



Loss Control TIPS

Technical Information Paper Series

Innovative Safety and Health SolutionsSM

Smoking Cessation: Worksite Programs

Why Have a Smoking Cessation Program?

The damaging health effects of smoking and secondary smoke have become common knowledge over the past several years. Many studies have associated cigarette smoking with increased risk for heart disease, stroke, cancer, and early death.

From an employer's perspective, there are both direct and indirect costs associated with smoking. In fact, according to the National Cancer Institute, employers incur an extra \$1000 per year, or \$5.50 per day, for every employee who smokes. These costs include direct medical costs associated with claims, as well as costs associated with absenteeism and even building maintenance.

It has been estimated that compared to non-smokers, smokers are absent from work 50 percent more often than non-smokers, have twice as many on-the-job accidents, and are 50 percent more likely to be hospitalized than workers who do not smoke. (AISG, 1995)

As evidence about the damaging effects of smoking and secondary smoke has increased, employers have recognized the impact of smoking on their operations, and have increased efforts to encourage and assist smokers in their efforts to stop smoking. Some employers have banned smoking in the workplace. Employers can help their employees kick a deadly habit by offering employees a smoking cessation program.

What Works

The U.S. Agency for Health Care Policy and Research (AHCPR) convened a panel of scientists, clinicians, consumers, and methodologists in 1994 to provide guidelines to clinicians on the treatment of tobacco addiction. This panel reviewed existing research and concluded the following:

- Total abstinence is essential.
- Programs must promote the motivation to quit and must address relapse prevention.
- Relapse prevention interventions (such as informational meetings, support meetings, telephone contacts, and informational handouts reviewing the benefits of quitting) are critical within the first three months after quitting, because it is within this time period that most relapses occur.
- Nicotine replacement therapy (nicotine patches and nicotine gum) is the only pharmacotherapy currently shown to be effective as an aid to smoking cessation. The nicotine patch is preferable for routine clinical use because of greater compliance and ease of use.



- Drinking alcohol is highly associated with smoking relapse.
- Supplementary materials (such as booklets, brochures, handouts, etc.) are helpful.
- Smoking treatments and supplementary materials are most effective when they are culturally, racially, educationally, and age appropriate for the population or individual.
- The various smoking cessation treatments are equally effective for both men and women.
- Intense treatments of long duration are more effective than brief treatments; however, even brief treatments, like a physician's advice to stop smoking, can be effective.

As a result of its review, AHCPR advised clinicians to:

- Motivate smokers to make attempts to quit.
- Use multiple individual or group counseling sessions lasting at least twenty minutes each, with sessions spanning multiple weeks.
- Provide problem-solving and social support counseling.
- Deliver relapse prevention interventions to all smokers who have recently quit, particularly within the first three months after they have quit.
- Offer nicotine replacement therapy (except in special circumstances).
- Encourage pregnant or nursing smokers to receive intensive smoking cessation counseling treatment, and possibly nicotine replacement therapy.
- Warn smokers about the weight gain they may experience after quitting, and recommend nicotine gum as a method to help delay the weight gain.
- Offer smokeless tobacco users the same smoking cessation counseling treatments that are used with smokers.
- Modify treatments and supplementary materials to make them appropriate for the ethnic, racial, or age populations with whom they are used.
- Encourage those who stop smoking to consider quitting with their significant others who smoke, and/or to develop specific plans to maintain abstinence in a household where others still smoke.
- Encourage those who stop smoking to review their alcohol use and consider limiting or abstaining from alcohol use during the quitting process.

Incorporation of these suggestions will increase the success of any worksite smoking cessation program.

Costs of Smoking Cessation Programs

Costs for smoking cessation interventions typically range from less than \$5.00 per participant for how-to-quit booklets and other literature, to several hundred dollars for physician-directed counseling programs with nicotine replacement follow-up. Companies that have instituted smoking cessation programs have reported very positive results.

