. Explain that you are reviewing current policy/practice about smoking in the workplace, that the views of all employees are valuable and that the questionnaire is only one part of the process to establish the most appropriate response.

vii. Consider the likely number of responses you will receive and how results will be assessed. If appropriate, conduct the survey on a departmental basis.

Template for a model smoking policy

1 Rationale
Statement of intent
Background information
This should briefly explain why the company/organisation is introducing a formal approach to tobacco in the workplace and some key data and facts about the company/organisation's previous stance (if any) and the dangers of smoking.
Include the date that the policy will be introduced

2 Objectives (of the policy) e.g.
- To minimise exposure of employees to tobacco smoke while on the company premises or while engaged in the organisation's business
- To consider the welfare of all employees
- To provide a consistent approach to break entitlements for smokers and non-smokers

3 Application of the policy
Clearly state that the policy applies to all employees, sub-contractors and visitors

4 Non-smoking provision
Clearly indicate precisely where (if at all) smoking is permitted on company site(s) – including buildings, car parks, company vehicles, other external areas
Also state when smoking is permitted during working time – for example in designated breaks, or with agreement of individual line managers

5 Employee welfare/cessation support
Outline how cessation support will be available to staff – either internally or externally - and how it can be accessed

6 Failure to comply
Indicate the process for dealing with staff who breach the policy

7 Review
Set a date for formal review and state this in the written policy. Formal reviews should take place every 12–18 months.

4. Develop a written policy

Most organisations have an informal arrangement with their employees on the issue of smoking at work. However, those organisations that have stated their position on tobacco in writing report that they have benefited, not only from the process but also from the subsequent document.

The policy does not need to be a long document. It should simply set out your aim and how it will be achieved. It should be clearly written so that all employees can understand it.

The objectives of the policy are must be practical and achievable. While it is important to have a challenging aim, the objectives must be realistic. For example, the ultimate goal may be to make the organisation entirely smoke-free, but this may take time to achieve.

Multi-site organisations should consider whether to initiate action in one site initially, or to work across all sites (or groups of sites) simultaneously. Work towards introducing a comprehensive, consistent policy across all sites as soon as possible.

Ensure your smoking policy is in line with any other policies and procedures, such as disciplinary protocols and health and safety practice. Where relevant, link with other health-related policies or programmes.

Benefits of a written policy

A written policy on smoking at work:

- Sets out a clear statement of intent, legitimises action on smoking, and provides a firm foundation for workplace tobacco control activity.
- Creates a framework for action.
- Removes any possibility of misinterpretation or misunderstanding of the organisation's position on tobacco and, in multi-site organisations, any differences in interpretation between sites.
- Provides a corporate document to which all employees, both existing and new, managers, contractors, etc can refer.
- Demonstrates commitment to the health of everyone in the workplace.
- Justifies the allocation of resources to workplace tobacco control activity.

A ready-made policy may seem useful as it provides (or should provide) a tried and tested approach without the need for consultation and development. However, despite appearing to offer a rapid and straightforward solution, such policies are often not sufficiently well tailored to specific circumstances and frequently exclude employees from the process.

5. Provide support

Many smokers are unhappy about their smoking but find it very difficult to quit. As awareness of the risks associated with smoking increases, so does the desire among smokers to stop, so do not be unduly concerned about raising the issue of quitting among staff.

Smokers often consider a policy restricting smoking as an aid to reduce or quit smoking rather than a discriminatory measure. In one company within the European Healthy Workplaces Project, workers from one plant proactively requested cessation support upon learning it had been offered elsewhere within the company.

Restricting smoking in the workplace will, at the very least, reduce the number of cigarettes smoked during the day. This decrease in consumption is not offset by increased smoking outside working hours; as each cigarette smoked is harmful, any reduction in consumption is beneficial.

Support for smoking cessation is essential for any organisation introducing or re-launching a smoking policy. Evidence suggests that many employees (up to 12%)[3] will use the introduction of a workplace policy as an incentive to stop smoking. It is important to:

- Provide information about the risks of smoking and the benefits of stopping
- Offer practical advice and support on how to quit

Smokers need support during quit attempts. This can include time off for professional advice from a doctor, nurse or pharmacist, and offering cessation group(s). Groups may need to meet for 30–40 minutes once or twice weekly for 6 weeks, or until the need for the group has diminished. Occupational health services, or an external provider, can deliver these services. When selecting an external provider, ensure that quality standards are high and that any charges are appropriate.

Medication such as nicotine replacement therapy or bupropion significantly improves smokers' likelihood of successfully quitting. Explore opportunities to provide subsidised support and treatments to employees. Health professionals can help to determine the best provision to suit your organisation.

Provide information, encourage quitting

Provision of information, advice and support on cessation can be a major factor in an employee's decision to quit smoking. Provide information on the health

[3] Brenner & Fleischle 1994, Willlemsen et al 1999, Eriksen & Gottleib 1998

consequences of smoking, how to stop and how to remain abstinent. Your local healthcare service should be able to supply materials. There is also information available on the internet (for example, the WHO website at www.who.dk under 'Tobacco'.)

Many smokers know that smoking is harmful but underestimate the real dangers. Awareness of the true facts may lead them to reassess their behaviour. Your house newsletter and intranet are good vehicles for communicating this type of information in a lively and engaging way. Where possible, link information and advice with the introduction of your smoking policy, allowing staff to see that you are acting in a sympathetic yet positive way.

Be realistic

Be realistic in expectations of the number of employees considering quitting and tailor provision accordingly. Consider the different options, and the number of smokers within your organisation, when selecting the most cost-effective approach. If the organisation has an employee assistance programme or complementary health insurance, check whether smoking cessation support is covered.

Encourage informal 'buddy' or support groups and maximise continued abstinence by following up quitters at regular periods, e.g. every 3 months.

Expect only some smokers to come forward as others prefer to make quit attempts privately. Nonetheless, it is important that staff see you as sympathetic and supportive, and uptake of services is not an accurate measure of success.

