Tobacco use remains the leading cause of death in the United States. Indeed, some 450,000 people will die this year due to tobacco-related illnesses. What’s more, 50,000 people die each year from secondhand smoke-related diseases. If left unchecked, by the year 2020, tobacco is projected to kill about 10 million people a year worldwide. This issue of Absolute Advantage is dedicated to addressing tobacco use at the workplace.

Each month you can learn more about the articles in Absolute Advantage. Simply log on to WELCOA’s members only website to get more in-depth coverage of the topics that matter most to you. Find full-length interviews, expert insight, and links to additional information that will help you do your job better!
From The Executive Editor

In this issue of *Absolute Advantage* we’ll address the topic of tobacco use at the workplace. Although often times neglected—largely due to the nation’s new focus on obesity—tobacco use is a critical issue that every employer needs to address.

With healthcare costs approaching 1.8 trillion and healthcare becoming a precious resource, proactive employers are taking bold and aggressive steps to stemming the tide of tobacco use at the workplace.

In this issue, we’ll examine the burden of tobacco use in the United States. Even for the most hardened of skeptics, the statistics are simply staggering.

Having provided an aerial view of the issue, we’ll delve into a series of articles addressing commonly asked questions about cigarettes, cigars, and smokeless tobacco.

To help you in your quest to address tobacco use at the workplace, we’ve provided dozens of easy-to-implement ideas. We’ve also highlighted a fascinating website—www.thetruth.com. In addition, we’ll share an interview done with Jeffrey Wigand, a former tobacco industry insider. Finally, we’ll examine a case study of Weyco, Inc., a company that has set a policy to fire its smokers.

I hope you enjoy this issue. I’d like to recognize the National Cancer Institute for developing and making available much of the information contained in this issue.

Yours in good health,

Dr. David Hunnicutt
President, Wellness Councils of America

"With healthcare costs approaching 1.8 trillion and healthcare becoming a precious resource, proactive employers are taking bold and aggressive steps to stemming the tide of tobacco use at the workplace."
The Burden Of Tobacco Use

An estimated 45.8 million adults in the United States smoke cigarettes, even though this single behavior will result in death or disability for half of all regular smokers.

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THE BURDEN OF TOBACCO USE
An estimated 45.8 million adults in the United States smoke cigarettes even though this single behavior will result in death or disability for half of all regular smokers. Tobacco use is the leading preventable cause of death in the United States, resulting in approximately 440,000 deaths each year. More than 8.6 million people in the United States have at least one serious illness caused by smoking. If current patterns of smoking persist, 6.4 million people currently younger than 18 will die prematurely of a tobacco-related disease. Paralleling this enormous health toll is the economic burden of tobacco use: more than $75 billion per year in medical expenditures and another $80 billion per year resulting from lost productivity.

Since 1964, 28 Surgeon General’s reports on smoking and health have concluded that tobacco use is the single most avoidable cause of disease, disability, and death in the United States. Over the past four decades, cigarette smoking has caused an estimated 12 million deaths, including 4.1 million deaths from cancer, 5.5 million deaths from cardiovascular diseases, 2.1 million deaths from respiratory diseases, and 94,000 infant deaths related to mothers smoking during pregnancy.

Smokeless tobacco, cigars, and pipes also have deadly consequences, including lung, larynx, esophageal, and oral cancers. Low-tar cigarettes and other tobacco products are not safe alternatives.

The harmful effects of smoking do not end with the smoker. Babies of women who smoke during pregnancy are more likely to have lower birth weights, an increased risk of death from sudden infant death syndrome, and respiratory distress. In addition, secondhand smoke has harmful effects on nonsmokers. Each year, primarily because of exposure to secondhand smoke, an estimated 3,000 nonsmoking Americans die of lung cancer, and more than 35,000 die of heart disease.

An estimated 150,000–300,000 children younger than 18 months of age have lower respiratory tract infections because of exposure to secondhand smoke.

Although smoking rates fell among high school students from 2000 to 2002, they did not decline significantly among middle school students. This lack of progress suggests the need for greater use of proven antismoking strategies and for new strategies to promote further declines in youth smoking.

Scientists estimate that environmental tobacco smoke (ETS), also called “secondhand smoke,” is responsible for approximately 3,000 lung cancer deaths per year among adult nonsmokers in the United States.

In the United States, it has been estimated that about 7.8 million people age 12 years and older currently use smokeless tobacco.

http://www.cancer.gov/cancertopics/tobacco/statisticssnapshot

The information in this article was provided by the National Cancer Institute and is in the public domain. For more information, visit their website at www.cancer.gov.
Smoking cessation could quite possibly be one of the most difficult programs you implement at the workplace, but don’t get burned out just yet—many companies have had great success.

Northwestern Memorial Hospital, for example, has addressed worksite smoking and taken a significant step toward ensuring a healthy culture at the workplace. Their smoking policy enforces no smoking both inside and outside the hospital. In addition, they prove their dedication to the policy by offering a smoking cessation class and encouraging employees to quit. Their program includes individual consultations with a smoking cessation specialist, and sessions that are offered on a variety of days, times, and locations on the hospital campus every quarter for employee convenience.
John Doe

1 Be graphic. Hang up posters that contain tough messages and vivid, full-color images that inform employees of the harmful effects of using tobacco. Posters should be displayed in high traffic areas, such as elevators, bathrooms, water coolers, etc. The Government of Canada has passed regulations that require cigarette manufacturers to place graphic images and information covering 50% of every cigarette package!11

>>TAKE ACTION! Log on to www.thetruth.com to discover a lot of excellent information that details—in graphic account—the consequences and hazards of tobacco use. This site is guaranteed to stimulate some creative thinking.

2 Get real. In France, the federal government imposed public smoking restrictions without informing the public of why such actions were taken; as a result, compliance has been less than ideal.12 To avoid negative feedback or confusion about smoke-free workplace policies, hold educational workshops or seminars that inform employees about the health risks that accompany smoking—this will lay the groundwork for good adherence to your organization’s regulations and legislations.

>>TAKE ACTION! Develop a company-wide presentation that highlights the costs and consequences of using tobacco. Be sure to emphasize real issues like not being able to walk up a flight of stairs without huffing and puffing. For great information to help you present your business case, visit http://www.endsmoking.org/resources/employersguide/pdf/employersguide-2nd-edition.pdf. There you’ll find a great resource titled Employers’ Smoking Cessation Guide.

3 No butts about it. Implement a no-smoking policy. A reduction of cigarette consumption in the U.S. between 1988 and 1994 can be credited to smoke-free workplaces—9.72 billion less cigarettes were smoked as a result of these policies.13 Cabell County Board of Education in Huntington, West Virginia not only implemented a no-smoking policy inside their facilities, but outside as well. Plain and simple, if it’s company policy, it’ll be easier to enforce.

>>TAKE ACTION! Obtain a copy of Making Your Workplace Smokefree: A Decision Maker’s Guide, produced by the Wellness Councils of America (www.welcoa.org). This useful book provides actual examples of policies and the information that should be contained in them.

4 Light their fire. Get senior support by showing costs. A worksite smoking cessation program will generate economic benefits that exceed the program’s cost. Previous studies have overestimated the short-term benefit-cost ratio and underestimated the long-term benefit-cost ratio of a worksite smoking cessation program.14

>>TAKE ACTION! Begin your subscription to The American Journal of Health Promotion by visiting www.healthpromotionjournal.com. This journal is a well-respected publication in health promotion and provides tons of useful information regarding behavior change and costs and benefits.

5 Assess and progress. Health screenings will allow you to assess the risk factors of your smoking population. For example, Highsmith Inc. holds an annual health screening exam, in which participants get results along with a 20-minute counseling session. If they need more help, ongoing support and follow-up by a personal trainer is available.

>>TAKE ACTION! To find out what health screenings are most appropriate for your organization, obtain information about periodic health examinations. This information is available from The American Academy of Family Physicians and can be accessed online at http://www.aafp.org/exam.xml. By utilizing this information, you’ll know exactly when to screen your employees.

6 Don’t be a hypocrite. If you smoke, your employees are going to have a hard time believing in your company’s campaign against smoking—and with good reason. Be an example to those in your company, if you smoke, quit now, or don’t lead any smoking initiatives at all.

>>TAKE ACTION! If you do presently smoke, you can share your quitting experience with the rest of the organization. In fact, we know of one CEO who wanted to be a positive role model, so he shared his quitting experience through daily e-mails with the rest of the company.

7 The more the merrier. Build a team to promote smoking cessation. This team should be made up of smokers, non-smokers, and ex-smokers. With their wide range of views and experiences, they will be able to cohesively create plans and initiatives that will generate a new, smoke-free culture.

>>TAKE ACTION! We recommend that you immediately identify and recruit current smokers (who are looking...
to quit) and get them on your team ASAP. While it is inappropriate for you to lead your company’s wellness initiative—and at the same time smoke—it is most appropriate for you to include current smokers on your wellness team.

**Get acquainted.** Send out questionnaires or e-mails to find out who smokes, who wants to quit, and who doesn’t. Once you have this information you’ll know which intervention to direct to which population. For example, don’t expect those who don’t want to quit to stop cold turkey from a single anti-smoking brochure.

>>**TAKE ACTION!** Check out StayWell and Summex. Both of these organizations provide tools to assess employee habits and their willingness to change. StayWell’s web address is [www.staywell.com](http://www.staywell.com) and you can find Summex at [www.summex.com](http://www.summex.com).

**Focus on frequency.** It’s going to be hard for smokers to quit if a cessation program is only held once a month. If possible, hold multiple weekly meetings to continue treatment and discuss progress. You may have to experiment with a variety of strategies to find out what is most effective. For example, Lab Safety Supply, located in Janesville, Wisconsin took on multiple approaches to get their employee population to quit smoking—and the results were amazing. Corporate smoking cessation programs are considered very successful if they achieve a 35 to 55% quit rate. At Lab Safety, 80% of 82 people on the nicotine patch quit. Eighty-five percent out of 78 people quit in the hypnosis program, and after six months, 68% were still not smoking.

>>**TAKE ACTION!** For an inside look at smoking cessation programs, visit [www.smokestoppers.com](http://www.smokestoppers.com). This site will give you an overview of what it takes to quit smoking and a curriculum to back it up. In addition, you’ll also find a lot of other helpful information like statistics and personal assessments.

**Help wanted.** Many people want to quit smoking, in fact, a recent Gallup survey revealed that one-third of smokers wish they could quit.15 The truth is, many smokers can’t quit on their own—they need the help of others. Counseling can provide valuable support for recovering smokers. To create your own support group, designate a specific space and time for group meetings and publicize these meetings in your wellness and company publications. Be sensitive to the issue of confidentiality.

>>**TAKE ACTION!** Check out The Human Resources Institute at [www.healthyculture.com](http://www.healthyculture.com). You’ll want to obtain a copy of the Wellness Mentor Program Facilitator Package. This information will provide you with the ins and outs of starting and leading a peer support group—videos and other helpful information is provided.
On your mark, get set. Make smoking cessation programs competitive. Employees might feel more compelled to quit if there is something at stake. One study has shown that competitive smoking cessation programs are the most effective and offer the best return on investment. The programs may be expensive, costing around $100 per employee, however, keep in mind that a smoker costs an employer hundreds of dollars more every year. 

>>TAKE ACTION! Try splitting your program into two teams. Have members of the opposing teams keep tabs on each other, to ensure that no one is cheating. The team who has been the most successful in keeping their non-smoking status wins—the rewards and incentives are up to you and your budget.

Sweet seductions. Plain and simple, quitting smoking is hard and the road to recovery is long. In fact, according to behavior change guru, Dr. James Prochaska, smokers are likely to relapse before permanently quitting. With this in mind, it’s essential that smokers begin to think about the people, places, and things that may cause them to go back to their old behaviors. 

>>TAKE ACTION! Have employees devise a written plan of how they’ll react to and escape smoking temptations. To learn more about the art and science of quitting smoking, visit the American Cancer Society’s website at www.cancer.org and type “smoking cessation” in the search bar.

Just what the doctor ordered. Advise employees who smoke to see their health care provider. Brief, personal advice from a health care professional can double or quadruple normal quit rates. Evidence also suggests that physician counseling can increase your chances of success by 50%.

>>TAKE ACTION! Identify your organization’s health care providers and initiate conversations to ensure that physicians are routinely counseling patients on the advantages of quitting smoking. Yes, it’s oftentimes a hard thing to talk about with health care providers—but physician intervention might be the most cost-effective approach to quitting smoking that we know of.

Close, but no cigar. The consumption of all types of cigars in the U.S. increased by 46.4% between 1993 and 1997. Compared to a cigarette, a large cigar emits about 20 times more carbon monoxide. Studies show that cigar smokers have

Make sure that “no-smoking” signs are posted around your facility.
an increased risk of oral, esophageal, laryngeal, and lung cancer—yet, only 8.7% of cigar smokers consider themselves at high-risk for developing cancer.18

**TAKE ACTION!** Make sure that you incorporate information about cigars as well as smokeless tobacco in all of your presentations. More information about these other dangerous forms of tobacco is available at The American Academy of Family Physicians website at [www.aafp.org](http://www.aafp.org).

**Educate, educate, educate.** Although 90% of Americans “know” that smoking is hazardous, they only know it in a superficial sense.3 In 1996, The American Council on Science and Health (ACSH) found that American smokers and nonsmokers had only the most elementary understanding of the extent and magnitude of the health risks associated with cigarette smoking as compared with other alleged health risks in the environment.

