



A MEMBERSHIP ORGANISATION
FIGHTING CANCER TOGETHER



PREVENTING CANCER IN THE WORKPLACE

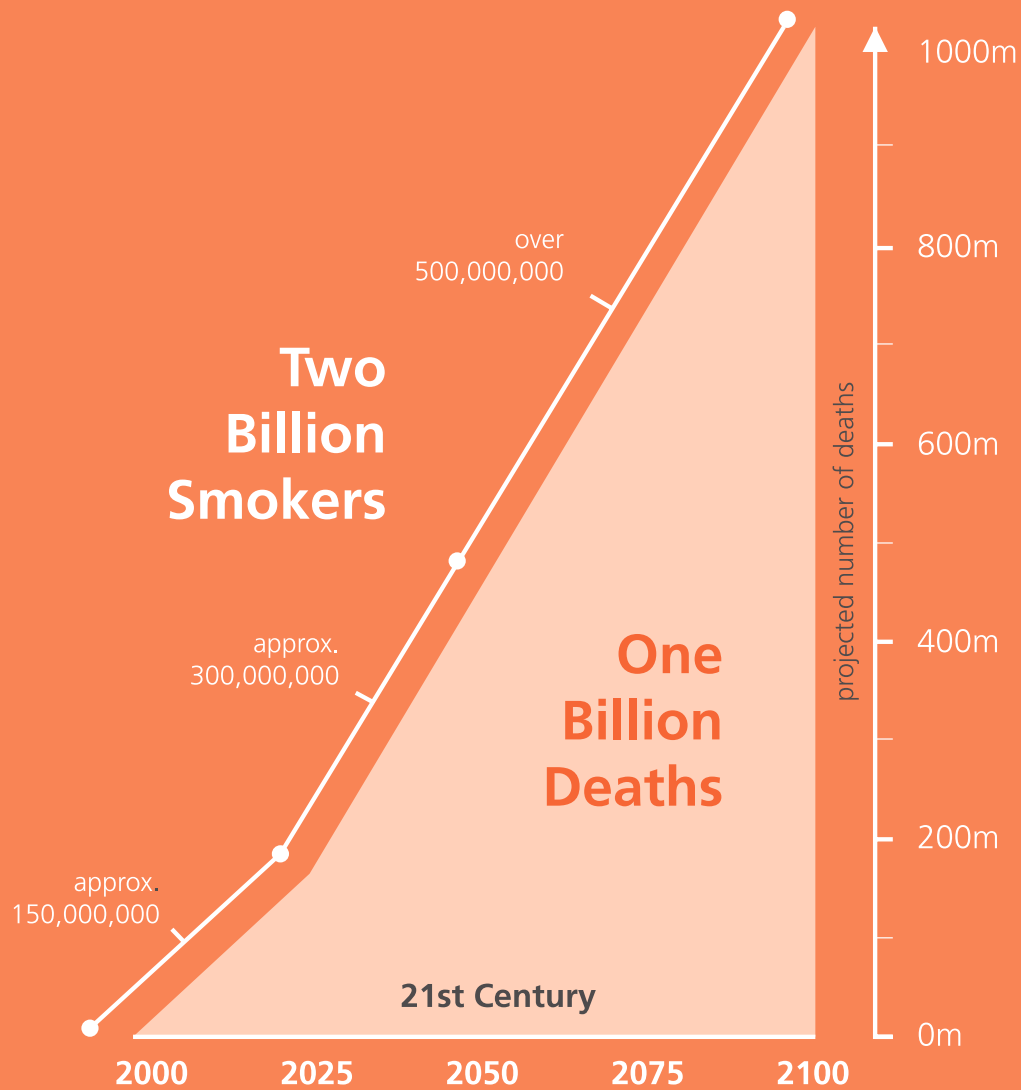
LESS SMOKING, BETTER BUSINESS

Working together to help
employees quit smoking



bupa.com/cancer
uicc.org

TOBACCO USE IS PROJECTED TO KILL 1 BILLION PEOPLE IN THE 21ST CENTURY



**Most deaths
occur during
the height of
productive
years (30-69)**

EXECUTIVE SUMMARY

Although great strides have been made in reducing tobacco use, 1 billion people smoke tobacco worldwide, causing 22% of all global cancer deaths and costing the global economy billions of dollars each year in health care expenditures, productivity losses, fire damage and other costs.