A major concern for smokers is how to cope with their nicotine dependence during work time. Smokers depend on cigarettes to deliver the nicotine they need. Provision should be made for employees who are either unwilling or unable to stop, allowing them to smoke at a time and place that does not compromise the health and well-being of their colleagues. Some employers have offered nicotine replacement therapy to help smokers abstain from cigarettes during work time.

Over time, and with due notice to staff, work towards a complete ban on smoking throughout the organisation, both on and off site.

6. Communication and raising awareness

Effective communication of the policy is crucial in order to win initial support and ensure sustainability. From the outset, inform employees of the process be-

ing followed and ensure they have the opportunity to make their views known. An open approach works best, and communication should allow questions and concerns to be raised and addressed.

When consulting staff, you are asking their opinion, not seeking their permission. Expect some resistance but remember that protection of the majority should be your prime concern. Many organisations report that the manner in which you work with staff can make a real difference in terms of acceptance of the policy.

Consider using all available communication tools, such as the intranet, staff newsletter and team briefings, to capture employee views.

As the policy progresses, a more formal consultation process may be required involving trades unions, works council or other representative groups.

7. Disciplinary issues

In common with other workplace policies, a smoking policy should contain disciplinary elements in case of persistent breaches. Your trade union or works council (if there is one) will be central to the development of disciplinary sections.

A staged approach to discipline is recommended. Any employee in breach of the policy would initially receive an oral warning from their line manager. A second breach would result in a written warning, and a third would result in a disciplinary interview. Consider referral for cessation counselling, but only if the employee expresses a desire to stop smoking.

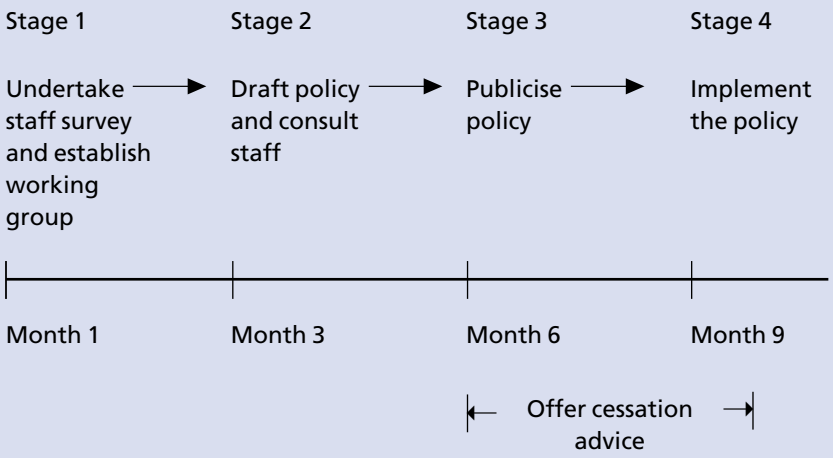
The likelihood of progressing to the disciplinary interview is small, particularly if provision is made for smokers. However, a written disciplinary process ensures that employees are aware of the importance placed on employee health and well-being and that breaches will be taken seriously.

The exception to the above would be any employee who, by smoking in a particular area, put the health and safety of other employees or members of the public at risk. Under these circumstances disciplinary procedures linked to health and safety practice, which are usually more stringent, would take precedence.

8. Timetable for implementation

Follow a clear timetable for implementation, with well-publicised stages. This can take several months (see Box: Possible Timetable for Policy Development

POSSIBLE TIMETABLE FOR POLICY DEVELOPMENT AND IMPLEMENTATION



and Implementation). Implementation that is too rapid reduces the opportunity for consultation and raising awareness among staff, whilst too long a timescale may result in loss of interest and momentum. Development and implementation should generally take 4–12 months, but this depends on different organisations.

It should be your organisation's intention to become entirely smoke-free within a defined period. This should be clearly stated, even if it is 2 or 3 years hence.