**TAKE ACTION!** Conduct your own “Great American Health Quiz.” Incorporate questions about the hazards of smoking as well as other types of trivia and interesting information and distribute the quizzes to your employees. To obtain information on the statistics of cigarette smoking contact The American Heart Association at [www.americanheart.org](http://www.americanheart.org).

**Cover the costs.** A study has shown that the highest rates of participation in smoking cessation programs occur when insurance covers the costs of the program.19 Don’t stick your employees with the bill—if your insurance company won’t pay for all the expenses involved, pick up the tab yourself and increase your participation rate. Learning kits, kits with phone support, and computerized programs are not cheap, but are sometimes needed for positive results.

**TAKE ACTION!** Identify how much smokers are costing your organization and present this dollars and cents info to your senior management. One great resource to quantify the cost of smoking is “Smoking in the Workplace Costs Employers Money”—the report is available at [www.asb.org/papers/h100.htm](http://www.asb.org/papers/h100.htm).

**Work it.** Workplace smoking cessation clinics can be extremely helpful and convenient. Along with their no-smoking policy—inside and outside their entire facility—Miami Valley Hospital also supports employees who are trying to quit by offering onsite cessation classes. They’ve come upon the reality that many smokers need more than just self-help—a recent study showed that workplace clinic participants had success rates of 21% while self-help groups only had 11% success rates.13

**TAKE ACTION!** Identify smoking cessation facilitators in your community. To learn more about smoking cessation and health coaching visit wellcoaches.com at [http://www.wellcoaches.com/clients/index.cfm?Pageid=mainpage](http://www.wellcoaches.com/clients/index.cfm?Pageid=mainpage). Here you can learn about contacting coaches in your area.

**Rx.** Pharmaceutical interventions can play a large part in an employee’s effort to quit smoking. A study determining the effectiveness of nicotine patches (in a 70-day nicotine replacement program) found that the smoking cessation rate was much more favorable for those who used the patch—25% compared to 6% for those who did not complete the treatment.13 Offutt Air Force Base has found that participants respond well to this type of intervention. Their tobacco cessation program is one of the most popular wellness initiatives—they offer nicoderm patches and prescription medications with the American Cancer Society’s Fresh Start Program.

**TAKE ACTION!** Collect information on the cost and effectiveness of a variety of different cessation techniques (gum, inhalers, pills) and have this information readily available to employees. You can also display products and information in prominent places for all employees to view. To learn more about smoking cessation drugs you may want to contact Glaxo Smith Kline—[www.zyban.com](http://www.zyban.com).

**You expect me to breathe what?** Protect employees who don’t smoke. The California Environmental Agency Report estimated that each year in the U.S., environmental tobacco smoke (ETS), also known as secondhand smoke, exposure causes 3,000 deaths due to lung cancer, 35,000 to 62,000 deaths due to ischemic heart disease, and 1,900 to 2,700 deaths due to sudden infant death syndrome.21

**TAKE ACTION!** Make sure that “no-smoking” signs are posted around your facility. Also make sure that the employee handbook is updated and inform new employees of smoking guidelines. Above all, make sure to enforce the policies—smokers need to know you mean business, and non-smokers deserve to be protected.

**Tell the truth.** Don’t sugar coat the dangers your employees are facing. You might not be making any best friends by telling your...
employees that they could die a horrible, excruciating death, but this shows that you care about their well-being. In addition to lung cancer and emphysema, cigarette smoking is known to adversely affect nearly every system and function of the human body.²

**>>TAKE ACTION!** Offer games that identify the various systems and functions of the body that are affected by smoking. For example, a hangman message reading “smoking kills” will leave an indelible mark. To get more information, you may want to visit www.healthedco.com and enter the keyword “tobacco” into the search engine.

**21 Hold demos.** Visual aids can be very effective. Simply presenting a film or showing a picture of a healthy lung compared to the picture of a smoker’s lung can be quite powerful.

**>>TAKE ACTION!** Be sure to include information about how quickly the human body recovers from habitual smoking. This will help ensure that long-time smokers don’t feel defeated by the graphic images and keep on puffin’. Check out http://www.cancer.org/docroot/PED/content/PED_10_13X_Quitting_Smoking.asp for a timeline that shows the short and long-term benefits of smoking cessation.

**22 Be on your toes.** It’s inevitable. At some point someone is bound to say, “Bill has smoked for 40 years and is as healthy as a horse.” You need to know how to respond to this comment. Be prepared to come back with, “Well, 400,000 people die from tobacco related illnesses each year. In fact, it most likely will be the worst plague the world has ever known.”

**>>TAKE ACTION!** Make a top ten list of the most popular excuses people give to justify their continued smoking. List counter points below these excuses that refute the “logic.” For a whole host of compelling information to help you build your case, visit the World Health Organization’s website at www.who.int.

**23 Play the emotional card.** Every year, 702 infants die as a result of secondhand smoke. If you’ve been unsuccessful getting a smoker to quit for their own sake, address the harm they are causing to others by smoking. Secondhand smoke inhaled by children contains more than 3,800 chemical compounds. Because children have less developed lung tissue, they are more vulnerable to the damages caused by smoking.³

**>>TAKE ACTION!** Seek out new or expecting parents and impress upon them the dangers of secondhand smoke.

The birth of a child is the ultimate teachable moment. They may not be interested in quitting for their own good, but few parents will be willing to sacrifice their child’s healthy future for their own pleasure.

**24 Have a potluck.** Try incentive-based smoking cessation programs. Have participants drop money they would have spent on cigarettes into a “smoke bank.” Upon completion of the program, allow only those who are still smoke-free to draw for the money in the pot.

**>>TAKE ACTION!** Show them the costs. Based on a pack a day habit, a smoker will spend nearly $1,587 on cigarettes every year. Following this logic, a six-month incentive program, involving only five participants would yield a windfall of almost $4,000.

**25 Start campaigning.** Create your own no-smoking ad campaigns within the company—33,000 ex-smokers in California cited tobacco-control advertisements as a significant factor in their decision to quit.²² The most effective strategies for anti-smoking advertising focus on industry manipulation and secondhand smoke. One California ad ended with the line “The Tobacco Industry. They profit. You lose.”—showing how manipulative the industry can be in their relentless pursuit of profits. Another effective advertisement showed a child as a victim of secondhand smoke, which made people more aware of the effects of their smoking on others.

**>>TAKE ACTION!** At the end of the campaign, combine the ads into a montage that could be broadcast over the company intranet, closed circuit televisions, or any visual medium available at your organization. Check out the Visual Culture and Public Health Posters surrounding anti-smoking campaigns. (http://www.nlm.nih.gov/exhibition/visualculture/antismoking.html)

**26 Recruit the quitters.** The American Cancer Society offers a free training program for ex-smokers to be leaders of smoking cessation classes. There’s no one more persuasive than a true ex-smoker.

**>>TAKE ACTION!** After training, these ex-smokers could lead the entire smoking cessation program. This frees you up to address the organization’s other health risks, while a former smoker, familiar with the challenges of quitting, serves as a mentor to those still trying to quit. Check out American Cancer Society’s website for resources near you—http://www.cancer.org.
Based on a pack a day habit, a smoker will spend nearly $1,587 on cigarettes every year.
Stop in the name of love. Highlight smoking cessation in conjunction with Valentine’s Day. Encourage employees to quit smoking for someone they love. Never underestimate the value of accountability.

>>TAKE ACTION! Encourage employees to make a commitment to their loved ones to stop smoking via a Valentine’s Day card. A written commitment often carries more weight and can be used as a reminder of the commitment.

Clear the air. Offer smokers the chance to “clear the air” by writing their thoughts and feelings on a graffiti board. Sometimes you need to jump-start it with an idea or quote to respond to. This will allow smokers to vent the frustrations that accompany quitting. These anonymous contributions can be humorous and insightful. This idea was such a good one that a major health care provider in Houston created their own “graffiti gallery” to showcase their company’s commitment.

>>TAKE ACTION! Collect the comments and compile them into a book. This book can be used as a program builder down the road and will help other smokers realize they’re not alone in their frustrations. Don’t forget to edit where necessary!

Mark your calendar. Get involved in the Great American Smokeout. This would be a good day to kick off a smoking cessation program. The annual one-day event, sponsored by the American Cancer Society (ACS), is held on the third Thursday of every November. This nationwide event tries to get smokers to kick the habit for just 24 hours. The idea being, if they can give it up for one day, they might as well give it up for good.

>>TAKE ACTION! Contact the ACS by calling 1-800-ACS-2345 or visiting their website at http://www.cancer.org/docroot/PED/ped_10_4.asp. Get started right away by hosting your own corporate Smokeout.

Protest. Find out which popular eateries in your community have implemented non-smoking policies. Hand out a list of these places to employees—this will lessen the temptation or chance to light up when out on the town. Also spread the word that you encourage employees to only go to smoke-free establishments—this type of “boycott” could motivate the places that do allow smoking to implement non-smoking policies.

>>TAKE ACTION! Have employees submit names of favorite non-smoking establishments. Compile these establishments into a directory to be distributed company-wide. Share the directory within your community to encourage additional business owners to go smoke free.

Get hooked…online. The Internet can be an easy, useful tool to help you implement smoking cessation programs. The American Lung Association offers an online program called “Freedom From Smoking® Online.”
From Smoking® Online.” Through progressive stages of the program, the user will learn important skills such as stress management/relaxation techniques and long-term strategies for maintaining a smoke-free lifestyle. Access this program online at http://www.lungusa.org/site/apps/kb/home/login.asp?c=doLUK9O0E&b=38973.

>>TAKE ACTION! Work with your IT department to create your own smoking cessation web page. Modern technologies like streaming video and instant messaging can be powerful tools for helping people quit—especially if it’s customized and reflects individual corporate culture.

32 Say what? Does anyone really know what’s in a cigarette? Phillip Morris boasts their “typical” cigarettes contain at least 90% tobacco in the “filler” portion. So, what’s in the remainder? Well, a “typical” Cambridge 100’s filter hard pack includes water, sugars, propylene glycol, glycerol, diaminonium phosphate, cocoa, and cocoa products, ammonium hydroxide, and natural and artificial flavor.23 Yummy! Let employees know what they are using to pollute their bodies—this may cause them to think twice about smoking.

>>TAKE ACTION! As the cliché goes, “A picture is worth a thousand words.” Providing an insightful visual of what is being placed in a smoker’s body can be a powerful tool in convincing smokers that their habit is as “natural” as it may seem. (http://www.thetruth.com/)

33 Show them the money. Smoking is expensive. Direct smokers to websites such as HealthStatus.com. Smokers have the opportunity to see what smoking is costing them financially. For example, a person smoking 19 cigarettes a day for five years has spent, on average, $7,541.81.24 Help smokers discover their financial waste at http://www.healthstatus.com/calculate/smc.

>>TAKE ACTION! Create your own monthly publication or website showing off a number of items smokers would be able to purchase with the money spent on cigarettes. If you were able to choose between 142 rounds of golf or five years worth of cigarettes, what would you choose?

34 Get technical. Create an e-mail correspondence or chat room for those who are quitting, so they can express how they’re doing/feeling. E-mail is a quick and convenient method of communication. If smokers can talk about their troubles with others who are going through the same thing, they might feel better about quitting.

>>TAKE ACTION! Get your smoking employees to substitute their smoke breaks for online chats with others trying to quit. Breaking a habit is much easier when you can substitute a healthy habit for an unhealthy one.

35 Baby talk. It’s estimated that smoking during pregnancy accounts for 20 to 30% of low birth weight babies, up to 14% of pre-term deliveries, and 10% of all infant deaths. Women who smoke, and are expecting, need special and intensive treatment—they may know it’s not healthy to smoke, but they don’t know how to stop. Provide long-term interventions and counseling for pregnant smokers to help ensure that they are smoke-free during and after their pregnancy. Unfortunately, children can still suffer from negative consequences due to smoking even after they are born—between 200,000 and one million asthmatic children have their condition worsened by exposure to secondhand smoke.25

>>TAKE ACTION! Provide programming efforts aimed at reducing and managing the stress of your employees, especially those who are expecting. The more support you can offer, the more success you are likely to see.

36 Keep your door open. Most relapses occur early in the quitting process, although some relapses occur months or years after the quit date.26 Provide brief relapse prevention treatment for recent quitters. This treatment can be delivered by scheduled clinic visits, telephone calls, support groups, etc.

>>TAKE ACTION! Read up on Prochaska’s stages of change to better identify those susceptible to relapse and to brush up on keeping quitters in the maintenance stage. Dr. Prochaska’s book titled Changing For Good is available at www.amazon.com.

37 The secret of my success. Find employees who have already quit, and who have stuck with it for at least six months. Let these people speak at company meetings or seminars to tell their stories—what made them quit, and what has helped them stay away from cigarettes.

>>TAKE ACTION! Create a campaign titled “Quitters Always Win.” Encourage “quitters” to become team leaders for company recreation activities. Be sure to choose this role model carefully—charisma can be the difference between someone who helps and someone who annoys.
A Framingham Heart Study showed that two years after light smokers quit, their risk for heart attack decreased by 20%. Heavy smokers’ risk was reduced by 60% after they quit.
Although smoking promotes physical activity, employees from selling tobacco to minors. Involved with “We Card”—a program that trains retailers out the website their kids. Also, parents and kids might want to check information for employees to bring home and share with their kids. Also, parents and kids might want to check out the website http://www.healthfinder.gov/ and type “smoking” or “tobacco” in the search engine for more information.