With 65% of the population aged over 15 years part of the workforce, the workplace provides a tremendous opportunity to reduce global smoking levels.

For businesses, even if they have non-smoking workplaces, helping employees quit smoking can improve their bottom line through:

- Avoiding lost productivity and absences due to sickness
- Reducing healthcare costs
- Avoiding lost productivity due to people taking smoking breaks

Supporting your employees to quit smoking should be part of investing in a broader healthy workplace culture which promotes employee engagement, organisational productivity, talent retention, and creativity and innovation.

This guide is designed to support you to implement a quit smoking initiative as part of a wider Workplace Health and Wellbeing programme. We focus on proven effective initiatives, such as individual and group counselling, quitlines, medications, education, sms tools and smart phone apps. It also offers support for implementing a quit smoking initiative such as how to increase social support for quitting and guidance on which outcome measures to use to evaluate your programme in order to create the greatest return on investment.



"Given the global economic toll of tobacco of \$500 billion a year there is a tremendous opportunity for business to implement cost effective support for their employees."

Evelyn Bourke, Acting Chief Executive Officer, Bupa





CONTENTS



WHY SHOULD AN ORGANISATION HELP ITS EMPLOYEES TO QUIT SMOKING?	6
The global challenge	6
Workplace support as a driver for change	6
The compelling business case	9
HOW TO BUILD A SUCCESSFUL QUIT SMOKING PROGRAMME	12
Assess	13
Create a value proposition for business leaders	13
Assess workforce readiness for quit smoking	14
Review workplace smokefree policies	15
Design	17
Assign responsibility for programme management	17
Design a programme based on what works	18
Individual Counselling	19
Quitlines	19
Using workplace communication channels to educate employees	19
Group counselling	20
Medications	20
SMS-based tools	21
Smartphone apps	22
Implement	24
Invest in a communications strategy that inspires action	24
Address affordability as a barrier to participation	24
Be aware of opportunities to increase social support for quitting	25
Evaluate	28
Build in a framework for monitoring and evaluation	28

Why should an organisation help its employees quit smoking?

The Global Challenge

The enormity of global health challenges such as cancer and other non-communicable diseases (NCDs) is having a direct impact on business, driving up healthcare costs and budgets and exacting a heavy and growing toll on human capital.¹ The total economic impact of tobacco is \$500 billion a year in health care expenditures, productivity losses, fire damage and other costs.² This is at a time when preserving workforce capacity and productivity is essential to sustaining economic growth in all countries.

Workplace support as a driver for change

Collectively, the private sector has a significant role to play in driving transformative change on a global scale in health and ultimately saving lives. With approximately 65% of the population aged over 15 years part of the workforce, employers have the unique ability to create health-enabling environments and promote behavioural change to healthier lifestyles for the majority of the world's population.

Quit smoking programmes provide a proven effective solution to dramatically increase the quit rates in smokers compared with smokers that try to quit unaided. In the UK, 12-month quit rates for the English stop smoking services were found to be 15% compared with an unaided quit rate of typically 3 to 4%, providing a strong rationale for integrating a quit smoking strategy within any health and wellbeing programme.³

However, national comprehensive cessation services with full or partial cost-coverage are only available to assist tobacco users to quit in only 21 countries, representing 19% of the world's population.⁴ There is no cessation assistance of any kind in one-quarter of low-income countries.⁵ Even where there are cessation services, workplace promotion of adoption can be a valuable driver.