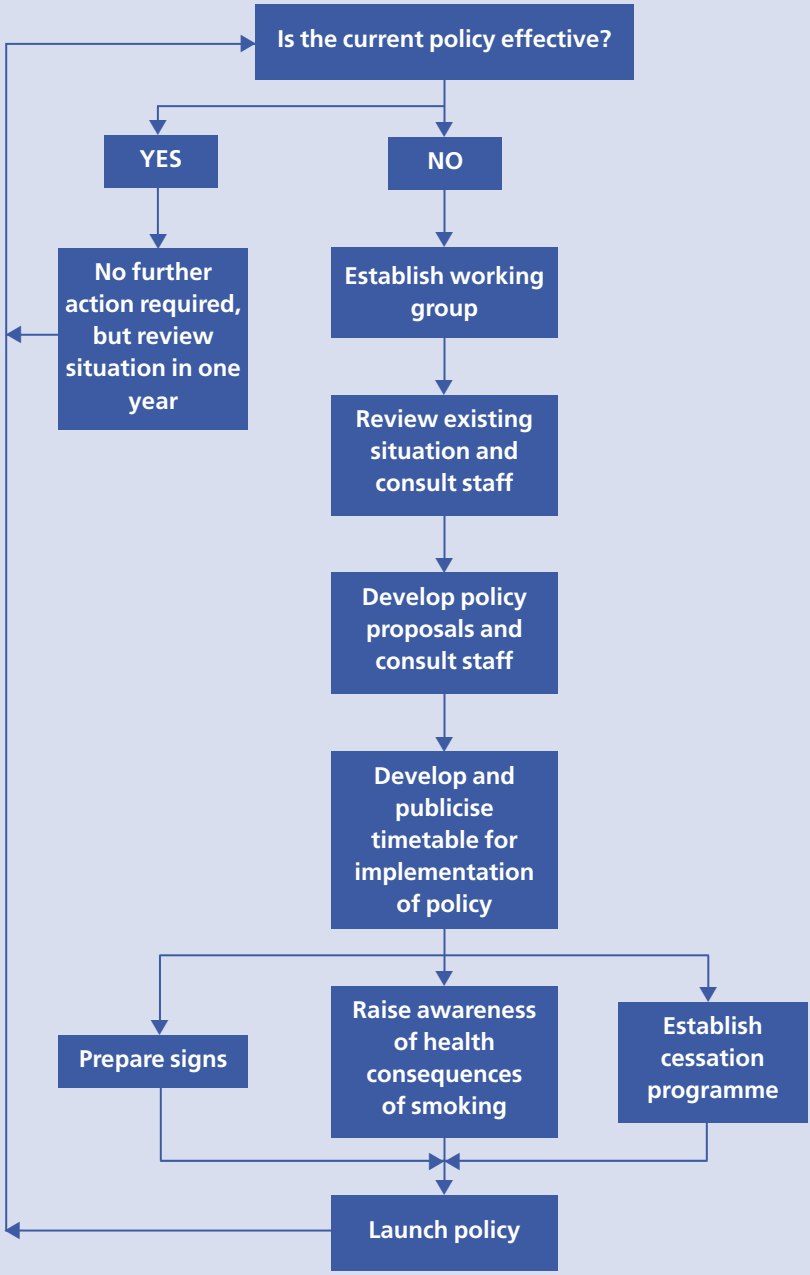
9. Monitor, review and evaluate

Do not lose momentum once work on the policy is underway. Ensure regular reviews of the policy are included within the written document. Reviews should include an assessment of how the policy is functioning, any problem areas, staff views on the policy and whether it needs updating.

Staff, either directly or through their representatives, should be involved in the review process, along with the working group and senior management. Review is recommended every 12–18 months.

An outline questionnaire for review is shown in Appendix 2 on page 42.

MAJOR STAGES IN THE DEVELOPMENT OF A COMPREHENSIVE WORKPLACE TOBACCO POLICY



Creating a supportive working environment

Certain environmental factors such as airborne particles, noise and exposure to chemicals are strictly controlled by regulations. However, although tobacco smoke is extremely hazardous to health, it is not strictly controlled within the workplace throughout Europe. But absence of statutory regulation does not mean that nothing can be done. The creation and maintenance of a safe working environment is the responsibility of employers and employees. There is overwhelming evidence of the dangers of environmental tobacco smoke (passive smoking), and the right of employees to breathe smoke-free air while at work is of prime importance. Any workplace policy must therefore have, at its core, the creation of smoke-free work areas.

Locating a smoking shelter outside the building or designating a room inside for smoking helps to prevent smokers congregating outside the front door of the premises to smoke. Canteens and rest areas should be smoke-free. If space or resources do not permit the provision of separate areas dedicated to smokers, then the rights of employees not wishing to breathe tobacco smoke should take precedence.

No smoking signs are easy to recognise and communicate your organisation's policy. Signs should be prominent and placed at entrances to the site and buildings and in common areas such as rest areas, meeting rooms and staff canteens/restaurants. Removal of ashtrays throughout the site is also a signal that the area is non-smoking.

Visitor badges provide a way to communicate your smoking policy to visitors and sub-contractors. Use a no-smoking sign or a short statement to the effect that work areas are smoke-free.

Ending the sale of tobacco in workplaces in countries where this is still allowed is a priority. The sale of tobacco products on the premises, either through a retail outlet or through cigarette machines, sends mixed messages about an organisation's commitment to employee health. It may also be perceived as an employer making money from employee smoking. These messages are particularly important in the context of hospitals and municipalities. The sale of cigarettes in a hospital shop should be suspended at the first opportunity, as it is

incongruous for a hospital, where illness and disease are treated, to sell tobacco products - the single greatest cause of preventable disease and death.

New sites or refurbishment: Take advantage of refurbishments to existing premises or moving to new buildings to introduce non-smoking areas.

Leasing premises and contracts: If your organisation leases premises to other organisations, make sure your non-smoking policy is reflected within the terms of the lease. Consider also the policy for staff when holding off-site company meetings or conferences.

Re-orienting occupational health services

A workplace smoking policy provides a platform for the occupational health department proactively to prevent disease and promote health. Reorientation does not require significant retraining or capital investment, but it does require the best use of existing opportunities to promote health.

Routine screening and pre-employment/one-off medical examinations can be used to raise systematically the issue of tobacco use, and to discuss and promote the benefits of cessation. Recording employee smoking status in occupational health records is valuable, enabling the occupational health staff not only to track individual smoking status but also to plan for provision of cessation support.

Occupational health services should promote cessation by making information available and either running cessation groups or facilitating employee attendance at external clinics or groups. Good links with local primary care teams, providers of counselling and cessation advice and pharmacists are clearly beneficial.

Putting theory into practice

The European Healthy Workplaces Project

The project worked with 16 public and private sector organisations in the four original countries in the WHO Partnership Project to Reduce Tobacco Dependence – France, Germany, Poland, and the United Kingdom.

Activity was developed with each organisation over a period of 18 months, in four consecutive phases:
1. A wide-ranging initial audit and assessment of existing practice
2. Feedback and recommendations for action
3. Advice and guidance on implementation
4. Follow-up audit

The experience gained while developing workplace tobacco control activities is summarised after the description of each organisation, with a brief note on the challenges faced and the solutions identified.

Participating organisations and their experiences

1. Municipalities

The municipalities which participated are typical of municipalities across Europe in that:

- They are major local employers
- They provide a wide range of services and consequently employ workers across a wide skill base
- Their employees work in a wide variety of settings including: offices and outdoors, the provision of emergency services, with young people in schools and youth settings, with older people in residential care, day centres and individual homes, and in direct contact with the general public in sports and leisure centres, theatres, cinemas, libraries, restaurants and bars. One problem faced by all municipalities when developing a workplace tobacco control programme is how to apply consistently their smoking policy across all sites of operation. This can be extremely complex as municipalities often provide a variety of services through a hundred or more major locations of varying sizes.

France, The City of Villeneuve d'Ascq

www.mairie-villeneuvedascq.fr

Villeneuve d'Ascq is situated between Lille and Roubaix, between major European business centres. It is home to more than 2,800 companies, ranging from manufacturing industries to the service sector.