>>TAKE ACTION! Remember, kids who smoke will become adults who smoke—adults who will one day enter the workforce. Sponsor parent-child activities that allow you to disseminate anti-smoking information that is age appropriate. Also, it’s important that your organization get behind tobacco control policies that keep kids away from cigarettes.

Get them puffing. Promote physical activity, not dieting, with smoking cessation. Many smokers gain weight when they quit. A common reaction to stop weight gain is dieting. But restrictions on food and quitting smoking at the same time could spell relapse. Instead, promote exercise to shed and maintain a healthy weight. This will help those quitting to keep busy, as well as help relieve stress.

>>TAKE ACTION! Once employees feel the benefits of kicking the habit, they may become inspired to further improve their health by exercising regularly. For more information about the benefits of physical activity check out wellness guru Ken Cooper’s aerobic center at www.cooperaerobics.com.

Get involved. Take part in your community’s effort to stop illegal tobacco use. It might seem like an unworthy effort considering that those under 18 probably can’t even work at your company, but think about this: young people who don’t start using tobacco by age 18 will most likely never start.28 Make sure local convenient and grocery stores are involved with “We Card”—a program that trains retailers and employees from selling tobacco to minors.

>>TAKE ACTION! Check out the “We Card” program at www.wecard.org. Also, look into the possibilities of corporate sponsorship of youth anti-smoking efforts through partnership with other businesses and organizations in the community.

Right tools, right time. The key to effective smoking cessation programs is using appropriate interventions that fit the individual’s stage of change. PacificCare Health Systems Inc. provides a StopSmoking Program that is self-paced and tailored to meet the specific needs of each participant—adjusting to their level of readiness to quit. The program involves a toll-free number, behavior change coaching via telephone, written materials, video, and audiotapes—available in both English and Spanish.30

>>TAKE ACTION! Check out HealthMedia Inc.’s website at www.healthmedia.com. This innovative company has developed online, tailored, smoking cessation programs that meet every individual where they’re at and encourages positive lifestyle changes.

Push the envelope. Offer rewards on health care plans to non-smoking employees. Although somewhat controversial it’s been going on for years. In fact, as early as 1987, Colorado began offering a discount of six dollars a month to nonsmoking employees enrolled in its health plan. In 1988, the Kansas health care governing body proposed that smokers be required to contribute ten dollars a month more than nonsmokers toward health insurance.13 The bottom line is that smoking causes more deaths in the U.S. than any other health behavior bar none—it’s time to push the envelope.

>>TAKE ACTION! There are a number of things you can do involving cash programs—whether they involve saving money or winning it, money can be a great motivator for any employee.

Better late than never. Although smoking produces an irreversible increase in risk for some diseases, quitting smoking brings substantial health benefits at any age. Communicate to your employees that even if they’ve smoked half of their life, stopping now will have a positive impact on their health. A Framingham Heart Study showed that two years after light smokers quit, their risk for heart attack decreased by 20%. Heavy smokers’ risk was reduced by 60% after they quit.5

>>TAKE ACTION! Research favorite retirement activities and produce a document replete with vacation home photos. Remind smokers that it won’t be long before they are relaxing in the sun—if they aren’t already six feet under.

Out with the old… Consider offering alternative means to employees for quitting smoking. Acupuncture, yoga, or hypnosis, for example have been used as a treatment for smoking cessation. It might not work for everyone, but for some it might be worth a try.
**TAKE ACTION!** Check out Yoga International’s website at [http://www.yimag.org](http://www.yimag.org). A more comprehensive source is the National Center for Complementary and Alternative Medicine, [http://nccam.nih.gov](http://nccam.nih.gov), this site offers information on various types of alternative healing.

 Spread the word. Do the parents at your company know that the average age at which smokers start is 12? Do they know that the average age at which kids become regular smokers is 14 and a half?

 Inform employees of the dangers that youth face when confronted with the opportunity to smoke. Stress the importance of talking with their children about smoking—a choice to start smoking now may become a habit they can’t break later in life.

 **TAKE ACTION!** Encourage parents to match the money their children save by not purchasing cigarettes. If a the child would have spent $10 per week, starting at age 12 and the parents match that figure, when the child is 16 there would be enough money in the pot to purchase a decent used car.

 Follow up. After the treatment or program is over, make sure to keep up-to-date, and follow up on progress. Also be sure to provide employees with information and activities to keep them from smoking. You may want to consider incorporating other wellness initiatives into the smoking cessation programs—stress management courses or fitness classes are two good examples. These additional interventions may help them deal with the pressure of wanting to smoke.

 **TAKE ACTION!** Make the commitment to visit the employee who is attempting to quit smoking, everyday for a specified amount of time. These visits will allow you to encourage them in their efforts to quit, as well as direct them to new and relevant information regarding smoking cessation.

 A bad blend. Inform smokers of the consequences involved with combining smoking and drinking alcohol. When the two are used together, the adverse health effects are intensified. Smokers who regularly consume alcohol have a greater chance of developing esophageal cancer than those who do just one or the other.

 **TAKE ACTION!** You may want to inform them of the danger of this combination during a presentation outlining the dangers of drinking and driving. “Cross-selling” allows you to get the message out more than once to more than one group.

 Baby steps. Provide ideas on how to cut back for those who can’t quit cold turkey. For those who want to gradually quit, provide ideas and tips in break rooms, fitness centers, e-mails, etc. For example, “keep postponing that first cigarette of the day for a longer and longer time.” Or “Cut back by one cigarette each day until you hit zero.”
“Problems with self-esteem”
“Has menial boring job”
“Emotionally insecure”
“Passive-aggressive”
“Probably leads fairly dull existence”
“Grooming not a strong priority”
“Lacks inner resources”
“Group conformist”
“Non-thinking”
“Not into ideas”
“Insecure followers”

These are all terms taken from Big Tobacco’s files that have been used to describe different groups of potential customers for their deadly, addictive products. —Source: http://www.thetruth.com
“When are people going to realize that breathing in smoke from anything that burns is not a good idea?”

Duane Alan Hahn
Risky business. Although smoking puts everyone at risk, it’s especially harmful for certain individuals. Women who smoke are two to six times more likely to suffer from a heart attack than nonsmokers.32 And for adults 60 and older, smoking is a major risk factor for six of the top 14 causes of death.33 Make sure you target these groups—inform them of the increased risks involved with smoking. Try sending an e-mail to these individuals to raise their awareness.

**TAKE ACTION!** Perhaps an effective e-mail message to these most-at-risk groups could incorporate humor and logic. Try taking the approach of, “You wouldn’t do (insert activity), so why are you smoking?”

Movin’ on up. Evaluating such areas as participation, quit rates, and return-on-investment will allow you to see what works and what doesn’t, as well as make any necessary adjustments. Carefully examining and analyzing your program will allow you to take your program to the next level. It might seem tough or too scientific, but you can easily conduct evaluations through surveys, questionnaires, or informal meetings.

**TAKE ACTION!** Distribute surveys to program participants (those who are successful and those who aren’t) to help you evaluate how successful your efforts were. Remember, you won’t learn anything from these surveys if you didn’t have a program objective to begin with. Also, ask survey participants to be brutally honest. There is no room to soft-soap anything when it comes to evaluation.

REFERENCES
NOTABLE &
Maxims, Mantras, and Notable Quotes
QUOTABLE

Statements About Smoking and Tobacco Use
When it comes to smoking, notable quotes abound. The quotes below have been researched by staff at The Wellness Councils of America. We encourage you to replicate these quotes in publications and information that you develop. As with all information, statistics change rapidly. Be sure to check the continued accuracy of some of this information as it may change.

"Scientists around the world agreed that there is no safe level of exposure to second-hand smoke." — Action on Smoking and Health

"The makers of Camels are naturally proud of the fact that, out of 113,597 doctors who were asked recently to name the cigarette they preferred to smoke, more doctors named Camel than any other brand." — Life Magazine ad, July 8th, 1946 as reported in America By the Numbers

"A person who smokes one pack of cigarettes per day will inhale approximately one-half cup of tar annually." — 52 Ways to Live a Long and Healthy Life

"If you took 1,000 young adult smokers, one will be murdered, 6 will die on the roads, but 500 will die from tobacco." — Richard Peto, Professor of Medical Statistics and Epidemiology, University of Oxford

According to Philip Morris cigarette company, cigarette consumption in the Czech Republic has “positive effects” on national finances in part because smokers’ early deaths help offset medical expenses. — The Wall Street Journal

Seventeen million Americans try to quit smoking each year. But more than 15 million individuals are unable to exercise that choice because they cannot break their addiction to cigarettes. The choice that they are making at a young age quickly becomes little or no choice at all and will be very difficult to undo for the rest of their lives. — Food and Drug Administration

A recent review of the costs of treating smoking-attributable diseases in the US showed that they range from 6 to 8 percent of health expenditures. — American Cancer Society

An estimated 45.8 million adults in the U.S. smoke cigarettes even though this single behavior will result in death or disability for half of all regular users. — Centers for Disease Control and Prevention

"Children have never been very good at listening to their elders, but they have never failed to imitate them." — James Baldwin

"I phoned my dad to tell him I had stopped smoking. He called me a quitter." — Steven Pearl

Smoking caused approximately $157.7 billion in annual health-related economic costs... — American Cancer Society

Cigarettes are the only available consumer product that is hazardous to health when used as intended." — The American Council on Science and Health, Cigarettes: What the Warning Label Doesn’t Tell You.

"Just what the doctor ordered." — Ad, L&M cigarettes, 1956
“Act as if what you do makes a difference. It does.”  —William James

Neither the tobacco industry nor the warning label has ever warned consumers that smoking is exceptionally addictive or has pointed out the minimum amount of smoking that poses health hazards. 3

—The American Council on Science and Health, Cigarettes: What the Warning Label Doesn’t Tell You

“I think we overuse the word ‘addictive.’ I think smoking can be a habit.”

—Brennan Dawson, Tobacco Institute (USA), 1991

If all women quit smoking during pregnancy, about 4,000 new babies would not die every year. 9

—National Cancer Institute

Seventeen million try to quit each year, but fewer than one out of ten succeed. For every smoker who quits, nine try and fail. 7

—Food and Drug Administration

In 1998 tobacco companies spent nearly $7 billion — or more than $18 million a day — to advertise and promote cigarettes. 11

—Centers for Disease Control and Prevention

After surgery for lung cancer, almost half of smokers resume smoking. Among smokers who suffer a heart attack, 38% resume smoking while they are still in the hospital. 7

—Food and Drug Administration

“Smoking kills, and if you’re killed, you’ve lost a very important part of your life!”

—Anti-smoking spokesperson Brooke Shields

“To quit smoking is easy—I myself have done it many times.”

—Mark Twain

An estimated 3.76 million daily smokers aged 12 through 17 years consumed an estimated 924 million packs of cigarettes per year. 13

—American Journal of Public Health

3,000 children under the age of 18 take up smoking every day. 3

—The American Council on Science and Health, Cigarettes: What the Warning Label Doesn’t Tell You

“The only thing that bothers me is if I’m in a restaurant and I’m eating and someone says, ‘Hey, mind if I smoke?’ I always say, ‘No. Mind if I flatulate?’”

—Common line used by stand-up comedians

REFERENCES


All information ‘Wellness Councils of America (WELCOA) 2006. WELCOA provides workplace wellness products, services, and information to thousands of organizations nationwide. For more information visit www.welcoa.org.

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QUESTIONS & ANSWERS

CIGAR SMOKING
What are the health risks associated with cigar smoking?

Scientific evidence has shown that cancers of the oral cavity (lip, tongue, mouth, and throat), larynx, lung, and esophagus are associated with cigar smoking. Furthermore, evidence strongly suggests a link between cigar smoking and cancer of the pancreas. In addition, daily cigar smokers, particularly those who inhale, are at increased risk for developing heart and lung disease.

Like cigarette smoking, the risks from cigar smoking increase with increased exposure. For example, compared with someone who has never smoked, smoking only one to two cigars per day doubles the risk for oral and esophageal cancers. Smoking three to four cigars daily can increase the risk of oral cancers to more than eight times the risk for a nonsmoker, while the chance of esophageal cancer is increased to four times the risk for someone who has never smoked. Both cigar and cigarette smokers have similar levels of risk for oral, throat, and esophageal cancers.

The health risks associated with occasional cigar smoking (less than daily) are not known. About three-quarters of cigar smokers are occasional smokers.

What is the effect of inhalation on disease risk?

One of the major differences between cigar and cigarette smoking is the degree of inhalation. Almost all cigarette smokers report inhaling while the majority of cigar smokers do not because cigar smoke is generally more irritating. However, cigar smokers who have a history of cigarette smoking are more likely to inhale cigar smoke. Cigar smokers experience higher rates of lung cancer, coronary heart disease, and chronic obstructive lung disease than nonsmokers, but not as high as the rates for cigarette smokers. These lower rates for cigar smokers are probably related to reduced inhalation.

How are cigars and cigarettes different?