Smokers who use stop smoking services when quitting are four times more likely to succeed than those who quit unaided



MOST SMOKERS WANT TO QUIT

Percent of current smokers who have ever tried to quit 2010

But only 19% of the world's population has access to tobacco dependence treatment services



"The biggest opportunity for impact is to deal with the largest single factor contributing to the cancer burden – tobacco use. Tried, tested and proven mechanisms exist at an individual, community and policy level and are changing the norms towards the healthy choice. Workplaces and employers can take a lead on making tobacco-free living the easy choice."

Cary Adams, Chief Executive Officer UICC

WHAT'S IN IT FOR EMPLOYERS?

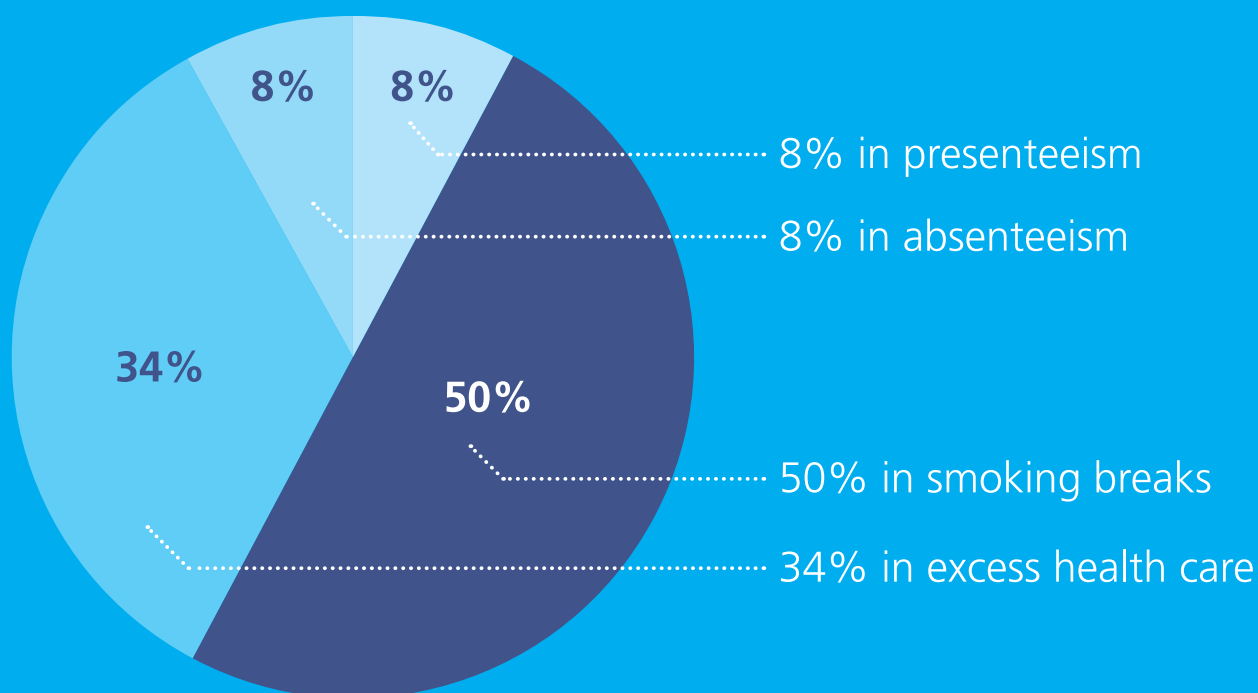
33%

SMOKERS ARE 33% MORE LIKELY TO MISS WORK THAN NON-SMOKERS AND ARE ABSENT LONGER



SMOKERS COST EMPLOYERS MORE THAN NON-SMOKERS.

Extra annual costs:*



*Figures: Berman M, Crane R, Seiber E, et al. Tob Control Published Online First: June 3, 2013 doi:10.1136/tobaccocontrol-2012-050888

The Compelling Business Case

For workplace health

Smart and progressive businesses are investing time and resources in improving their employees' health and managing wellness in the workplace, with demonstrable benefits to their bottom lines. These organisations recognise that workplace health and wellbeing is not just a 'nice to have', but that it makes great business sense with organisations that promote workers health being among the most successful over time.