Villeneuve d'Ascq is administered by the elected municipal council, headed by the mayor, who has responsibility for the municipality budget, municipal employees and services such as education (schools), social work, urban and economic development, youth and sports, disease prevention and health promotion, security, and housing. The 65,000 inhabitants and 50,000 students, spread across 2,800 hectares, are represented by 34 municipal councillors. The budget for 2001 was around €95.2 million.

The council has a permanent staff of more than 1,000 and employs more than 3,000 contract staff in four directorates: education and childhood, city and sports, urban and economic development, and technical services. It is committed to the health and well-being of the local community, has been an active participant in the WHO Smoke-free Cities initiative and has developed a broad range of initiatives to tackle smoking, particularly among young people.

The municipality provides an occupational health service available to all staff. In France, the Loi Evin provides a basis for the protection of non-smokers while at work, but other than this statutory requirement the issue of smoking within council premises and by council staff has not been addressed.

Germany, Stadtverwaltung Dortmund, Westphalia

www.dortmund.de

Dortmund (population 585,000) is the seventh largest city in Germany and has transformed itself from an industrial town to a service and information centre. Almost 70% of employees work in the service sector. The city has technological expertise in knowledge management, communication engineering, microsystem technology, logistics and transport, and has become a major location for information and communication technologies.

An efficient municipal administration that reflects the interests of the general public is a prerequisite for the economic success of the city and surrounding region. The municipality recognises the need for and benefits of health promotion programmes, both for its own employees and the local community.

The municipality employs 8554 people in 32 different offices. The administrative services are divided into a number of departments including general, financial, legal, security and public order, schools and cultural facilities, social, youth and health and business and transport.

The primary task of the municipal administration is to prepare and implement the decisions of the city council and its committees and those of the district representatives. In addition, it also performs numerous voluntary functions.

Poland, Starostwo Powiatowe w Cieszynie

www.powiat.cieszyn.pl

Cieszyn District is located in Silesia in southern Poland and consists of 12 local authorities (including five major towns: Cieszyn, Skoczów, Strumień, Ustroń, Wisła). The district is part of the European Region Śląsk Cieszynski – Tesinskie Slezko, which includes 56 towns and villages in Poland and the Czech Republic. Cieszyn District was established in 1999 following a reorganisation of the Polish administration system. The town is situated on the border with the Czech Republic.

Local industries include electrical engineering, chemicals, metallurgy and food. However, the surrounding mountains of Beskid Slaksi mean tourism is the main source of business activity. The area is popular as a health resort and holiday destination.

Almost 200 people work in the administrative centres of the Cieszyn District with many more working in the provision of services to the population of 170,000. Departments include chief executive, architecture and construction, housing and estate, education (17 schools), cartography, environment, agriculture and forestry, strategy, development and European integration, promotion and protection of health, communication and transport, culture, sport and tourism, and finance. About 7.2% of the budget is used to promote investment linked to the development of the region and its economy.

United Kingdom, Bridgend County Borough Council

www.bridgend.gov.uk

Bridgend County Borough Council is one of 22 unitary local authorities created in 1996 following the reorganisation of local government in Wales. It serves a population of more than 131,000 and covers 28,500 hectares, stretching 20 km from east to west. The coastline of the Bristol Channel forms the southern boundary of the county and the housing and residential areas here are relatively affluent. The central and northern parts of the county are more industrial and some areas have high levels of unemployment and deprivation.

The council budget for 1999/2000 was £131 million and the council provides all the main local government services for the population. The council has 54 elected members and employs 7,500 people working in five directorates: Chief Executive's environmental & planning services, education, leisure & commu-

nity services, personal services (housing and social services) and the commercial services group.

The council is committed to the health and well-being of its employees, and it was one of the first local authorities in Wales to achieve the Corporate Standard Award. This award was made by Health Promotion Wales, in recognition of the high standard reached by the council in its workplace health promotion programmes.

Bridgend Council provides an occupational health service for staff and places a high priority on communicating with, and involving, employees in the planning and implementation of workplace health promotion programmes.

The experience of some or all of the municipalities

- The importance of gaining the support of elected members
- Forming multidisciplinary working groups led to more rapid progress and fewer problems in obtaining agreement on the way forward
- Staff surveys helped to give employees a sense of 'ownership' and revealed that employees are concerned about tobacco and health
- Placing workplace tobacco action in the context of a comprehensive approach to employee health and well-being made tobacco-related actions more acceptable
- Making provision for smokers who wish to continue to smoke should not compromise the health and well-being of employees who wish to work in a smoke-free environment
- Renovation or refurbishment of premises provide excellent opportunities to introduce stricter non-smoking policies and new signage
- As major employers, there are sufficient numbers of smokers wanting to stop to make running cessation groups a viable proposition
- It is relatively straightforward to extend the workplace action on tobacco to those places in the municipality visited by members of the general public.

EXPERIENCES

- Good links with the local press results in information about positive action on tobacco being communicated to a wider audience
- Involving teachers and youth workers in the municipality's programme on tobacco ensures that children and young people receive positive health messages

Challenges:

- Municipalities are organisations delivering services and employing people on many sites – how can a policy be put into practice across all sites?
- It is difficult to monitor whether drivers and outdoor workers adhere to the smoking policy
- Municipalities provide services to people in their homes, and these people may want to continue to smoke while the employee is with them
- Municipalities tend to focus on developing smoking policies for the wider community but may omit their own staff in the process

Solutions:

- Re-orienting the municipality's own policy internally to act as a role model
- Good communication – newsletters, intranet and team briefings all played a role in overcoming the problems associated with multi-site organisations. Line managers in particular were made aware of their responsibility to ensure that the policy requirements were met.
- When used by two or more people, vehicles must be smoke-free. As many vehicles carry municipality logos, drivers were encouraged to behave in a manner in keeping with the corporate image. Smoking while driving does not fit this image.
- Employees can choose whether to work in a person's home, residential or care setting where people smoke. In residential settings such as homes for the elderly smoke-free areas should be provided for staff as well as residents.