Cigars and cigarettes differ in both size and the type of tobacco used. Cigarettes are generally more uniform in size and contain less than 1 gram of tobacco each. Cigars, on the other hand, can vary in size and shape and can measure more than 7 inches in length. Large cigars typically contain between 5 and 17 grams of tobacco. It is not unusual for some premium cigars to contain the tobacco equivalent of an entire pack of cigarettes. U.S. cigarettes are made from different blends of tobaccos, whereas most cigars are composed primarily of a single type of tobacco (air-cured or dried burley tobacco). Large cigars can take between 1 and 2 hours to smoke, whereas most cigarettes on the U.S. market take less than 10 minutes to smoke.

How are the health risks associated with cigar smoking different from those associated with smoking cigarettes?

Health risks associated with both cigars and cigarettes are strongly linked to the degree of smoke exposure. Since smoke from cigars and cigarettes are composed of many of the same toxic and carcinogenic (cancer causing) compounds, the differences in health risks appear to be related to differences in daily use and level of inhalation.

Most cigarette smokers smoke every day and inhale. In contrast, as many as three-quarters of cigar smokers smoke only occasionally, and the majority do not inhale.

All cigar and cigarette smokers, whether or not they inhale, directly expose the lips, mouth, tongue, throat, and larynx to smoke and its carcinogens. Holding an unlit cigar between the lips also exposes these areas to carcinogens. In addition, when saliva containing smoke constituents is swallowed, the esophagus is exposed to carcinogens. These exposures probably account for the fact that oral and esophageal cancer risks are similar among cigar smokers and cigarette smokers.

Cancer of the larynx occurs at lower rates among cigar smokers who do not inhale than among cigarette smokers. Lung cancer risk among daily cigar smokers who do not inhale is double that of nonsmokers, but significantly less than the risk for cigarette smokers. However, the lung cancer risk from moderately inhaling smoke from five cigars a day is comparable to the risk from smoking up to one pack of cigarettes a day.
What are the hazards for nonsmokers exposed to cigar smoke?

Environmental tobacco smoke (ETS), also known as secondhand or passive smoke, is the smoke released from a lit cigar or cigarette. The ETS from cigars and cigarettes contains many of the same toxins and irritants (such as carbon monoxide, nicotine, hydrogen cyanide, and ammonia), as well as a number of known carcinogens (such as benzene, nitrosamines, vinyl chloride, arsenic, and hydrocarbons). Because cigars contain greater amounts of tobacco than cigarettes, they produce greater amounts of ETS.

There are, however, some differences between cigar and cigarette smoke due to the different ways cigars and cigarettes are made. Cigars go through a long aging and fermentation process. During the fermentation process, high concentrations of carcinogenic compounds are produced. These compounds are released when a cigar is smoked. Also, cigar wrappers are less porous than cigarette wrappers. The nonporous cigar wrapper makes the burning of cigar tobacco less complete than cigarette tobacco. As a result, compared with cigarette smoke, the concentrations of toxins and irritants are higher in cigar smoke. In addition, the larger size of most cigars (more tobacco) and longer smoking time produces higher exposures to nonsmokers of many toxic compounds (including carbon monoxide, hydrocarbons, ammonia, cadmium, and other substances) than a cigarette. For example, measurements of the carbon monoxide (CO) concentration at a cigar party and a cigar banquet in a restaurant showed indoor CO levels comparable to those measured on a

“Blood pressure, pulse rate, and breathing patterns start returning to normal soon after quitting cigar smoking.”
crowded California freeway. Such exposures could place nonsmoking workers attending such events at significantly increased risk for cancer as well as heart and lung diseases.

Are cigars addictive?

Nicotine is the agent in tobacco that is capable of causing addiction or dependence. Cigarettes have an average total nicotine content of about 8.4 milligrams, while many popular brands of cigars will contain between 100 and 200 milligrams, or as many as 444 milligrams of nicotine.

As with cigarette smoking, when cigar smokers inhale, nicotine is absorbed rapidly. However, because of the composition of cigar smoke and the tendency of cigar smokers not to inhale, the nicotine is absorbed predominantly through the lining of the mouth rather than in the lung. It is important to note that nicotine absorbed through the lining of the mouth is capable of forming a powerful addiction, as demonstrated by the large number of people addicted to smokeless tobacco. Both inhaled and noninhaled nicotine can be addictive. The infrequent use by the average cigar smoker, low number of cigars smoked per day, and lower rates of inhalation compared with cigarette smokers have led some to suggest that cigar smokers may be less likely to be dependent than cigarette smokers.

Addiction studies of cigarettes and spit tobacco show that addiction to nicotine occurs almost exclusively during adolescence and young adulthood when young people begin using these tobacco products. Also, several studies raise the concern that use of cigars may predispose individuals to the use of cigarettes. A recent survey showed that the relapse rate of former cigarette smokers who smoked cigars was twice as great as the relapse rate of former cigarette smokers who did not smoke cigars. The study also observed that cigar smokers were more than twice as likely to take up cigarette smoking for the first time than people who never smoked cigars.

What are the current trends in cigar smoking?

Although cigar smoking occurs primarily among males between the ages of 35 and 64 who have higher educational backgrounds and incomes, recent studies suggest new trends. Most new cigar users today are teenagers and young adult males (ages 18 to 24) who smoke occasionally (less than daily). According to two large statewide studies conducted among California adults in 1990 and 1996, cigar use has increased nearly five times among women and appears to be increasing among adolescent females as well. Furthermore, a number of studies have reported high rates of use among not only teens but preteens. Cigar use among older males (age 65 and older), however, has continued to decline since 1992.

How are current trends in cigar smoking different from past decades?

Total cigar consumption declined by about 66 percent from 1973 until 1993. Cigar use has increased more than 50 percent since 1993. The increase in cigar use in the early 1990s coincided with an increase in promotional media activities for cigars. ★

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What are the benefits of quitting?

There are many health benefits to quitting cigar smoking. The likelihood of developing cancer decreases. Also, when someone quits, an improvement in health is seen almost immediately. For example, blood pressure, pulse rate, and breathing patterns start returning to normal soon after quitting. People who quit will also see an improvement in their overall quality of life. People who decide to quit have many options available to them. Some people choose to quit all at once. Other options gaining popularity in this country are nicotine replacement products, such as patches, gum, and nasal sprays. If considering quitting, ask your doctor to recommend a plan that could best suit you and your lifestyle.
QUESTIONS & ANSWERS

“LIGHT” CIGARETTES
Many smokers choose “low-tar,” “mild,” “light,” or “ultra-light” cigarettes because they think that these cigarettes may be less harmful to their health than “regular” or “full-flavor” cigarettes. Although smoke from light cigarettes may feel smoother and lighter on the throat and chest, light cigarettes are not healthier than regular cigarettes. The truth is that light cigarettes do not reduce the health risks of smoking. The only way to reduce a smoker’s risk, and the risk to others, is to stop smoking completely.

What about the lower tar and nicotine numbers on light and ultra-light cigarette packs and in ads for these products?

- These numbers come from smoking machines, which “smoke” every brand of cigarettes exactly the same way.
- These numbers do not really tell how much tar and nicotine a particular smoker may get because people do not smoke cigarettes the same way the machines do. And no two people smoke the same way.

How do light cigarettes trick the smoking machines?

- Tobacco companies designed light cigarettes with tiny pinholes on the filters. These “filter vents” dilute cigarette smoke with air when light cigarettes are “puffed” on by smoking machines, causing the machines to measure artificially low tar and nicotine levels.
- Many smokers do not know that their cigarette filters have vent holes. The filter vents are uncovered when cigarettes are smoked on smoking machines. However, filter vents are placed just millimeters from where smokers put their lips or fingers when smoking. As a result, many smokers block the vents—which actually turns the light cigarette into a regular cigarette.
- Some cigarette makers increased the length of the paper wrap covering the outside of the cigarette filter, which decreases the number of puffs that occur during the machine test. Although tobacco under the wrap is still available to the smoker, this tobacco is not burned during the machine test. The result is that the machine measures less tar and nicotine levels than is available to the smoker.
- Because smokers, unlike machines, crave nicotine, they may inhale more deeply; take larger, more rapid, or more frequent puffs; or smoke a few extra cigarettes each day to get enough nicotine to satisfy their craving. This is called “compensating,” and it means that smokers end up inhaling more tar, nicotine, and other harmful chemicals than the machine-based numbers suggest.

What is the scientific evidence about the health effects of light cigarettes?

- The Federal Government’s National Cancer Institute (NCI) has concluded that light cigarettes provide no benefit to smokers’ health.
- According to the NCI monograph Risks Associated with Smoking Cigarettes with Low Machine-Measured Yields of Tar and Nicotine, people who switch to light cigarettes from regular cigarettes are likely to inhale the same amount of hazardous chemicals, and they remain at high risk for developing smoking-related cancers and other diseases.
- Researchers also found that the strategies used by the tobacco industry to advertise and promote light cigarettes are intended to reassure smokers, to discourage them from quitting, and to lead consumers to perceive filtered and light cigarettes as safer alternatives to regular cigarettes.
- There is also no evidence that switching to light or ultra-light cigarettes actually helps smokers quit.

Have the tobacco companies conducted research on the amount of tar and nicotine people actually inhale while smoking light cigarettes?

- The tobacco industry’s own documents show that companies are aware that smokers of light cigarettes compensate by taking bigger puffs.
“There is no such thing as a safe cigarette. The only proven way to reduce the risk of smoking-related disease is to quit smoking completely.”
Industry documents also show that the companies are aware of the difference between machine-measured yields of tar and nicotine and what the smoker actually inhales.

What is the bottom line for smokers who want to protect their health?

- There is no such thing as a safe cigarette. The only proven way to reduce the risk of smoking-related disease is to quit smoking completely.
- Smokers who quit live longer than those who continue to smoke. In addition, the earlier smokers quit, the greater the health benefit. Research has shown that people who quit before age 30 eliminate almost all of their risk of developing a tobacco-related disease. Even smokers who quit at age 50 reduce their risk of dying from a tobacco-related disease.
- Quitting also decreases the risk of lung cancer, heart attacks, stroke, and chronic lung disease.

KEY POINTS

- The lower tar and nicotine numbers on light cigarette packs and in ads are misleading.
- Light cigarettes trick the smoking machines so that they record artificially low tar and nicotine levels.
- Light cigarettes provide no benefit to smokers’ health.
- Resources are available for people who want to quit smoking.

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QUESTIONS & ANSWERS

SECONDHAND SMOKE
What is secondhand smoke?

Secondhand smoke, also called environmental tobacco smoke (ETS), is the combination of two forms of smoke from burning tobacco products: sidestream smoke and mainstream smoke. Sidestream smoke, which makes up about half of all secondhand smoke, comes from the burning end of a cigarette, cigar, or pipe (1, 2, 3, 4). Mainstream smoke is exhaled by the smoker. Exposure to secondhand smoke is also called involuntary smoking or passive smoking (1, 2, 3).

What chemicals are present in secondhand smoke?

Many factors affect what chemicals are present in secondhand smoke. These factors include the type of tobacco, the chemicals added to the tobacco, how the product is smoked, and the paper in which the tobacco is wrapped (1, 3). More than 4,000 chemicals have been identified in mainstream tobacco smoke; however, the actual number may be more than 100,000 (1). Of the chemicals identified in secondhand smoke, at least 60 are carcinogens (substances that cause cancer), such as formaldehyde. Six others are substances that interfere with normal cell development, such as nicotine and carbon monoxide (2,4).

Some of the compounds present in secondhand smoke become carcinogenic only after they are activated by specific enzymes (proteins that control chemical reactions) in the body. After these compounds are activated, they can then become part of a cell’s DNA and may interfere with the normal growth of cells (5). In 1993, the U.S. Environmental Protection Agency (EPA) determined that there is sufficient evidence that secondhand smoke causes cancer in humans and classified it as a Group A carcinogen (2, 6). In 2000, the U.S. Department of Health and Human Services (DHHS) formally listed secondhand smoke as a known human carcinogen in The U.S. National Toxicology Program’s 10th Report on Carcinogens. The most recent report can be found at http://ntp.niehs.nih.gov/ntp/roc/toc11.html on the Internet.

Scientists do not know what amount of exposure to secondhand smoke, if any, is safe. Because it is a complex mixture of chemicals, measuring secondhand smoke exposure is difficult and is usually determined by testing blood, saliva, or urine for the presence of nicotine, particles inhaled from indoor air, or cotinine (the primary product resulting from the breakdown of nicotine in the body) (1, 3). Nicotine, carbon monoxide, and other evidence of secondhand smoke exposure have been found in the body fluids of nonsmokers exposed to secondhand smoke. Nonsmokers who live with smokers in homes where smoking is allowed are at the greatest risk for suffering the negative health effects of secondhand smoke exposure (5).

What are the health effects of exposure to secondhand smoke?

Secondhand smoke exposure is a known risk factor for lung cancer (1, 3, 4, 6, 7). Approximately 3,000 lung cancer deaths occur each year among adult nonsmokers in the United States as a result of exposure to secondhand smoke (2). Secondhand smoke is also linked to nasal sinus cancer (1, 4). Some research suggests an association between secondhand smoke and cancers of the cervix, breast, and bladder. However, more research is needed in order to confirm a link to these cancers (3, 4, 8).

