



100% Smokefree Workplaces: Good for Health, Good for Business

Secondhand smoke is a proven cause of death and illness (by causing heart disease, lung cancer, stroke and other health conditions).^{1,2}

There is no safe level of exposure to secondhand smoke,³ yet many workers are regularly exposed to secondhand smoke at work, including more than half of workers in Bangladesh, China, Egypt and Vietnam.⁴

100% smokefree policies are good for business. Such policies have been shown to⁵:

- Reduce employee medical costs and sick days, and increase employee productivity.
- Improve business image and client and employee satisfaction.
- Make employers more attractive to potential employees and reduce turnover.
- Decrease the risk of fires and accidents.
- Decrease cleaning and maintenance costs.
- Reduce health insurance premiums, as well as insurance premiums on buildings.

Why is it necessary to be 100% smokefree?

- Breathing even limited amounts of secondhand smoke is harmful to health.^{6,7} 100% smokefree policies are the only effective way to prevent the death and illness caused by secondhand smoke at work.⁸
- In some countries, employers who allow smoking in the workplace are vulnerable to lawsuits.⁹
- Exceptions such as designated smoking rooms and ventilation systems do not provide full protection to employees or clients and are expensive and hard to enforce.¹⁰

Costs: Medical costs and lost productivity

- Employees in the U.S. who smoke cost their employers nearly \$6,000 more each year than do nonsmoking employees, due to lost productivity, absenteeism, healthcare costs and pension benefits for smokers.¹¹
- In one year alone, exposure to secondhand smoke cost US \$156 million in direct medical costs, long-term care, and productivity loss in Hong Kong¹²; and productivity losses alone from premature deaths caused by secondhand smoke exceed US \$5.6 billion per year in the United States.¹³

Costs: Capital outlay, maintenance, cleaning, and insurance premiums

- In the United States, smokefree offices saved \$728 per 1000 square feet per year in lower maintenance costs.¹⁴
- Implementing smokefree policies lowers the risk of fires and accidental injuries, which can reduce health and building insurance costs by up to 25-30%.¹⁵

Smokefree policies help the hospitality industry

- Well-designed studies on the economic impact of smokefree laws report no impact or a positive impact of smokefree restaurant and bar laws on sales or employment.¹⁶
- After New Zealand implemented its smokefree law in 2004, overseas visitors increased by 1.5% and visitors' expenditures increased the following year by 3.3%;¹⁷ and in Argentina, sales in bars and restaurants increased 7-10% in Buenos Aires and four provinces after smokefree laws were enacted.¹⁸

Smokefree policies and resulting reduction in smoking address a major global health issue

- The United Nations is focused on reducing Non-Communicable Diseases (NCDs) since they cause over 60% of deaths globally. Tobacco use is one of the key NCD risk factors,¹⁹ and the private sector is working with governments and non-profits to reduce its harms, reflecting their commitment to play a positive role in society.
- The World Health Organization and the World Economic Forum have deemed smokefree indoor workplaces and public places as one of the "best buys" for cost-efficiently reducing NCDs globally.²⁰

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- ¹ *The health consequences of involuntary exposure to tobacco smoke: a report of the Surgeon General*. Atlanta, GA, U.S. Dept. 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. <http://www.surgeongeneral.gov/library/reports/secondhandsmoke/index.html>
- ² *The Health Consequences of Smoking—50 Years of Progress: A Report of the Surgeon General, 2014*. Atlanta, GA, US Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2014. <http://www.surgeongeneral.gov/library/reports/50-years-of-progress/index.html#execsumm>
- ³ U.S. Dept. of Health and Human Services, 2006.
- ⁴ *The Global Adult Tobacco Survey*. Atlanta, GA, Centers for Disease Control and Prevention, 2009. <http://www.cdc.gov/tobacco/global/gats/introduction/index.htm>
- ⁵ *Evaluating the effectiveness of smoke-free policies*. International Agency for Research on Cancer, Lyon, 2009 (IARC Handbooks of Cancer Prevention, Tobacco Control, Vol. 13. <http://www.iarc.fr/en/publications/pdfs-online/prev/handbook13/index.php>; Campaign for Tobacco-free Kids, 2011.
- ⁶ *How tobacco smoke causes disease: the biology and behavioral basis for smoking-attributable disease. A report of the Surgeon General*. Atlanta, GA, US Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2010. http://www.surgeongeneral.gov/library/tobaccosmoke/report/full_report.pdf
- ⁷ U.S. Dept. of Health and Human Services, 2014.
- ⁸ International Agency for Research on Cancer, 2009; *Smoke-free air: the essential facts*. Campaign for Tobacco-Free Kids, Washington, DC, August 2011. http://tobaccofreecenter.org/files/pdfs/en/SF_facts_en.pdf.
- ⁹ International Agency for Research on Cancer, 2009.
- ¹⁰ *Smoke-free air: the essential facts*. Campaign for Tobacco-Free Kids, Washington, DC, August 2011. http://tobaccofreecenter.org/files/pdfs/en/SF_facts_en.pdf.
- ¹¹ Berman M et al. Estimating the cost of a smoking employee. *Tob Control*. Published Online First: 3 June 2013 doi:10.1136/tobaccocontrol-2012-050888. <http://tobaccocontrol.bmj.com/content/early/2013/05/25/tobaccocontrol-2012-050888.abstract>
- ¹² McGhee SM, Ho LM, Lapsley HM, Chau J, Cheung WL, Ho SY, et al. Cost of tobacco-related diseases, including passive smoking, in Hong Kong. *Tob Control* 2006;15(2):125-30. <http://www.ncbi.nlm.nih.gov/pubmed/16565461>
- ¹³ U.S. Dept. of Health and Human Services, 2014.
- ¹⁴ Javitz HS, Zbikowski SM, Swan GE, Jack LM. Financial burden of tobacco use: an employer's perspective. *Clin Occup Environ Med* 2006;5(1):9-29, vii. <http://www.ncbi.nlm.nih.gov/pubmed/16446251>
- ¹⁵ *Save lives, save money: Make your business smoke-free*. Atlanta: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2006. http://www.cdc.gov/tobacco/basic_information/secondhand_smoke/guides/business/pdfs/save_lives_save_money.pdf
- ¹⁶ Scollo M, Lal A, Hyland A, Glantz S. Review of the quality of studies on the economic effects of smoke-free policies on the hospitality industry. *Tob Control* 2003;12(1):13-20. <http://www.ncbi.nlm.nih.gov/pubmed/12612356>
- ¹⁷ Edwards R, Thomson G, Wilson N, Waa A, Bullen C, O'Dea D, et al. After the smoke has cleared: evaluation of the impact of a new national smoke-free law in New Zealand. *Tob Control* 2008;17(1):e2. <http://tobaccocontrol.bmj.com/content/17/1/e2.abstract>
- ¹⁸ Gonzalez-Rozada M, Molinari M, Virgolini M. The economic impact of smoke-free laws on sales in bars and restaurants in Argentina. *CVD Prevention and Control* 2008;3(4):197-203. <http://www.journals.elsevierhealth.com/periodicals/cvdpc/article/S1875-4570%2808%2900071-5/abstract>
- ¹⁹ *Global action plan for the prevention and control of noncommunicable diseases 2013-2020*. World Health Organization 2013. <http://www.who.int/nmh/publications/ncd-action-plan/en/index.html>
- ²⁰ *From Burden to "Best Buys": Reducing the Economic Impact of Non-Communicable Diseases in Low- and Middle-Income Countries*. World Health Organization and World Economic Forum. 2011. http://www.who.int/nmh/publications/best_buys_summary/en/