2. The Hospitals

Hospitals have a responsibility to provide a positive example to other workplaces. As places where illness and disease are treated it would be remarkable for hospitals to permit the use of a product that causes premature death and preventable disease. Hospitals are major local employers and have the opportunity to influence directly and indirectly large numbers of people and are crucial advocates for non-smoking. A hospital has a major interface with its community, both as a place visited for treatment or when visiting those receiving treatment. Medical staff are regarded as sources of advice on health issues and are exemplars to the community. Consequently, hospital policy and practice on tobacco will have far-reaching effects.

France, University Hospital of Amiens

www.chu-amiens.fr

Situated north of Paris in the heart of Picardie, the University Hospital pf Amiens provides a community of 1.9 million with specialist and general medical care. There are four main sites, comprising 70 medical departments with total capacity of around 2,230 beds. The hospital also acts as a teaching faculty. It employs more than 5,500 staff, accommodates over 500 medical students and is supported by a management team of over 25 people in five large directorates. Life expectancy in Picardie is much lower than the national average and the prevalence of cardiovascular disease at least 15% higher than the national average. This is attributed to lifestyle, such as smoking and poor diet.

The hospital has recognised and embraced its position as a role model for the population that it serves. It conducts many health prevention initiatives and is involved in the national smoke-free hospital initiative. The senior management team is highly committed to leading by example and implementing an active and robust approach to tobacco. In contrast with other organisations, hospital employees who do smoke tend to be better informed of the associated risks; this makes tackling smoking and encouraging cessation a special challenge.

Germany, Zentralkrankenhaus Links der Weser

www.zkhldw.de

The Links der Weser Central Hospital was opened in 1968 as one of the four municipal hospitals in Bremen and since 1977 it has been part of the Univer-

sity of Göttingen Medical School. Treating some 22,000 patients each year, the hospital has 441 full and 16 semi-stationary permanent beds in 10 specialised wards and employs approximately 1,400 staff.

The hospital provides a wide range of acute and general medical services, including thoracic and cardiovascular surgery, oncology, pain control, children and young people's medicine, accident and emergency medicine and surgery, together with a busy outpatient department. It is responsible for the provision of specialist rescue services, including the use of a rescue helicopter.

The senior management team is highly committed to leading by example and implementing a proactive approach to tobacco. This approach has been endorsed by senior clinicians. Tobacco is recognised as a key issue for health professionals and occupational health services have been active in promoting cessation among staff.

Poland, The Santa Spirit Hospital in Rawa Mazowiecka

The town of Rawa Mazowiecka (population 19,000) is situated 75 km north west of Warsaw. The hospital is a public community hospital with a long tradition, dating from 1374 when it was formed as part of a monastery. Today it serves the town and surrounding region. It has 316 employees, of which 142 are nurses. The main wards provide comprehensive care, including a children's ward, with a total of around 200 beds for in-patients. The hospital also provides outpatient services. It co-operates with the Accident & Emergency Clinic and paramedics are situated in the same building.

A policy on smoking was introduced in 1994 following the introduction of Polish legislation.

United Kingdom, Birmingham Children's Hospital NHS Trust

www.bch.org.uk

The main Trust site is the Diana, Princess of Wales Children's Hospital in the centre of Birmingham, the UK's second largest city (population 1 million). However, the Trust also provides a broad range of services from various sites across the Birmingham area. The hospital is a leading paediatric centre and a focal point for the local community. The Trust employs around 1,850 staff in the provision of specialist and general healthcare for children.

The Trust's principle goal is to work in partnership with all children, young people, their families and carers to meet child health needs in all settings. It has been very active in developing innovative means of promoting child health and has sought to develop new partnerships to achieve this.

In 1999 an extensive assessment of the Trust's executive management and clinical organisational arrangements was undertaken. Following widespread consultation with staff, this resulted in a new organisational structure that is now well established. An important element within the Trust's core values is to ensure fairness and equality both as a health service provider and employer.

The Trust's approach to smoking acknowledges its position as role model within the wider community and it frequently joins forces with local initiatives, health education programmes and campaigns. The Trust has recognised the harm associated with smoking and the need to protect the well-being of employees, patients and their families.

The experience of some or all of the hospitals

- Obtaining senior management support, especially from medical staff and clinicians, was a huge benefit in the development process
- Identifying a champion or leader(s) to take matters forward provided a focus and point of reference and also helped to speed the development process
- Members of the public, either patients or visitors, are open to positive health messages when they visit a hospital, and there are many opportunities to raise awareness of the consequences of smoking and to promote cessation. The use of posters, leaflets and staff to convey these messages provides a consistent and positive message
- Clear signage reinforces the point that the hospital is smoke-free. Signs are visible at the entrance to the hospital, in reception areas, patient waiting areas and communal areas, such as corridors, restaurants etc
- Certain patient groups – those attending ante-natal clinics, stroke and coronary rehabilitation clinics, parents of asthmatic children etc - are key targets for cessation information and support

EXPERIENCES

- Refurbishment of areas of the hospital can be used as a stimulus to introduce a smoke-free environment
- Hospitals can be key role models to other employers (hospital and non-health-service sectors) by organising conferences, seminars and workshops to discuss and disseminate best practice in workplace tobacco control.