Secondhand smoke is also associated with the following noncancerous conditions:

➤ chronic coughing, phlegm, and wheezing (4, 6, 7)
➤ chest discomfort (4)
➤ lowered lung function (4, 6, 7)
➤ severe lower respiratory tract infections, such as onchitis or pneumonia, in children (4, 6, 7)
➤ more severe asthma and increased chance of developing asthma in children (6)
➤ eye and nose irritation (4)
➤ severe and chronic heart disease (4)
➤ middle ear infections in children (4, 6)
➤ sudden infant death syndrome (SIDS) (4)
ABSOLUTE ADVANTAGE

- low birth weight or small size at birth for babies of women exposed to secondhand smoke during pregnancy (4)

Certain other noncancerous health conditions may also be associated with secondhand smoke. However, more research is needed in order to confirm a link between these conditions and secondhand smoke. These conditions include:

- spontaneous abortion (miscarriage) (4)
- adverse effect on cognition and behavior in children (4)
- worsening of cystic fibrosis (a disease that causes excessive mucus in the lungs) (4)

How is nonsmokers’ exposure to secondhand smoke being reduced?

In January 2000, the DHHS launched Healthy People 2010, a comprehensive, nationwide health promotion and disease prevention agenda designed to help improve the health of all people in the United States during the first decade of the 21st century (9). Several objectives of this program relate to tobacco use and exposure to secondhand smoke, including the goal of reducing the proportion of nonsmokers exposed to secondhand smoke from 65 percent to 45 percent by 2010 (9). More information about this program is available on the Healthy People 2010 Web site at http://www.healthypeople.gov on the Internet (9).

Studies have shown that separating smokers and nonsmokers within the same air space may reduce, but not eliminate, nonsmokers’ exposure to secondhand smoke (7). Individuals can reduce their exposure to secondhand smoke by not allowing smoking in their home or car. Educational, clinical, and policy interventions have also been shown to reduce secondhand smoke exposure (9). Such policies include adoption of worksite restrictions, passage of clean indoor air laws, and enforcement of smoking restrictions in shared environments (9).

On the national level, several laws restricting smoking in public places have been passed. For instance, effective January 1, 2005, smoking is banned in all DHHS buildings. In other Federal office buildings, smoking is limited to designated areas. Smoking is also banned on all domestic airline flights and nearly all flights between

“Studies have shown that separating smokers and nonsmokers within the same air space may reduce, but not eliminate, nonsmokers’ exposure to secondhand smoke.”
the United States and foreign destinations. All interstate bus travel is smoke free. Smoking is also prohibited or restricted to specially designated areas on trains traveling within the United States.

Many states and local governments have passed laws prohibiting smoking in public facilities such as schools, hospitals, airports, and bus terminals. Some states also require private employers to create policies that protect employees who do not smoke, and several local communities have enacted nonsmokers’ rights laws, most of which are stricter than state laws. More information about state-level tobacco regulations is available through the Centers for Disease Control and Prevention’s (CDC) State Tobacco Activities Tracking and Evaluating (STATE) System Web site. The STATE System is a database containing up-to-date and historical state-level data on tobacco use prevention and control. This resource is available at http://apps.nccd.cdc.gov/statesystem/ on the Internet. Although it is still a significant public health concern, nonsmoker exposure to secondhand smoke declined by more than 70 percent from 1988–1991 to 1999–2000 (2). In 1999, nearly 7 out of every 10 U.S. workers reported having a smoke-free policy in their workplace (2).

KEY POINTS

- Secondhand smoke, also called environmental tobacco smoke (ETS), is the combination of smoke emitted from the burning end of a cigarette, cigar, or pipe, and smoke exhaled by the smoker.

- Secondhand smoke contains at least 60 carcinogens (substances that cause cancer).

- The known health effects of exposure to secondhand smoke include lung cancer, nasal sinus cancer, respiratory tract infections, and heart disease.

- Separating smokers and nonsmokers within the same air space may reduce, but does not eliminate, nonsmokers’ exposure to secondhand smoke.

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QUESTIONS & ANSWERS

SMOKELESS TOBACCO
What is smokeless tobacco?

There are two types of smokeless tobacco—snuff and chewing tobacco. Snuff, a finely ground or shredded tobacco, is packaged as dry, moist, or in sachets (tea bag-like pouches). Typically, the user places a pinch or dip between the cheek and gum. Chewing tobacco is available in loose leaf, plug (plug-firm and plug-moist), or twist forms, with the user putting a wad of tobacco inside the cheek. Smokeless tobacco is sometimes called “spit” or “spitting” tobacco because people spit out the tobacco juices and saliva that build up in the mouth.

What harmful chemicals are found in smokeless tobacco?

- Chewing tobacco and snuff contain 28 carcinogens (cancer-causing agents). The most harmful carcinogens in smokeless tobacco are the tobacco-specific nitrosamines (TSNAs). They are formed during the growing, curing, fermenting, and aging of tobacco. TSNAs have been detected in some smokeless tobacco products at levels many times higher than levels of other types of nitrosamines that are allowed in foods, such as bacon and beer.

- Other cancer-causing substances in smokeless tobacco include N-nitrosamino acids, volatile N-nitrosamines, benzo(a)pyrene, volatile aldehydes, formaldehyde, acetaldehyde, crotonaldehyde, hydrazine, arsenic, nickel, cadmium, benzopyrene, and polonium-210.

- All tobacco, including smokeless tobacco, contains nicotine, which is addictive. The amount of nicotine absorbed from smokeless tobacco is 3 to 4 times the amount delivered by a cigarette. Nicotine is absorbed more slowly from smokeless tobacco than from cigarettes, but more nicotine per dose is absorbed from smokeless tobacco than from cigarettes. Also, the nicotine stays in the bloodstream for a longer time.

What cancers are caused by or associated with smokeless tobacco use?

- Smokeless tobacco users increase their risk for cancer of the oral cavity. Oral cancer can include cancer of the lip, tongue, cheeks, gums, and the floor and roof of the mouth.

- People who use oral snuff for a long time have a much greater risk for cancer of the cheek and gum than people who do not use smokeless tobacco.

- The possible increased risk for other types of cancer from smokeless tobacco is being studied.
In 1986, the Surgeon General concluded that the use of smokeless tobacco “is not a safe substitute for smoking cigarettes. It can cause cancer and a number of noncancerous conditions and can lead to nicotine addiction and dependence.”
What are other ways smokeless tobacco can harm users’ health?

Some of the other effects of smokeless tobacco use include addiction to nicotine, oral leukoplakia (white mouth lesions that can become cancerous), gum disease, and gum recession (when the gum pulls away from the teeth). Possible increased risks for heart disease, diabetes, and reproductive problems are being studied.

Is smokeless tobacco a good substitute for cigarettes?

In 1986, the Surgeon General concluded that the use of smokeless tobacco “is not a safe substitute for smoking cigarettes. It can cause cancer and a number of noncancerous conditions and can lead to nicotine addiction and dependence.” Since 1991, NCI has officially recommended that the public avoid and discontinue the use of all tobacco products, including smokeless tobacco. NCI also recognizes that nitrosamines, found in tobacco products, are not safe at any level. The accumulated scientific evidence does not support changing this position.

What about using smokeless tobacco to quit cigarettes?

Because all tobacco use causes disease and addiction, NCI recommends that tobacco use be avoided and discontinued. Several non-tobacco methods have been shown to be effective for quitting cigarettes. These methods include pharmacotherapies such as nicotine replacement therapy and bupropion SR, individual and group counseling, and telephone quitlines.

Who uses smokeless tobacco?

In the United States, the 2000 National Household Survey on Drug Abuse, which was conducted by the Substance Abuse and Mental Health Services Administration, reported the following statistics:

- An estimated 7.6 million Americans age 12 and older (3.4%) had used smokeless tobacco in the past month.
- Smokeless tobacco use was most common among young adults ages 18 to 25.
- Men were 10 times more likely than women to report using smokeless tobacco (6.5% of men age 12 and older compared with 0.5% of women).

People in many other countries and regions, including India, parts of Africa, and some Central Asian countries, have a long history of using smokeless tobacco products.

KEY POINTS

- Snuff is a finely ground or shredded tobacco that is either sniffed through the nose or placed between the cheek and gum. Chewing tobacco is used by putting a wad of tobacco inside the cheek.
- Chewing tobacco and snuff contain 28 cancer-causing agents.
- Smokeless tobacco users have an increased risk of developing cancer of the oral cavity.
- Several national organizations offer information about the health risks of smokeless tobacco and how to quit.

The information in this article was provided by the National Cancer Institute and is in the public domain. For more information, visit their website at www.cancer.gov.
the true
When it come to leading-edge, over-the-top, in-your-face information related to the hazards and consequences of tobacco use, there’s no better place than www.thetruth.com.

Visited by thousands and thousands of people—many of them young—thetruth.com is a resource that helps to put tobacco use in America in perspective. With creative epidemiology and a fierce focus on an industry that produces products that kills its customers, thetruth.com is committed to informing everyone about tobacco use.

With ads appearing on network television, thetruth.com is making significant inroads into becoming the most informative stop on tobacco use in the United States.

Check out the statistics and fast facts gleaned from their site.
The truth about tobacco:

1. Every day, cows release methane gas into the air. From you know where. But methane is also found somewhere else. Yesiree, in cigarette smoke.
2. Every year, tobacco-related disease kills over 178,000 women.
3. 63% of high school smokers say they want to quit.
4. There are 8.5 million people sick with diseases caused by smoking.
5. About 1/3 of youth smokers will eventually die from a tobacco-related disease.
6. In the U.S., about 440,000 people die a tobacco-related death every year.
7. About 90% of lung cancer deaths among women who continue to smoke are tobacco related.
8. A tobacco company once gave $125,000 worth of food to a charity, according to an estimate by The Wall Street Journal. Then they spent well over $21 million telling people about it. I guess, when you sell a deadly, addictive product, you need all the good PR you can get.
9. Babies born to women who smoked during pregnancy are more likely to be underweight.
10. By the year 2020, tobacco is projected to kill about 10 million people a year worldwide.
11. Carbon monoxide is in tobacco smoke.
12. As late as 1999, tobacco companies placed in-store advertising signage at a child’s eye level.
13. Cigarette smoke contains more than 4,000 chemical compounds.
14. Cigarette smoking is the number one cause of preventable death in the U.S.
15. Cigarettes and other smoking materials are the number one cause of fire deaths in the U.S.
16. Cigarette companies advertised “light” cigarettes as less harmful to the smoker, although they can deliver the same levels of tar and nicotine.
17. According to one tobacco company VP, in 2001, a company name change could focus attention away from tobacco.
18. Every 8 seconds, someone in the world dies from a smoking-related disease.
19. Every day, cows release methane gas into the air. From you know where. But methane is also found somewhere else. Yesiree, in cigarette smoke.
20. Every day, about 1,500 youth become daily smokers.
21. Every single day, in the U.S., the tobacco industry spends about $42 million on advertising and promotions.
22. Every year, cigarettes leave about 12,000 kids motherless.
23. Every year, cigarettes leave about 31,000 kids fatherless.
24. Every day, about 3,900 youth ages 12 to 17 try a cigarette for the first time.
25. How do infants avoid secondhand smoke? “At some point they begin to crawl.” -- Tobacco Executive, 1996
26. Hydrogen cyanide has been used in prison executions. It’s also found in cigarette smoke.
27. There’s hydrogen cyanide in rat poison. The same stuff is in cigarette smoke.
28. In 1974, a tobacco company explored targeting customers as young as 14.
29. In 1984, a tobacco company called young adults “replacement smokers.”
30. In 1986, a tobacco company’s ad agency wrote to a newspaper complaining about the placement of their ad next to obituaries. They said: “We feel that this positioning was detrimental to our advertising efforts…”
31. In 1989, millions of cases of imported fruit were banned after a small amount of cyanide was found in just two grapes. There’s 33 times more cyanide in a single cigarette.
32. In 1993, the Supreme Court decided that an inmate could sue a prison claiming that exposure to his cellmate’s secondhand smoke could constitute cruel and unusual punishment.
33. In 1995, a major tobacco company decided to boost cigarette sales by targeting homeless people. They called their plan “Project SCUM: Sub Culture Urban Marketing.” A tobacco company once donated 7,000 blankets to homeless shelters in Brooklyn.
34. A Big Tobacco executive once said, under oath, that he believed Gummi Bears were addictive like cigarettes.
36. In 1985, one tobacco VP said in reference to smoking-related deaths, “People die in their beds, therefore, should we ban sleep?”
37. In the past, Big Tobacco has compared the addictiveness of cigarettes to M&M’s.
38. In the past, Big Tobacco has compared the addictiveness of cigarettes to that of television.

39. In the past, Big Tobacco has compared the addictiveness of cigarettes to coffee.

40. In the U.S., about 50,000 people die each year from secondhand-smoke-related disease.

41. Tobacco kills more Americans than auto accidents, homicide, AIDS, drugs and fires combined.

42. Today, in the U.S., tobacco products will kill about 1,200 people.

43. Maternal smoking during pregnancy and exposure to secondhand smoke in infancy doubles the risk of Sudden Infant Death Syndrome (SIDS).

44. More than 85% of the “top 25” films from 1988-1997 contained tobacco use, and 70%25 of those included brand appearances. Brand appearances were as common in films for teen audiences as for adult audiences and were also present in 20% of those rated for children.

45. Nicotine has been found in the breast milk of smokers.

46. One tobacco company secretly developed a strain of tobacco they named “Y1” that contained 50% more nicotine.

47. In 1994, one tobacco company reported finding “insect infestation” in their cigarettes.

48. In 1989, one tobacco company brainstormed selling its product from ice cream trucks that drive through neighborhoods.