One company reported a 50 percent reduction in annual average sick leave and a virtual elimination of stress-related retirements. Another company reported that smokers cost them in excess of \$600 dollars per year for additional in-patient hospital costs, as compared to non-smokers. With an investment of \$327 for each successful quitter, this company realized a payback of almost 2 to 1, with respect to hospital costs. (AISG, 1995)

Cost Benefits of Smoking Cessation Programs

Smoking cessation has been shown to be a very sound economic investment, and is particularly profitable when long-term (5 years or more) benefits are evaluated (Warner, et al, 1996). Outcome measures generally used to calculate cost-effectiveness and net cost savings (benefit-cost) are intervention costs and behavioral (smoking cessation), health, and financial benefits. Measures of behavioral and health effects are

- amount of smoking cessation
- reductions in numbers of deaths
- gains in life expectancy
- reductions in absenteeism.

The economic benefits anticipated by the employer include

- reductions in health care costs
- reductions in absenteeism costs
- reductions in on-the-job productivity losses
- reductions in life insurance costs.

Types of Smoking Cessation Programs

Any smoker who has quit smoking, those who have tried to quit, and even many non-smokers, know how difficult it can be. A variety of different types of smoking cessation programs have been successfully implemented. Program selection is based on a variety of factors, including anticipated costs and a determination of the types of programs to which the population would be receptive. An organized group program may be more effective in one setting, while individual self-care services would work better in another. The more common techniques used in smoking cessation programs include audio tapes, videotapes, and booklets or other publications. Other common techniques, including hypnosis, biofeedback, nicotine nasal spray, nicotine patch, acupuncture, behavior modification, physician counseling, and other counseling, must be administered *only* by qualified personnel. Some program options include:

In-House Programs

An employer may choose to develop its own program offering any one or combination of the following:

- informational and motivational presentations by health care personnel
- individual and group counseling
- distribution of “how-to-quit” materials.

In-house programs are often expensive to develop, but can be quite effective in the right situation.

Commercially Available Programs

A variety of smoking cessation programs are offered by public community agencies and private operations. These programs can be located in most areas by looking in the yellow pages of the local telephone book. Costs and methods vary widely.

Incentive Programs

Incentive programs are designed to reinforce or enhance an employee's motivation to stop smoking. These programs vary widely. The incentive might be as simple as an "I QUIT!" button. Some companies reduce insurance premiums of non-smokers. Some split the cost of the program with employees. Other companies reimburse employees for the total cost of smoking cessation programs if they stay tobacco-free for a predetermined period of time (e.g., one year or more).

Community Clinics

Smoking cessation services and materials are available at little or no cost from community service agencies such as the American Cancer Society, American Lung Association, and local health departments.

Other Resources

A variety of commercially available materials, including books, pamphlets, films, videotapes, and audio cassettes are available for smoking cessation or to supplement smoking cessation programs.

How to Get Started

The following steps outline a start-up plan for a smoking cessation program:

- Make the decision to establish a smoking cessation program (management)
- Set a goal and determine objectives for the program
- Explore and identify available resources (community, private, etc.)
- Choose the particular type of program (or a combination of program elements)
- Implement the program
- Follow-up, and evaluate progress against objectives
- Revise/upgrade program as necessary

Other steps that support smoking cessation are:

- Establish a smoke-free workplace. The most successful smoke-free workplaces begin with planning ahead, establishing employee committees, designating smoking areas, offering smoking-cessation classes, and then going to a completely smoke-free environment after giving people time to adjust.
- Some employers have found it useful to make tobacco-use assessment, counseling, and treatment a contractual obligation of the health care insurers and/or providers that sell services. Consider this option.

Resources for Smoking Cessation Programs and Support

These resources can provide information, guidance, and/or assistance in establishing a smoking cessation program:

- National health care organizations, and their local and state chapters (such as American Cancer Society, American Lung Association, American Heart Association, American Psychological Association, etc.)
- Local hospitals and other local health care facilities
- Health maintenance organizations (HMOs)
- Yellow pages of the telephone book (“Smokers’ Information & Treatment Centers”)
- Employee assistance programs
- Local and state health departments

References

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