Challenges:

- The question of visitor smoking, particularly when they have just received distressing news, is difficult to resolve.
- Creating smoking areas for hospital staff is a contentious and difficult issue, especially for staff who work in high dependency units, operating theatres etc. These staff have limited opportunities for breaks and there is not enough time to walk to an outside smoking area, return and "scrub-up".
- Patients who knew they were going to be hospitalised were sometimes unaware of the hospital smoking policy and this created difficulty for them when they were admitted. The sale of tobacco products continues in some hospitals and gives a very mixed message to staff, patients and visitors

Solutions:

- Most hospitals would – if possible – make a nearby room available for a few minutes to enable distressed relatives to smoke.
- All the hospitals struggled with the issue of staff working in high dependency units who want to smoke. The common solution was to try to create a smoking area near the unit and restrict access to appropriate staff. However, environmental tobacco smoke then became a problem for the ancillary staff required to clean this area. For other, non-high-dependency unit staff, the provision of designated smoking areas outside the building or separate areas inside the building worked well.
- Cessation for patients and providing patients for elective treatment with information about the hospital policy many weeks before admission is an opportunity that has still to be fully grasped. This is an obvious opportunity for collaboration with members of local primary care teams.
- Where tobacco was sold on site renegotiation of the contract with the vendor was necessary

3. The Private sector organisations

Workplaces and working practice are covered under a range of health and safety and employment law. While smoking and environmental tobacco smoke may not be explicitly mentioned in such regulations, both can be risk factors for the health and safety of employees.Companies are reliant on their employees and many are now taking issues relating to employee health and well-being seriously. Developing a proactive smoking policy signals a commitment to employee health and well-being and, through that, a commitment to the "health" of the company.

France, USINOR

www.usinor.fr

USINOR is an industrial and commercial group with a worldwide presence based on a European network. The company is set to merge with ARBED (Luxembourg) and ACERALIA (Spain) to become the world's largest steel manufacturer. USINOR supplies flat steel for automobiles, and the automobile industry is its biggest market, representing 40% of turnover. The company has also formed partnerships with major brand names in Europe, and manufactures steel for household appliances. It also supplies the packaging and construction industries.

To handle international growth and service customers, USINOR has 23 operating units. The company's southern European operation comprises seven industrial sites across five countries – Italy, Spain, Portugal, France and Turkey. The European Healthy Workplaces Project focused on its operation near Marseille in southern France. This employs around 3,500 workers, of whom approximately 1,500 are administrative/office staff, and 2,000 are production workers.

USINOR has a tradition of placing high priority on employees. Participative management has always been fundamental to the management of the Marseille plant and in 1999 it won the European Quality Management Prize. USINOR also has a strong track record as a pioneer in work organisation practice and the group has developed innovative and customised working policies. The Fos sur Mer site has an active occupational health department serving the workforce. Evaluation of health hazards both in professional and everyday life is the main goal of the occupational health department.

France, Coca-Cola Entreprise

www.cokecce.com

A subsidiary of Coca-Cola Enterprises Inc., Coca-Cola Entreprise produces, markets and distributes The Coca-Cola Company products in France.

Coca-Cola Entreprise employs 2,400 people, including more than 1,000 in the commercial sector, and comprises: five production sites, two warehouses, seven commercial zones (Nord, Paris Ile de France, Ouest, Est, Sud-Ouest, Rhône-Alpes et Sud), and a headquarters in Issy les Moulineaux.

Through its "Putting Our People First" initiative, Coca-Cola Enterprises seeks to recognise the contributions of individual employees. Coca-Cola Enterprises has an ongoing commitment to the creation of a healthy workplace.

Germany, Siemens AG, Mülheim

www.siemens.com

In 1969 this Mülheim factory became part of the power plant engineering co-operation newly founded between Siemens and AEG. It was subsequently integrated into Siemens AG in 1987. Mülheim specialises in power plant engineering for the generation of electrical and thermal energy based on all types of fuel. Siemens currently employs almost 3,400 employees at Mülheim, around 1,600 of whom are blue-collar workers.

Siemens Mülheim develops and manufactures complete turbosets, i.e. turbines and generators, based on the principles of powerful, highly efficient plants, which are economic to run, use scarce resources sparingly and have minimal impact on the environment. To date, the Mülheim factory has delivered more than 7,000 turbines and generators to customers worldwide.

In 1998 this Siemens division merged with U.S. partner Westinghouse Power Division and became one of the world's largest producers of power plants. The company puts considerable emphasis on employee health and well-being since highly-qualified and motivated employees are essential for all the processes of the business – product development, design, manufacture, erection, quality management, business administration and environmental protection.

Germany, Volkswagen AG, Wolfsburg

www.volkswagen.de

A pioneer in the automobile industry, Volkswagen has sold more than 100 million vehicles and is a global household name. The 'Volkswagen' (people's car) was first developed in the 1930s, and went into production at the Wolfsburg factory. In 1974 the launch of the VW Golf was a milestone in the company's development. In the 1990s VW, acquired Seat, Skoda, Bugatti, Lamborghini, Bentley, Rolls-Royce and shares in Scania. Today VW is a worldwide enterprise, offering a wide range of vehicles across nine brands, including small efficient automobiles, luxury and sports cars, as well as light and heavy lorries and many components.

The Wolfsburg plant is still the main factory and also the headquarters of the Volkswagen Group, which has a total workforce of more than 324,000 employees. Over 50,000 workers are based at the Wolfsburg site. Employee health and well-being are important concerns and priority corporate objectives. Volkswagen has an inclusive approach to the protection and promotion of employee health and regards this as a joint concern of management and employees. Both management and employees are involved in developing active programmes which address health issues holistically.

A key concern is to ensure consistency and uniformity of healthcare and advice across the workforce and this is co-ordinated by a Corporate Healthcare Division which works with local occupational health services.

Poland, Powszechny Bank Kredytowy w Warszawie

www.pbk.pl

Powszechny Bank Kredytowy (PBK) is one of the three largest Polish banks and provides a wide variety of financial services to individual and commercial customers. The bank is one of nine commercial banks created from National Central Bank of Poland in 1989. It became a state-owned company in 1991 and was privatised in 1997. In recent years PBK has acquired several smaller banks, and plans to grow further. The bank already has almost 350 offices in Poland and is part of the PBK Group, which consists of 13 companies in the insurance, leasing, and financial sectors.

The issue of smoking and health promotion is one of two focal points, and this is publicly demonstrated through PBK's sponsorship of the national cessation campaign, "Quit with us", as well as donating equipment to the Oncology Cen-

tre in Warsaw and other hospitals. The monthly employee newsletter always features a section dedicated to healthcare issues.