For helping your employees quit smoking

For businesses, even if they have workplace tobacco-free policies, helping employees to quit smoking can improve the bottom line through:

- Avoiding lost productivity and absences due to sickness
- Reducing healthcare costs
- Avoiding lost productivity due to people taking smoking breaks

Workplace quit programmes deliver a measurable return on investment and can result in net cost savings within four years.⁶

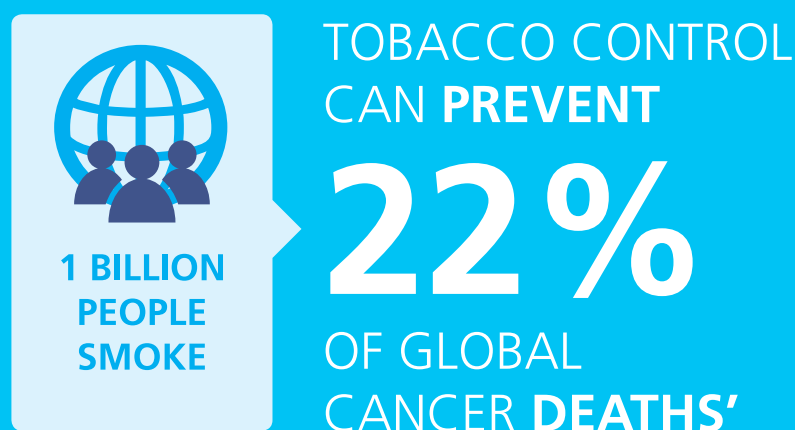
- **Investments in quit programmes in the workplace can generate immediate cost benefits.** A US study found by investing \$0.18 to \$0.79 per member per month, an employer can generate a cumulative savings of \$1.70 to \$2.20 per member per month after five years.⁷
- **For companies in the European Union and Asia, a quit smoking initiative is among the top five interventions for cutting healthcare costs¹.** In the US, it was estimated that if all workplaces were smokefree, it would save over \$60 million in medical costs within the first year and an estimated \$280 million in the first seven years.⁸
- **Productivity gains from reducing the number of unsanctioned smoking breaks and absenteeism are substantial.** Research by the UK Centre for Tobacco Control Studies found that smokers are 33% more likely to miss work than non-smokers and were absent for an average of 2.7 extra days per year.⁹
- Businesses benefit from reputation-building, by adding integrity and credibility to their brand, and improving their capacity to attract and retain people.



Tobacco use is a shared and modifiable risk factor for all five major non-communicable diseases (NCDs): cardiovascular diseases, cancer, diabetes, chronic respiratory disease, mental health and neurological disorders. NCDs place a heavy financial burden on societies, including through lost productivity in the workplace. Businesses have an opportunity and a responsibility to support their employees to quit smoking, through workplace initiatives and support structures.

Katie Dain, Executive Director, The NCD Alliance

“Quitting smoking before middle age avoids more than 90% of the lung cancer risk attributable to tobacco”¹



That's almost **1 million** 'working age' lives²

¹ Peto R, Darby S, Deo H et al. BMJ 2000; 321:323-9

² Figure: Globocan 2012: Estimated mortality by age (15-69 years)