49. In 1989, one tobacco company’s ideas for reaching minority customers included to “be seen as a friend,” “build on black history” and “help them find jobs.” But they thought that this support shouldn’t be seen as “a big white company’s tactic to sell to blacks.”

50. In 1985, a tobacco brainstorming session came up with the idea of reaching their “younger adult smokers” in candy stores.

51. In 1993, one tobacco company executive thought it would be a good idea to have his employees mail “grassroots” complaints to airlines about their smoking bans, pretending to be regular customers.

52. Pee contains urea. So do cigarettes.

53. “Problems with self-esteem”
   “Has menial boring job”
   “Emotionally insecure”
   “Passive-aggressive”
   “Probably leads fairly dull existence”
   “Grooming not a strong priority”
   “Lacks inner resources”
   “Group conformist”
   “Non-thinking”
   “Not into ideas”
   “Insecure followers”

These are all terms taken from Big Tobacco’s files that have been used to describe different groups of potential customers for their deadly, addictive products.

54. Radioactive polonium-210 is found in cigarette smoke.

55. Since 1964, there have been 12 million tobacco-related deaths in the U.S.

56. Smoking can lead to cataracts, the number one cause of vision loss in the world.

57. Smoking during pregnancy results in the deaths of about 900 infants every year in the U.S.

58. Sunburns can cause wrinkles; so can cigarettes.

59. Because of the tobacco industry’s products, about 339 people in the U.S. die of lung cancer every day.

60. The impact of nicotine is jacked up because tobacco companies add ammonia to cigarettes.

61. The tobacco industry increased its spending on advertisements and promotions by $2.7 billion between 2002 and 2003.

62. Tobacco companies actually went to court to fight for the right to keep tobacco advertising near high schools. They won. Congrats, Big Tobacco!

63. Tobacco companies have been targeting women with their advertising for the last 70 years.

64. In 1997, one tobacco company CEO said he would probably “instantly” shut his doors if it was proven to his satisfaction that smoking causes cancer. That same company now admits on their website that smoking causes cancer, but they’re still open for business.

65. On its website, one tobacco company lists “cancer services” as one of the community programs they support. Yet they continue to make a product that leads to 339 deaths from lung cancer each day.

66. Soups, cereals and other products we consume have to list ingredients on their labels, but cigarettes, a product that kills a third of its users, are not required to list any of the 599 possible additives.

Source: [http://www.thetruth.com](http://www.thetruth.com)
In 1988, Jeffrey Wigand, PhD, went to work for Brown & Williamson Tobacco Corporation with the intent of developing a safer cigarette for smokers around the world. Five years later, the former Brown and Williamson Vice President became the industry’s highest ranking executive to speak publicly about its darkest secrets and tactics for finding and keeping a continuous stream of customers willing to buy its dangerous products. Recently, Dr. Wigand sat down with WELCOA President David Hunnicutt to talk about tobacco use as an ever-present public health concern, the tobacco industry’s desperate tactics for replacing the 460,000 customers who die each year from their product, and what health promotion professionals can do to prevent employees and their families from experiencing the ravages associated with tobacco use.
In your experience, Dr. Wigand, how harmful is smoking to human health?

Tobacco is the only legal product in the world today that—when used as intended—kills five million people a year worldwide. It’s a product that contains anywhere from 4,000 to 8,000 known toxic components. And because it’s inhaled directly into the body, those toxic chemicals have access to virtually every organ system in the body. Not to mention the fact that it’s extremely addictive. It’s harmful psychologically in terms of behavior, and it’s harmful chemically vis-à-vis nicotine, which is four to five times more addictive than cocaine or heroin. So, is it harmful? There’s no question in my mind—it’s downright dangerous.

How long do you believe it takes someone to become addicted to tobacco?

In all honesty, it varies from person to person. But if you’ve read any of Dr. Joseph DiFranza’s research on tobacco addiction, you understand that tobacco addiction is a disease that starts with children, not adults. The average age of a youngster taking up tobacco is somewhere in the neighborhood of 12 to 14 years of age. And more and more young girls are lighting up today than ever before. In fact, they’re four times more likely to light up than boys the same age. Many young girls believe that having a cigarette will satisfy their obsession or belief in thinness. And many also believe light or mild cigarettes are a healthier alternative to regular cigarettes—which is absolutely false. As a result, if you look at the long-term statistics associated with lung cancer, the rate of increase in lung cancer for women over the past decade far eclipses that of men.

It’s important to understand that tobacco addiction is a disease that starts with children. Kids are gaining access to the product at earlier and earlier ages. In fact, kids are beginning to smoke at earlier ages—around 11 and 12 years old—and approximately 66 percent of these kids purchase the tobacco products themselves. For the most part, the days when children get tobacco products from their parents or friends, or by stealing them, are gone. Sixty-six percent of the kids in this country get tobacco products by purchasing them illegally.

Another frightening phenomenon is the number of children addicted to tobacco from birth. About 20 percent of pregnant mothers still smoke through all three trimesters of their pregnancy. So, many of our unborn children are smoking well-before the time they take their first breath in this world.

Addiction starts with the first cigarette, the first dip, or the first chew. And it often begins with what’s called a “gateway product”—a starter product like highly flavored, moist snuffs. If you’ve ever smoked a cigarette, it’s physically taxing in terms of coughing, choking, vomiting, or experiencing headaches. So the industry sells easy-to-use gateway products in the form of snuffs and chews. To get people hooked, they often flavor them with licorice, honey, cocoa, spearmint, peppermint, or wintergreen. They’re initially packaged like little tea bags and always contain ammonia or other chemical compounds to facilitate the addictive process.

Addiction is powerful. It doesn’t simply involve the continued use of a product or substance. With an addiction, the user experiences a continually increasing need for more and more of the addictive substance to produce the desired effect or feeling. Now that’s powerful. Where addiction really starts to hurt, however, is during the withdrawal process. Withdrawal involves a chemical withdrawal from the nicotine, and it involves a physical withdrawal from the ritual of smoking—the process of tapping a cigarette, rolling a cigarette, mouthing a cigarette, and rolling the ashes. So addiction is a process with many dimensions. It affects the neural system of the brain, it affects the system that regulates our mood, and it affects the system that produces our flight or fight response. In essence, it creates an imbalance of brain chemistry.

There are a surprising number of people out there who refuse to believe that the tobacco companies are manipulating the nicotine levels in their products to facilitate addiction. What are your thoughts?

The tobacco industry nurtures a strong belief in the “naturalness” of its product with its $14 billion a year in advertising and promotional spending. It’s a belief that couldn’t be any further from reality. First, a cigarette or pipe tobacco isn’t purely tobacco. Second, both are
intentionally engineered to contain at least 599 specific chemicals designed to facilitate the smoking process as well as to enhance the capacity for addiction. Some of these additives include chocolate, honey, cocoa, butterfat, lemon juice, menthol, and sugars. But that’s not all the industry adds to their product.

The industry also adds chemicals specifically designed to enhance and maintain the addicting process. Nicotine, in its natural state, exists as a salt within the tobacco plant. It has a low pH level and therefore isn’t easily transported to or absorbed by the lungs. Knowing this, the industry has discovered a way to make the addictive process and release of nicotine easier. They create what’s called “free nicotine”, and there are very few differences between the process of making it and the process of freebasing cocaine (i.e., making crack cocaine). The industry also adds chemicals such as ammonia-based derivatives that have a high capacity to shift tobacco and smoke pH levels from acidic to basic. When you take nicotine and move it from its naturally acidic environment to a basic environment, where it exists in a cigarette, you scavenge the nicotine in its free form, which has a higher addictive capacity than nicotine in its natural state.

Additionally, many of the chemicals added to tobacco—like sugars—create other chemicals when they’re burned. One such chemical is acetaldehyde, which results from the breakdown of sugar when burned. This combination of acetaldehyde and free nicotine creates a higher binding capacity in the brain, which aids in the brain chemistry of addiction. It’s not unlike getting better gas mileage from your car using ethanol instead of regular gasoline. The cigarette is designed to be a highly effective drug delivery device. The chemicals intentionally added to tobacco are used to enhance addiction, to get nicotine in its most addictive form, free nicotine, and to keep the dosage equal to what the addict needs for satisfaction. All of this occurs as part of cigarette and tobacco product design.

So if I have an addictive need for a gram of nicotine a day, I’m going to smoke my cigarettes differently, or smoke more of them to get my fix. I’m going to go ahead and inhale them deeper and I’m going to therefore feed my addiction based on what will keep my body from revolting against withdrawal—that’s the pain of it.

The last part of all this is what’s unintentionally added to tobacco. Tobacco is also one of the only consumer products that includes many unintentional additives—additives derived from the agricultural process, like pesticide or herbicide residues and bacteria from the soil where the tobacco plant was harvested. When a cigarette’s moisture content rises above 15 percent, there’s a tendency for inactive bacteria within the tobacco to begin growing and producing very toxic chemicals called aflatoxins.

“Tobacco still kills 460,000 people in this country every year. And of the 460,000 people who die, 55,000 of them never chose to smoke—they died from passive or secondhand smoke.”
“They court our children in the movies with advertising that leads them to believe cigarette smoking is sexy and glamorous.”
Contrary to what is commonly thought, a cigarette isn’t a grow-it-in-the-field, stuff-it-in-a-tube product that’s shipped out the door. Why is a cigarette so white? Well, they use titanium oxide on the paper to make it look as white as possible. They use burn accelerants and burn decelarants to keep the cigarette components burning at an equal combustion rate. So there’s a lot of science to it all. The science of engineering and designing a cigarette starts in the tobacco field, where genetic engineering can be used to boost the nicotine levels in the consumer product.

**Do you think smoking is still the national public health problem it was twenty years ago?**

Tobacco still kills 460,000 people in this country every year. And of the 460,000 people who die, 55,000 of them never chose to smoke—they died from passive or secondhand smoke. Secondhand smoke is recognized by the EPA, the Registry of Carcinogens, the National Institutes of Health, the American Cancer Society, the Centers for Disease Control, the World Health Organization—there is a litany of scientific organizations that not only corroborate, but also re-amplify the fact that passive or secondhand smoke—somebody else’s smoke—is a Class A human carcinogen just like asbestos or benzene.

We also know that tobacco costs, on a federal level, about $100 billion a year in direct healthcare costs, and about $140 billion a year in lost workforce productivity. Smokers are sick more often; they’re out of work more often; they need to have breaks more often; and many times they’re just not as productive as non-smokers. Not to mention the fact that healthcare costs and insurance premiums are higher for smokers.

**What are your thoughts on those companies pushing the envelope by encouraging their states to pass legislation allowing them to only hire non-smokers?**

I think that if an adult chooses to smoke, then they certainly have the right to, so long as it doesn’t affect or harm others, and so long as the smoker is fully informed about the risks. Unfortunately, I’m not so sure it’s something we can legislate, nor do I think we should—as John Stuart Mill would say—“infringe upon somebody else’s liberty or autonomy by legislating something that’s an individual decision.” I do think, however, that the government should regulate tobacco such that it’s not considered a normal, run-of-the-mill, everyday consumer product like bread and butter. Tobacco has been a part of our culture for 200 years, and it constitutes a sizeable portion of revenue for the federal government as well as state governments. Every time a pack of cigarettes is sold, the US government and all state governments collect taxes. The problem is, however, that each time they generate revenue from a pack of cigarettes, they also generate a substantial amount of economic burden—in the form of medical costs and lost productivity—from the taxes they’re receiving. To me, it’s a mistake and it doesn’t make economic sense.

An attempt to make the product illegal would be very difficult. The tobacco industry is a $45 billion industry where it costs pennies to make their product. For decades they’ve been highly influential in terms of preventing Congress and state legislatures from doing the morally right thing. They’ve worked to prevent smoke-free workplaces, smoke-free hospitals, and smoke-free schools. It’s only been recently that we’ve seen some progress due to the enormous amount of documents characterizing the misbehavior of Big Tobacco over the past five decades.

I think a step in the right direction is regulating the tobacco industry. We need to regulate the ingredients and contents of their product. We need to regulate their labeling practices to prevent them from watering down the Surgeon General’s recommendations. We need to regulate their advertising to prevent their predatory messages from affecting our children.

Another step we need to take is making better use of the master settlement agreement (MSA) funds—the $246 billion—the states are receiving. We need to use this money for counter-advertisements and smoking cessation programs. We need to use this money to enforce our current tobacco age laws. Remember, 66 percent of our children are purchasing tobacco products from stores and other legal outlets. The MSA funds need to be seen by the states as an investment in the health and future of their citizens. We’ve demonstrated that spending the CDC minimum recommended 20 percent of those funds on prevention initiatives.
can demonstrate a 3:1 return on investment in terms of healthcare costs and lost productivity. We’ve also seen that using this money for prevention actually decreases the number of children using tobacco.

The tobacco industry is very powerful, and we need to recognize that it’s a wholly undesirable power. I think the World Health Organization and the European Union are beginning to realize that the death toll from tobacco is 100% preventable. They’re coming to the realization that they shouldn’t be in bed with the tobacco companies—accepting their political contributions and untruths, and creating a system where our children and legislators are blind to the true lethality of tobacco products.

**With the tobacco settlements in place, is the tobacco industry as powerful and influential as they once were?**

Yes. I don’t think much has changed.