Poland, Zakład Energetyczzy Toruń S.A.

www.zetsa.torun.pl

Zaklad Energetyczny Torun S.A. specialises in the production, processing, transmission and sale of electric and heat energy; the construction, expansion, modernisation and repair of electrical power networks and equipment; and operation of electrical power equipment. The company serves about 400,000 customers, both residential and commercial. It operates 29,322 km of electric lines (with terminals) and 8,583 transformer stations.

The company was established more than 75 years ago and is one of the biggest enterprises in the region, employing 1,500 people – 775 blue-collar workers (mainly technicians operating on lines) and 730 white-collar workers.

The company is considered a leader in the field of workplace health promotion. Health promoting activities have been part of the corporate culture for many years. The current programme "Our health depends on us" is a coherent and systematic way of implementing workplace health promotion. It aims to create health-promoting changes at the individual, organisational and environmental level, and to do so in a way that enables the process to be evaluated . The programme covers three main areas: creating a health friendly workplace, promoting healthy lifestyles, and spreading preventive behaviour

The programme includes: co-financing rehabilitation (when needed), covering costs of physical activities (swimming, tennis, fitness), stress control workshops, vaccination, medical screening as well as awareness raising and educational activities on issues such as a healthy diet, smoking etc. A Health Promotion Council has been established within the company to initiate, co-ordinate and evaluate these activities. The programme is strongly supported by the board as well as the employees, around 85% of whom participate in the programme and activities.

Zaklad Energetyczny has been also awarded Torun's Health Promotion Club Certificate for its activity in that field in the local community.

United Kingdom, BAE SYSTEMS

www.baesystems.com

Created by the merger of British Aerospace with Marconi Electronic Systems, BAE SYSTEMS supports aerospace and defence customers around the world. The company operates from nine countries. It comprises 60 sites in the UK and 39 overseas, employing a total of more than 100,000 staff.

BAE SYSTEMS has a well-developed employee health and well-being programme which the occupational health department has been central in shaping. The company seeks to communicate effectively with its employees on a wide range of issues including health. It has developed a number of workplace health promotion initiatives and sees the development and maintenance of a comprehensive tobacco control policy as a central element of its broader approach to employee health.

United Kingdom, UNISON

www.unison.org.uk

UNISON is the biggest trade union in the UK with 1.3 million members, making it the largest affiliate to the Trades Union Congress. The union employs 1,200 people across more than 30 sites. It recruits, represents, and organises people who work in the public services, in private companies that provide services to the public, and in voluntary organisations. UNISON's stated mission is to campaign on fair rights for all, promote and defend public services, support members experiencing difficulties or discrimination at work and locally campaign for improvements in workplaces.

A central aspect of the services UNISON provides for its members is the protection and promotion of members' rights in all health and safety issues. In addition to developing a policy to address smoking in the workplace in its own offices, UNISON actively provides advice and guidance to its members on the development and implementation of policies in their own workplaces and organisations. Learning and experience gathered through it's own involvement in the European Healthy Workplaces Project will cascade through to UNISON members over time.

The experience of some or all of the private sector organisations:

- Company commitment at the most senior level is a prerequisite for any action
- Occupational health services play a leading role in the provision of information, advice and support to employees who want to quit. Providing professional development for them on the issue of smoking cessation increases confidence and enhances the service they provide
- The identification of a "champion" to promote the development of a corporate response to tobacco was essential for the long-term success of the initiative
- There was a beneficial effect from the full involvement of the works council or representative groups in the development of the corporate position on tobacco
- Working with outside partners such as local health services and health and sickness funds has great potential in providing general information on smoking and health and the development of cessation activities
- Surveying staff about their views on smoking at work can help to set the corporate agenda
- Company cessation groups enabled employees to successfully quit tobacco
- In-house newsletters and intranet were very helpful to raise awareness of tobacco issues in a positive and informative way
- Raising the profile of smoking cessation through schemes such as company 'quit and win' competitions was very successful
- Companies were able to reach local communities through their employees, through community initiatives such as working with schools and also via newspaper and radio coverage

Challenges:

- In some companies moving in the short term from a limited position on tobacco to a comprehensive smoking policy was not possible
- The continued sale of tobacco products either from shops or vending machines presents a confusing message to employees – on one hand they are being encouraged not to smoke, while on the other the company makes it easy for them to buy cigarettes

Solutions:

- Guidelines on tobacco use can be adopted as an interim measure, pending the introduction of a written policy. These can play a positive role in the ongoing development of a company's tobacco control strategy. Such guidelines would recommend that:
- All departments/units should discuss the issue of smoking on an annual basis
- Departmental heads should canvas the opinion of all the members of the department
- The rights of non-smokers should be respected at all times
- Measures should be implemented to provide smoking areas in all parts of the site.
- All meeting rooms should become smoke- free
- All rest rooms shared by smokers and non-smokers should become smoke-free
- Clear signs indicating the smoking status of any office, room or area should be installed.
- The guidelines should have a maximum life of 3 years, after which a written policy should be implemented
- Cigarette machines should be removed at the earliest opportunity. The sale of cigarettes in on-site shops should be renegotiated when the contract is due for renewal.

APPENDIX 1

Developing a workplace tobacco policy – A tool for auditing current practice

1. Is this a review of the whole organisation or a specific unit or site?

   Whole organisation ☐
   Specific unit or site ☐
   Specific sites ☐

2.i Have the employees ever been surveyed about smoking at work? Yes ☐ No ☐

2.ii. If YES what were the main findings?