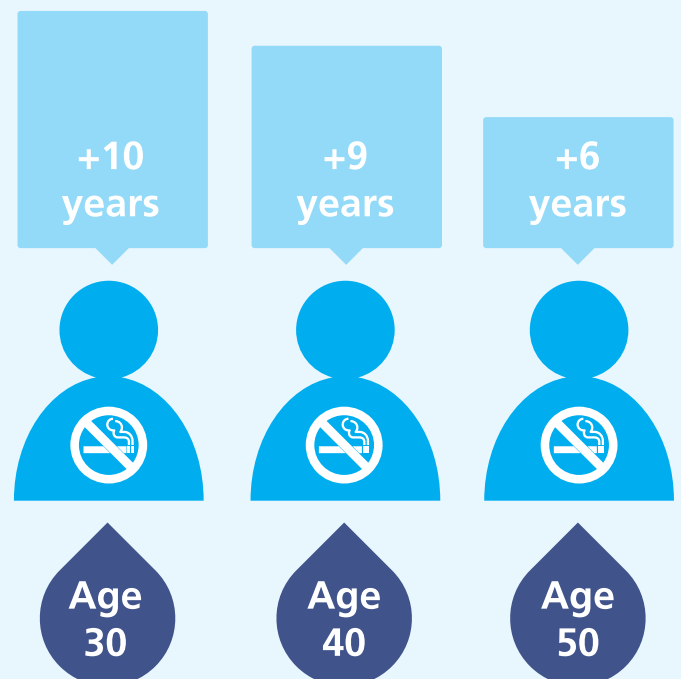
LIVING SMOKEFREE IS THE HEALTHY CHOICE

Tobacco use is the single largest preventable cause of cancer globally. Providing employees with the necessary tools and environment to help them quit smoking will have a major positive impact on their health and that of their families and friends.

- Tobacco is like no other legally available product. It is addictive and kills up to half of its users.⁵ Reducing the rates of tobacco use will significantly decrease the global burden of a large number of cancers, including of the lung, oral cavity, larynx, pharynx, oesophagus, pancreas, bladder, kidney, cervix and stomach, and acute myeloid leukaemia.¹⁰
- There is no safe level of tobacco smoking. The best thing a smoker can do for their own health and the health of family and friends is to quit smoking. The good news is that quitting at any age is beneficial, increasing life expectancy and improving quality of life.¹¹
- Healthier people have increased morale, motivation and job satisfaction. Quitting smoking makes a big difference to a person's wellbeing and quality of life. Quitting reduces the chances of impotence, having difficulty getting pregnant, having premature births, babies with low birth weights and miscarriage.¹²

QUITTING SMOKING ADDS YEARS TO YOUR LIFE

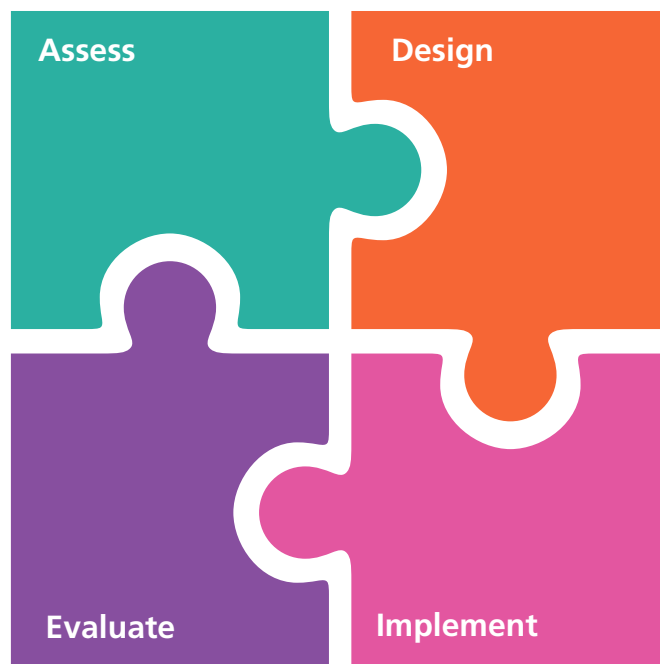
Increased Life Expectancy



HOW TO BUILD A SUCCESSFUL QUIT SMOKING PROGRAMME

Creating a workplace quit smoking programme is a 4 phase process.

Here, we provide guidance on establishing each phase of your programme supported by evidence, case studies, tools and resources that are designed to help guide your selection of a tailored solution for your workforce.



ASSESS

Every organisation should assess their employees' needs and create a business case for leaders so that offers of quit smoking support are relevant and well received.