In 1998, the states’ Attorneys General basically committed to an economic deal. They would get $206 billion in payments over 25 years with no strings attached—very much different than the original $368 billion from the earlier settlement of June 1997. The money was awarded for two purposes: to help states recoup damages incurred as the result of treating sick smokers, and even more importantly, to help prevent children from becoming the new statistics of the tobacco industry. In fact, except for four states—Maine, Delaware, Mississippi, and Arkansas—the rest haven’t met the minimum CDC guidelines or Best Practices for use of the settlement funds to reverse the toll tobacco takes on our citizens.

By investing the settlement money in prevention, these states could offset the tens of billions of dollars the tobacco industry spends courting our children. They court our children in the movies with advertising that leads them to believe cigarette smoking is sexy and glamorous. They advertise in highly read teen magazines framing the issue as if having a cigarette will keep young girls slim. They continually prey on the issue of self-esteem and the dignity of the different shapes, sizes, and colors of our children.

They also prey on people using misinformation. They use monikers such as mild or light, which have no meaning in terms of the cigarette. They’ve designed the cigarette so that when it’s tested on a machine, it reads a low number. In actuality, the light or ultra light cigarette delivers many times the amount of tar and nicotine smoked in a normal human manner. So we’ve got people switching to lights or ultra lights believing that they’re being health conscious. This is particularly true for women, as more and more are choosing lights or milds because they believe they’re getting a healthy alternative. That’s why lung cancer rates are outstandingly high for women. Instead of getting one type of lung cancer, they get a different kind.

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**I imagine that the tobacco companies see undeveloped, third world nations as perfect opportunities for continuity. What are your thoughts?**

There are many foreign countries taking very proactive steps. Canada is probably leading the pack, followed by Australia in terms of denormalizing tobacco. They’re raising the prices, restricting advertisements, establishing smoke-free environments, placing graphic representations on tobacco packaging—doing what it takes to save lives. The United States clearly hasn’t come to this. In fact, in the United States, we use cigarettes as trade barter with developing countries.

When making trade balances, we force developing countries to take tobacco products as part of the balance of trade. The United States fails to recognize the World Health Organization’s mandate to have a Framework Convention for Tobacco Control (FCTC)—smoke-free environments, price increases on tobacco, tobacco education for children, and a ban on outdoor advertising.

Let’s put this product where it belongs. If it were invented here today, cigarettes wouldn’t be a legal product. In 2000, the United States Supreme Court essentially cried out for Congress to change the laws regarding the nature of products the FDA could regulate. The court ruled in a 5 to 4 decision that under the 1936 Food Drug and Cosmetic Act, the FDA didn’t have the power to regulate tobacco. Congress has done nothing since 2000 in terms of regulating tobacco, mainly because the tobacco industry continues to influence Congress. Once upon a time we
had a smoke-free White House—it’s no longer smoke free. The State of Florida, going back on an earlier decision, now invests its pension funds within the tobacco industry. All of these actions are due in part because of the tobacco industry’s influence and political motivations.

They told us they couldn’t make a fire safe cigarette. Well, New York just passed a fire safe cigarette law and now, all of a sudden, the tobacco industry can make a fire safe cigarette. They could’ve made one in 1986, but they chose not to make one.

Compared to any other industry, the tobacco industry engages in the most egregious immoral and unethical behavior, but continues to go unregulated. Congress and many state legislatures won’t help create smoke-free environments because they believe doing so will hurt businesses—an absolute falsehood. How would you like to be a restaurant worker forced to breathe asbestos every time you served a meal? Asbestos and secondhand smoke—there’s no difference.

**In terms of solutions, what can we do to help stop the tobacco industry’s plague resulting from their products?**

The tobacco industry claims tobacco use is a personal choice. Let me assure you it’s not a personal choice when you’re an 11-year-old child bombarded with advertisements that convey the message that smoking is sexy and cool. Once upon a time the industry even used cartoon characters like Joe Camel to entice children. If people think Joe Camel was created for a 25-year-old choosing to smoke Camels over Marlboros, they’ve missed the boat. Joe Camel was recognized by 31 percent of 3-year-olds—more than they recognized Ronald McDonald and Mickey Mouse. That’s how early all of this starts. The first thing we have to do is create a system to educate our children to see through information displayed on the big screen or TV, and teach them to make rational, critical decisions about their health. I try to spend a lot of time working on this. Education is the first thing we should be working on.

Second, we have to set requirements by which to regulate the tobacco industry. There should be regulations that require the tobacco industry to disclose tobacco additives, disclose the true tar and nicotine levels as determined by real smoking, not a machine that measures numbers consistently below the exposure level of a normal human smoker. We need to have a fire-safe cigarette that will save the lives of innocent firemen, and prevent property loss due to fire caused by careless smokers. We need to create regulations that allow for the creation of packaging that reminds people about the end effects of the product they’re purchasing. Some of the graphic representations done in Canada are truly disturbing, but they give people that pause for thought. We need to work on creating 100 percent smoke-free workplaces and public places. If you want to smoke, smoke outside, but don’t smoke where you’re poisoning somebody else.

We also need to start deglamorizing tobacco products in the movies and on TV. Contrary to what people think, movies depict people smoking more now than they ever have in the past. And what’s more, 90 percent of the revenue from the top 10 producing movies comes from 11 to 19-year-olds. Does James Bond need to smoke Philip Morris products in his movies? Do Superman and Lois Lane ever smoke Marlboros or have a battle with Marlboros in their comic books? Did Fred and Barney Flintstone smoke Winstons? Should we have allowed the amount of smoking we have on TV and in the movies? Should our children get that education?

The CDC has developed a 9-point, Best Practices program to minimize the health toll tobacco takes on our citizens. The program allows for the reduction of tobacco advertising, increases the costs of tobacco, and gives children the power to understand how the tobacco industry is attempting to manipulate them. It gives them the power to make critical decisions. The states participating in this program have demonstrated that they can have a significant impact on the health of middle and high school students. They’re saving lives with this program like Mississippi, Maine, Arkansas and Delaware.

The other thing we should be doing is helping those already afflicted by tobacco addiction. Remember, 90 percent of smokers want to quit—they only need an environment like a smoke-free workplace or be exposed to counter-advertising to help motivate them to become tobacco-free. We also need to figure out how best to medically intervene to help these folks. We need to figure out an inexpensive way to break the addiction. Something that combines a nicotine replacement therapy (NRT), an antidepressant (Zyban), plus behavior modification coupled with counseling and dietary and exercise improvements. Doing so will help create tobacco-free...
adults. Right now we’re not doing it; we’re not using the money from the tobacco settlements to help people quit. So what do we need to get going? Should companies offer free smoking cessation programs? It makes sense. If they can help someone quit smoking, that person’s risk of a heart attack after one year is the same as someone who has never smoked. That’s a pretty good deal, especially when you consider the costs of a heart attack—financially, medically, or emotionally.

There are a lot of questions that need to be answered. Should we require the tobacco industry to remove packaging monikers that suggest a product is a healthier alternative when in fact it’s more dangerous? Should we require the tobacco industry to tell us the truth when they know the truth? Should they be allowed to put chemicals like plutonium 210 in their product? Why should they be allowed to put chemicals in their product that were never intended to be burned, and when burned are downright dangerous? Should we allow the industry to claim that the additives they use are safe when they’re not safe and they know they’re not safe? Shouldn’t the government require the tobacco companies—as they do with food and cosmetic manufacturers—to list ingredients? How much ammonia do they add to make it more addictive? Why do they provide “gateway” products? Why do they reimburse merchants when somebody steals product from a store?

There are a lot of things that need to be changed. Unfortunately, what we’re trying to do is unravel two centuries of tobacco normalization in less than a decade. We’ve still got a long way to go. The biggest thing we can do, however, is begin using the settlement funds the way they were supposed to be used. State governments haven’t used the money appropriately, and I call it moral treason. These governments don’t believe the settlement money belongs to the future—to the children. They don’t believe the money should be used to educate our children, to give them a life unfettered from the ravages associated with tobacco. It’s moral treason.

Why aren’t we hearing these messages, point blank, from our political and health leaders? Are the pressures that great?

I think some of it has to do with the political action committees funding of these politicians. Much of this funding comes from the tobacco industry, and it keeps politicians from acting in a morally responsible manner.
For a legislator to understand that secondhand smoke kills, and not pass an ordinance preventing people from smoking in public places, is morally wrong.

John Stuart Mill, a 19th-Century utilitarian and libertarian, believed that the only time government had the duty to interfere with somebody else’s liberty or autonomy was when that autonomy or liberty hurt others. Secondhand smoke hurts the innocent. I also strongly believe in another principle that is written on a marble plaque at the Holocaust Museum in Washington, DC: “Thou shalt not be a victim…Thou shalt not be a perpetrator…But above all, thou shalt not be a bystander.” The people who know and have access to information about the tobacco industry, but choose to be bystanders, are wrong.

I don’t understand why they can’t do the math. I can do it; it’s not that difficult. For every prevention dollar you spend, you save three dollars in healthcare costs and lost productivity.

**What advice do you have for worksite leaders, doctors, and health educators regarding what they can do to prevent the further spread of tobacco use?**

First and foremost, don’t be a bystander. We have too many doctors across the nation who won’t actively take part in solving this epidemic. We need more medical practitioners to get involved like the American Academy of Family Medicine has. We need more dentists involved. We need policemen out there making sure that the 66% of the cigarettes purchased by underage children aren’t acquired because laws aren’t being enforced.

We need to make the price exorbitantly high—just like New York State did—so the barrier to entry becomes a significant hurdle. For a child to afford eight bucks for a pack of cigarettes is difficult. We know that for every 10 percent increase in the price of cigarettes, there’s a 7 percent decrease in the consumption or purchasing capacity of a child, and 4 percent decrease among adults.

We know that 90 percent of those people hooked and addicted to tobacco want to do one thing—break their addiction. But these people need help. Maybe it’s paying for pharmaceuticals, or providing access to a program to help free them of their addiction. Sometimes what they need is a smoke-free environment, a smoking cessation course, or just a counter-advertisement. People have written and told me that they no longer want anything to do with smoking after watching the movie The Insider. What they saw actually helped them quit smoking.

There are many different ways of skinning this cat. But we need our legislators; we need people from all walks of life to actively engage in the process of denormalizing the tobacco industry’s products.

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Dr. Wigand, what’s your take on the tobacco industry providing smoking cessation websites and other health interventions?

It’s more of an enticement for our children to smoke. It passes the responsibility from the tobacco company to whom? To the parent of the child or to the child themselves. The responsibility belongs to the tobacco industry. The tobacco companies don’t survive by getting 25-year-olds to smoke. Ninety percent of those people smoking today didn’t start after the age of 18 or 19; they started before. We’ve got to counter the tobacco companies tactics with ads like the TRUTH ads that have come out of Florida. Those ads have been so successful because adults didn’t create them. They were created by children—the body bags, the lie detectors, and so on, have helped create an understanding of how the tobacco companies manipulate and target our children.

But the cycle continues. I go to places, not only in the United States, but throughout the world, where kids six, seven, or eight years old are already smoking, chewing, or dipping. If we were spending the money to help these children understand that using tobacco is risky behavior, to help them understand why it’s fatal and how they’re being manipulated, we could make a difference. At the same time, if we could get our legislative bodies to realize that if they spent only 20 percent of the settlement dollars on tobacco prevention efforts, they would make a big difference in the lives of these children, not to mention produce a 3:1 return in terms of healthcare costs.
“Tobacco companies don’t survive by getting 25-year-olds to smoke. 90% of those people smoking today didn’t start after the age of 18 or 19; they started before.”
HELPING YOUR EMPLOYEES LIVE TOBACCO FREE

A Step-By-Step Approach To Kicking The Habit
Helping your employees lead tobacco-free lives is challenging. Given the addictive nature of cigarettes, many employees struggle with quitting—especially over the long haul.

So what information can you give them?

Great question. Basically, to help those employees who have already quit and those employees who are looking to quit, the messages are relatively straightforward.

In the paragraphs below and the pages that follow, we’ve provided information that can help you get the job done. All of the information was provided by the National Cancer Institute and can be reprinted without permission. Be sure to use this information in your worksites and with your clients.

Stick With It

Helping your employees to beating an addiction to nicotine takes a lot of will-power and determination. Your employees who have quit should feel great about themselves for making it this far. Now’s the time to focus on helping them stick with it. Specifically, here’s what you can confidently share with them.

Keep Your Guard Up

Your body has changed since you began to smoke. Your brain has learned to crave nicotine. So certain places, people, or events can trigger a strong urge to smoke, even years after quitting. That’s why you should never take a puff again, no matter how long it has been since you quit. At first, you may not be able to do things as well as when you were smoking. Don’t worry. This won’t last long. Your mind and body just need to get used to being without nicotine.

After you’ve quit, the urge to smoke often hits at the same times. For many people, the hardest place to resist the urge is at home. And many urges hit when someone else is smoking nearby. Look at your Craving Journal to see when you might be tempted. Then use the skills you’ve learned to get through your urges without smoking.

Fight The Urges

Drink water, walk, chew gum, go to support groups, watch a movie. Do anything to fight the urge to smoke.

Stay Upbeat

As you go through the first days and weeks without smoking, keep a positive outlook. Don’t blame or punish yourself if you do have a cigarette. Don’t think of smoking as “all or none.” Instead, take it one day at a time. Remember that quitting is a learning process.