3. What proportion of employees smoke?

4. Does the organisation have a smoking (tobacco) policy or an established practice on tobacco? Yes ☐ No ☐

5. Why was this policy / practice developed?

   To improve safety ☐
   Concern for employee health and well-being ☐
   The employees demanded it ☐
   Possible threat of legal action on health grounds ☐
   It was considered good practice ☐
   The organisation wanted to be seen to act positively ☐
   Other (please specify)

6. Does the policy/practice cover any of the following issues?

Creating a smoke-free workplace	☐
Restricting smoking while on company business away from the site	☐
Provision of support to those employees who may want to quit smoking	☐
Sale of tobacco products on the premises	☐
Corporate investment policy that means not investing in tobacco companies	☐

7. Who was involved in the development of the policy/practice?

All staff ☐

If NO, was it developed by:

Senior management	☐
Occupational health	☐
Human resources/personnel management	☐
Health and safety representatives	☐
Trades unions	☐
Staff representatives	☐
Other	☐

8. How were the groups (ticked YES above) involved in the development of the policy/practice?

9. Who drafted the policy/practice?

10. How was the policy/practice communicated to employees?

Staff meetings	☐
Team briefings	☐
Intranet/e-mail	☐
Organisation newsletter	☐
Leaflets	☐
Posters	☐

11. Can employees ask questions about/give an opinion on the policy/practice? Yes ☐ No ☐

11.i If YES, how?

12. Does the policy make any provision for employees who wished to continue to smoke? Yes ☐ No ☐

12.i If YES, what is the nature of this provision?

13. Does the policy/practice make provision to support smokers who wished to quit smoking? Yes ☐ No ☐

13.i If YES, what is the nature of this support?

13.ii Does the policy/practice include a disciplinary element? Yes ☐ No ☐

13.iii If YES, how does this operate?

13.iv Can employees who breach the policy/practice be referred for cessation advice? Yes ☐ No ☐

14. Does the organisation have an occupational health department?

- Yes ☐
- In-house ☐
- Contracted ☐
- No ☐

15. Have the occupational health/human resources departments received any training in smoking cessation theory and practice?

- Both departments ☐
- Only occupational health ☐
- Only human resources ☐
- No training was offered ☐

15.i If YES, what was the nature of this training?

16. Have employees been offered any access to cessation services? Yes ☐ No ☐

17. Was the cessation service used by employees?

- A lot ☐
- To some extent ☐
- A little ☐

18. Have links been established with any other health service providers to make smoking cessation advice and support available to employees? Yes ☐ No ☐

19. If YES, please indicate who?

20. Are tobacco products sold on the organisations premises? Yes ☐ No ☐

20.i If YES, where can these products be purchased?

- Canteen/restaurant ☐
- Cigarette vending machine ☐
- Shop ☐
- Other ☐

21. Are these products discounted in price in any way? Yes ☐ No ☐

22. Does the company have any other commercial links with the tobacco industry? Such as through it's investment portfolio, or as clients or customers? Yes ☐ No ☐

22.i If YES, please describe the nature of these links

23. Has the organisation's smoking policy/practice been reviewed since it was implemented? Yes ☐ No ☐

23.i If YES, who was involved in the review process?

- Senior management ☐
- Occupational health ☐
- Human resources/personnel management ☐
- Health and safety representatives ☐
- Trades unions ☐
- Staff representatives ☐
- Other ☐

23.ii How often has the policy/practice been reviewed?

24. What were the main outcomes of the review process?

25. How is the fact that the organisation has a smoking policy/practice communicated to job applicants?

- Through the job advertisement ☐
- Through the application form ☐
- At interview ☐
- At the pre-employment medical ☐
- During their induction phase ☐
- It isn't ☐

26. Do you have sub contractors working on your premises? Yes ☐ No ☐

26.i If YES, does the policy/practice on smoking extend to them? Yes ☐ No ☐

27. Do members of the general public visit your premises? Yes ☐ No ☐

27.i If YES, does the policy / practice on smoking apply to them? Yes ☐ No ☐

APPENDIX 2

A Policy review questionnaire

Examples of the types of questions that should be asked during any review of a workplace smoking policy or practice

1. Overall, what progress has the organisation made in developing its workplace smoking policy/practice, and what related activities have been developed since its implementation?
2. What were the key steps that enabled progress to be made?
3. What were the obstacles that prevented action being taken?
4. How have these been overcome?
5. Was a working group established to take issues forward?
   If yes, who was on it, and were all staff represented?
6. Was a 'champion' for tobacco issues identified/appointed?
7. What progress has been made on:
   a. creating a smoke-free workplace
   b. promoting smoking cessation
8. Has the senior management team been involved and/or is it supportive?
9. Have staff been surveyed, consulted and involved in the developments?
   If yes, how?
10. What mechanisms have been used to communicate with staff about tobacco control activity?
11. What are the next steps to be taken?

For municipalities only:

Do any of the developments have an impact on the public? If so, which ones and how?

For hospitals only:

a. Do any of the developments have an impact on patients/visitors?
   If so, which ones and how?

b. Do you provide cessation advice to patients?

Further reading:

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One of the initiatives developed by the WHO European Partnership Project to Reduce Tobacco Dependence was the European Healthy Workplaces Project. The aim was to facilitate the development of sustainable workplace tobacco control activities in organizations (both public and private) across Europe, by applying the principles of workplace health promotion in the context of workplace tobacco control. The guidance outlined in this booklet "Tobacco in the Workplace: Meeting the Challenge. A Handbook for Employers" is based on the existing evidence base and draws on the experience of 16 organizations. The organizations include:

France The municipality of Villeneuve d'Ascq,
Centre Hospitalier Universitaire d'Amiens,
Coca Cola Entreprise France,
USINOR

Germany The municipality of the City Dortmund,
Krankenhaus Links der Weser, Bremen,
Siemens AG, Mulheim am der Ruhr,
Volkswagen, Wolfsburg

Poland The municipality of Starostwo Powiatowe w Cieszynie,
The Santa Spirit Hospital in Rawa Mazowiecka,
Powszechny Bank Kredytowy SA,
Zaklad Energetyczny Torun SA

United Kingdom The municipality of Bridgend County Borough Council,
Birmingham Children's Hospital NHS Trust,
BAE Systems,
UNISON

The case for why employers should introduce a smoke free workplace policy is put forward in the companion handbook "Why Smoking in the Workplace Matters: An Employer's Guide"

For further information about the
WHO European Partnership Project to Reduce
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