Create a business case for leaders

Convincing senior leaders of the financial and health benefits is essential. Investing in the health and wellbeing of employees may already be integrated into strategic business plans but being convinced of the value of interventions to both the business as well as to your employees will be critical to moving forward. Understanding and being able to communicate to your colleagues the full health and financial benefits of engaging and motivating employees to quit smoking creates the foundation for any workplace programme. See Section 1 for more detail.

THE WORLD ECONOMIC FORUM 2010 WELLNESS APP

The World Economic Forum 2010 Wellness app supports organisations to develop a robust business case to invest in a workplace wellness programme. The app is designed to estimate:

- The full cost of chronic disease within the employed population, including health care costs and loss of productivity over five years
- The potential savings from a customised wellness programme targeting relevant risk factors

For more information, go to:
<http://wellness.weforum.org/index>



"We have recently been involved in supporting the provision of cessation support through partnerships with workplace health providers, individual workplaces and local government organisations. This appears to sit well within an approach of holistic health and wellbeing, where organisations are making a commitment to, and taking action to improve the overall health of all their workforce. That is, they are not just focusing on one of the risk factors to preventative illness like tobacco use. This fosters a cultural shift in the whole organisation and anecdotally creates an environment where employees can be supported in modifying behaviours."

Luke Atkin, Quit Victoria, Australia

Assess workforce readiness for quit smoking support

The ultimate success of any quit smoking intervention relies on whether smokers want to quit, so it is essential to first establish people's needs and readiness to change behaviour. In many cases, undertaking an employee survey or needs assessment can assist organisations to systematically assess the opinions and attitudes of employees to smoking and to provide accurate data to tailor the programme based on how motivated employees are to quit, what will help them quit and what they perceive as the barriers to quitting. All of these may differ greatly depending on the environment and culture. For example, it is estimated that in India, only about one in four of current adult smokers are thinking about quitting in the next 12 months compared with Ireland where most smokers - eight out of ten – say they want to quit.^{4,13}

Being inclusive from the start through discussion across your organisation on the need for, and interest in, a quit smoking programme, the preferred way it is introduced, and who should be involved in planning and implementation will result in relevant programmes with higher participation rates.

This is also the time to begin thinking about the types of smoking cessation interventions that are best for your workplace. These are described in detail on page 18. For example, if you are considering mHealth solutions then understanding the usage and availability of mobile communications in your community and workforce, as well as any potential barriers such as cost and access that would restrict participation, should be built into your planning framework. Consideration should also be given on how these interventions can be integrated into a broader workplace health and wellbeing offering.



Resource

Health Canada: A Sample Employee Needs Assessment: Smoking Cessation in the Workplace

www.hc-sc.gc.ca/hc-ps/pubs/tobac-tabac/cessation-renoncement/index-eng.php#a6.1.1

Review workplace smokefree policies

The introduction of a quit smoking programme should go hand-in-hand with workplace smokefree policies. Smokefree policies can help smokers quit successfully by reducing environmental triggers and not allowing smoking to be the norm. In many countries, a smokefree workplace is now a legal obligation forming part of national commitments to implement the World Health Organization (WHO) Framework Convention on Tobacco Control (FCTC) an evidence-based global treaty that sets the framework for global and national tobacco control.¹⁴ As of 2012, 20 countries have implemented comprehensive national smokefree air policies covering public places and workplaces and an additional 12 have local regulations that protect the majority of their citizens, but comprehensive national smokefree laws only protect around 1 billion people, or 16% of the world's population.

A smokefree workplace environment means a total ban on smoking, not only in the workplace but also within a certain distance of buildings and in outdoor public areas, to greatly reduce the physical environment available for smoking.