Keep Rewarding Yourself

Now that you aren’t buying cigarettes, you probably have more spending money. For example, if you used to smoke one pack per day: Think about starting a “money jar” if you haven’t already. Put your cigarette money aside for each day you don’t smoke. Soon you’ll have enough money to buy a reward for yourself.

If You Do Slip Up

Don’t be discouraged if you slip up and smoke one or two cigarettes. It’s not a lost cause. One cigarette is better than an entire pack. But that doesn’t mean you can safely smoke every now and then… no matter how long ago you quit. One cigarette may seem harmless, but it can quickly lead back to one or two packs a day.

Many ex-smokers had to try stopping many times before they finally succeeded. When people slip up, it’s usually within the first three months after quitting.

Here’s what you can do if this happens:

- **Understand that you’ve had a slip.** You’ve had a small setback. This doesn’t mean you are a smoker again. Don’t beat yourself up. One slip up doesn’t mean you’re a failure. It doesn’t mean you can’t quit for good.

- **Don’t be too easy on yourself either.** If you slip up, don’t say, “Well, I’ve blown it. I might as well smoke the rest of this pack.” It’s important to get back on the non-smoking track right away. Remember, your goal is no cigarettes—not even one puff.

- **Feel good about all the time you went without smoking.** Try to learn how to make your coping skills better.

- **Find the trigger.** Exactly what was it that made you smoke? Be aware of that trigger. Decide now how you will cope with it when it comes up again.

- **Learn from your experience.** What has helped you the most to keep from smoking? Make sure to do that on your next try.

- **Are you using a medicine to help you quit?** Don’t stop using your medicine after only one or two cigarettes. Stay with it. It will help you get back on track.

- **Know and use the tips in this booklet.** People with even one coping skill are more likely to stay non-smokers than those who don’t know any.

- **START to stop again!**

- **See your doctor or another health professional.** He or she can help motivate you to quit smoking.

The previous information can be used in coaching sessions by wellness practitioners to help quitters remain smoke-free. The information on the following pages can help you coach smokers through the quitting process.
Here’s How To Get STARTed

Just thinking about quitting may make you anxious. But your chances will be better if you get ready first. Quitting works best when you’re prepared. Before you quit, START by taking these five important steps:

**S**
Set a quit date.

**T**
Tell family, friends, and co-workers.

**A**
Anticipate and plan for the challenges you’ll face while quitting.

**R**
Remove cigarettes and other tobacco products from your home, car, and work.

**T**
Talk to your doctor about getting help to quit.

### Set A Quit Date

- **✓** Pick a date within the next two weeks to quit.
- **✓** Be sure to give yourself enough time to get ready. But don’t wait so long that you lose your drive to quit.
- **✓** Think about choosing a special day:
  - Your birthday or wedding anniversary
  - New Year’s Day
  - Independence Day (July 4)
  - World No Tobacco Day (May 31)
  - The Great American Smokeout (the third Thursday of each November)

### Tell People Of Your Plan To Quit

- **✓** If you smoke at work, quit on the weekend or during a day off. That way you’ll already be cigarette-free when you return.

### Quitting smoking is easier with the support of others.

Tell your family, friends, and co-workers that you plan to quit. Tell them how they can help you.

- **✓** Some people like to have friends ask how things are going. Others find it nosy. Tell the people you care about exactly how they can help. Here are some ideas:
  - Ask everyone to understand your change in mood. Remind them that this won’t last long. (The worst will be over within two weeks.) Tell them this: “The longer I go without cigarettes, the sooner I’ll be my old self.”
  - Does someone close to you smoke? Ask them to quit with you, or at least not to smoke around you.
  - Do you take any medicines? Tell your doctor and pharmacist you are quitting. Nicotine changes how some drugs work. You may need to change your prescriptions after you quit.
• Get support from other people. You can try talking with others one-on-one or in a group. You can also get support on the phone. You can even try an Internet chat room. This kind of support helps smokers quit. The more support you get, the better. But even a little can help.

Anticipate The Challenges Ahead

✓ Expecting challenges is an important part of getting ready to quit. Most people who go back to smoking do it within three months. Your first three months may be hard. You may be more tempted when you are stressed or feeling down. It’s hard to be ready for these times before they happen. But it helps to know when you need a cigarette most.

✓ Look over your Craving Journal. See when you may be tempted to smoke. Plan for how to deal with the urge before it hits. You should also expect feelings of withdrawal. Withdrawal is the discomfort of giving up nicotine. It is your body’s way of telling you it’s learning to be smoke-free. These feelings will go away in time. Keep reading for tips on handling urges and withdrawal.

✓ Withdrawal: How You May Feel When You Quit. Common feelings of smoking withdrawal include:
• Feeling depressed
• Not being able to sleep
• Getting cranky, frustrated, or mad

Remove All Tobacco Products

✓ Getting rid of things that remind you of smoking will also help you get ready to quit. Try these ideas:
• Make things clean and fresh at work, in your car, and at home. Clean your drapes and clothes. Shampoo your car. Buy yourself flowers. You will enjoy their scent as your sense of smell returns.

• Throw away all your cigarettes and matches. Give or throw away your lighters and ashtrays. Remember the ashtray and lighter in your car!

• Have your dentist clean your teeth to get rid of smoking stains. See how great they look. Try to keep them that way.

• Some smokers save one pack of cigarettes. They do it “just in case.” Or they want to prove they have the willpower not to smoke. Don’t! Saving one pack just makes it easier to start smoking again.

• Don’t use other forms of tobacco instead of cigarettes. Light or low-tar cigarettes are just as harmful as regular cigarettes. Smokeless tobacco, cigars, pipes, and herbal cigarettes also harm your health. For example, bidi cigarettes are just as bad as regular cigarettes. Clove cigarettes are even worse. They have more tar, nicotine, and deadly gases. All tobacco products have harmful chemicals and poisons.

Talk To Your Doctor

✓ Quitting “cold turkey” isn’t your only choice. Talk to your doctor about other ways to quit. Most doctors can answer your questions and give advice. They can suggest medicine to help with withdrawal. You can buy some of these medicines on your own. For others, you need a prescription.

Your doctor, dentist, or pharmacist can also point you to places to find support or toll-free quit lines.

If you cannot see your doctor, you can get some medicines without a prescription that can help you quit smoking. Go to your local pharmacy or grocery store for over the counter medicines like the nicotine patch, nicotine gum, or nicotine lozenge. Read the instructions to see if the medicine is right for you.

If you’re not sure, ask a pharmacist. ★

The information in this article was provided by the National Cancer Institute and is in the public domain. For more information, visit their website at www.cancer.gov.
Where There’s Smoke...

There’s A New Kind Of Fire

Some Companies Are Sending A Message To Employees, “If You Choose To Smoke—Even On Your Own Time—Hit The Bricks.”

By David Hunnicutt, PhD
WEYCO, Inc. a Michigan-based Third Party Administrator specializing in Employee Benefit Plans and Benefit Management, has implemented a new corporate policy: If you smoke, you’re fired.

According to WEYCO’s website (www.weyco.com), the company believes “in having a proactive plan for promoting healthy lifestyles for employees.” The leaders at WEYCO believe that “healthy employees are more productive and, long term, the healthcare costs can be lessened.”

Based on its company ethos, it is clear that the leadership at WEYCO backs up its words with action.

In recent months, WEYCO fired four of its employees when they refused to take a breathalyzer test—which would detect whether or not a person was a tobacco user—under new rules imposed by the company.

Prior to its showdown with these four, WEYCO gave all employees fifteen months to quit before subjecting them to random breath testing. In fact, of the company’s 24 tobacco users, 20 quit.

By taking this kind of “proactive” action, WEYCO became national news.

Major media such as CNN, CBS, ABC, and many others ran national stories scrutinizing the merits of WEYCO’s approach to health management. The WEYCO story became fodder for intense debate between pro-health advocates and privacy protectionists. In addition, the ACLU was contacted on behalf of the fired employees to explore whether the move by WEYCO was even legal.

The findings were clear: It was, indeed, perfectly legal. In fact, there is no law in Michigan that prevents an employer from taking this kind of action.

Since the firing of the WEYCO employees, a lawsuit has been filed against CEO Howard Weyers and WEYCO, Inc. As one would have predicted, this issue will now be played out in the courts.

WEYCO’s Not The First Or The Only

While national media attention has propelled WEYCO’s anti-smoking stance into the spotlight, it is far from the only company attempting to improve employee health and contain potentially modifiable healthcare costs by regulating employee behaviors.

For example, Fortune 500 giant, Union Pacific Railroad recently announced that tobacco use would be banned anywhere on its main property—inside or out. In addition, it also announced that in Omaha, NE (its headquarters location) and seven other states, UPRR would not be hiring tobacco users.

Unlike WEYCO, Union Pacific Railroad, according to a recent Wall Street Journal article, is relying on the honor system to weed out tobacco users—they have implemented a question that potential employees will have to answer when completing a job application.

To support those current employees who were already tobacco users, UPRR offers assistance to help them quit using tobacco.

Because of these kinds of efforts, Union Pacific Railroad has seen its tobacco using population shrink from 40% of its workforce in 1990 to 27% in 2003.

One of the most recent companies to take on a WEYCO-like approach is Scotts Miracle-Gro Company. Located in Columbus, OH, Scotts Miracle-Gro is implementing a policy of firing employees who light up—even at home. This policy will go into full force in October of 2006, and it will be interesting to watch this company’s story unfold.

Big Brother Or Big Stink?

Should tobacco users be fired? Do employers have the right not to hire tobacco users? Do policy makers...
have the right to draft, propose, and implement legislation that forbids employers from being able to take this kind of stance on tobacco-related issues?

Given the number of companies who are not only adopting worksite wellness as a standard company practice, but implementing aggressive tobacco-restriction policies to promote health and contain costs, it is clear that corporate leaders are developing their own ideas on how to best address tobacco use within their own corporate frameworks. And many of them are pushing the traditionally-defined boundaries—remaining well within the confines of state and federal laws as well as abiding by non-discriminatory and fair hiring practices.

What’s most interesting about this is that the variety of employer-approaches—from nurturing and supporting tobacco users in their quest to quit, all the way to firing those who don’t comply with company mandates—appear to be producing outcomes.

This may very well be a key understanding that allows all of us to address this issue with more decorum and thoughtfulness.

Different companies with qualitatively different mission statements, ways of doing business, employee populations, and geographic locations—get this… operate differently. Thus, it would be reasonable to think that different companies would have vastly different approaches to promoting health and preventing disease.

For example, would we assume that the business (and health) practices of GE are consistent with that of Ben & Jerry’s? Probably not—each company is inherently different but both are successful in what they do. Each have their own way of implementing important change initiatives consistent with corporate culture and standard operating practices. To think that one-size fits all, especially when it comes to something like tobacco cessation, is naïve.

In the meantime, while the acceptability of different cessation practices continues to be scrutinized, tobacco-related illnesses remain the leading cause of death among Americans killing nearly 450,000 people each year. Presently, tobacco kills more Americans than auto accidents, homicides, AIDS, drugs, and fires combined. What’s more, 50,000 people die each year from secondhand smoke related diseases. If left unchecked, by the year 2020, tobacco is projected to kill about 10 million people a year worldwide.

Corporations will be forced to pick up a significant portion of the tab on the health-related consequences experienced by tobacco users. This is also the case for non-tobacco users who will also help to subsidize the consequences of this unhealthy behavior. With health care costs approaching $1.8 trillion and health care becoming a precious resource, tobacco use policies and restrictions in the United States are only going to draw more attention.

**The Bottom Line**

Clearly, firing tobacco users is a very controversial issue. Not hiring tobacco users is not as controversial, but remains a highly debated business practice. For those of us committed to building healthier places to work, improving employee health, and containing runaway health care costs, these kinds of issues will force us as professionals to think through how we feel about them—and where exactly we draw the line.

### REFERENCES

Because Your Employees Need Help With Leading Healthier Lifestyles...

WELCOA’s New 16 paged Lifestyle Management Guides will help your employees get started...

To learn more about how to provide your employees with this important resource, please visit www.welcoa.org/store.
In this issue of *Absolute Advantage* we’ll address the topic of tobacco use at the workplace. Although often times neglected—largely due to the nation’s new focus on obesity—tobacco use is a critical issue that every employer needs to address.

With healthcare costs approaching 1.8 trillion and healthcare becoming a precious resource, proactive employers are taking bold and aggressive steps to stemming the tide of tobacco use at the workplace.

In this issue, we’ll examine the burden of tobacco use in the United States. Even for the most hardened of skeptics, the statistics are simply staggering.

Having provided an aerial view of the issue, we’ll delve into a series of articles addressing commonly asked questions about cigarettes, cigars, and smokeless tobacco.

To help you in your quest to address tobacco use at the workplace, we’ve provided dozens of easy-to-implement ideas. We’ve also highlighted a fascinating website—www.thetruth.com. In addition, we’ll share an interview done with Jeffrey Wigand, a former tobacco industry insider. Finally, we’ll examine a case study of Weyco, Inc., a company that has set a policy to fire its smokers.

I hope you enjoy this issue. I’d like to recognize the National Cancer Institute for developing and making available much of the information contained in this issue.

Yours in good health,

Dr. David Hunnicutt
President, Wellness Councils of America