Resources

Smokefree-in-a-Box by the Global Smokefree Partnership is an umbrella toolkit for workplaces wanting to go smokefree. It provides a comprehensive toolkit guide to the processes and key areas of action, needed to deliver smokefree policies to your workplace.

www.globalsmokefreepartnership.org

ACS Quit Tobacco and Smoking Toolkit for Workplaces:
A Sample Tobacco-free Workplace Policy

www.cancer.org/acs/groups/content/@editorial/documents/document/acspc-035057.pdf

**Global Business Group on Health
Resources for Members**

The Global Business Group on Health developed a series of employer resources focused on approaching tobacco cessation globally including case studies, strategy road map and country-specific policy and cessation information. Members can access tobacco resources at:

www.businessgrouphealth.org/global/issues/tobacco.cfm

About the Global Business Group on Health

The Global Business Group on Health evolved from the Global Health Benefits Institute which was created in 2005. It supports member companies in addressing escalating health and benefits challenges for their diverse, worldwide workforces. Employing collaborative next practice sharing and innovative problem solving, the Global Business Group provides practical, actionable, and culturally-relevant employer resources, country- and issue-specific benchmarking, and opportunities to engage thought leaders and peer organisations. The Global Business Group also leverages the experience and influence of its collective membership to maximize human capital investments and encourage country-level market change that positively affects the lives of employees and their families. For more information, go to:

global@businessgrouphealth.org

Johnson & Johnson

Creating a tobacco-free workplace culture



Johnson & Johnson first offered its Live for Life worksite health promotion programme in 1979 with the aim of making “Johnson & Johnson employees the healthiest in the world.”

In 2006, Johnson & Johnson began focusing on cancer and since then cancer prevention and treatment has been integrated within its comprehensive health promotion model. This includes adopting best practice interventions to reduce tobacco use amongst its employees. The tobacco cessation efforts within Johnson & Johnson combine policy, communication, leadership support and behaviour change, as well as education resources, which are delivered as part of the company’s mission of healthy employees.

Johnson & Johnson has created a culture and policy environment that demonstrates its commitment to personal health by establishing a workplace policy to deter smoking and tobacco use worldwide. Tobacco is now prohibited at all Johnson & Johnson owned or leased properties.

Additionally, resources and communication to facilitate behaviour change are made available to employees ready to quit smoking. In the United States all eligible employees, retirees and their eligible dependents are provided with a range of tobacco cessation services free of charge. Some examples are:

- Tobacco Cessation materials
- Counselling calls with an experienced tobacco cessation health educator
- Nicotine Replacement Therapy (NRT) - gum, lozenges or patches
- Prescription smoking cessation medications
- Reimbursement of physician visit co-pay
- Online Tobacco Cessation Digital Health Coaching Programme
- On-site Wellness Professionals and Employee Assistance Counselors

While the **types of support are customised according to location, culture and specific health needs**, Johnson & Johnson deploys globally harmonised smokefree policies and access to smoking cessation services as part of 12 ‘Culture of Health’ programmes. Significantly, each year every Johnson & Johnson business worldwide is required to report using a dedicated global assessment tool on its progress across each of these 12 programmes including adherence to tobacco free policies and access to quit smoking resources. The tool reports using a traffic light system so that businesses that rate other than green are supported to create an action plan to facilitate progress towards these goals.

Additionally, the introduction of a monitoring framework created to quantify progress across the Johnson & Johnson health promotion programme has enabled smoking risk prevalence of employees to be measured over time. **The results demonstrate that Johnson & Johnson has experienced favourable trends in reducing tobacco use as 4.2% of employees in the US were smokers in 2007 compared to 3.6% in 2011.**

DESIGN

Every organisation should develop its own programme based on proven, effective interventions that are tailored to the local environment and the needs of employees.



Assign responsibility for programme management

Leadership engagement is key to realising a healthy workplace.¹⁵ A programme actively supported by senior management has a firm foundation and contributes to a positive workplace culture. Where leaders are openly seen to 'set the pace' it is more likely that employees will be engaged and participate in quit smoking initiatives. Some managers may need to change their own behaviour, and it is imperative that they do so to demonstrate responsibility for the success of the programme and lead from the front.

Sound administration and programme coordination are important to the ultimate success of any workplace health and wellbeing programme and should be tailored to the size of an organisation, the capacity to allocate resources and the scope of the programme. Of equal importance is establishing the organisation's capacity to resource the full programme including evaluation.



Design a programme based on what works

THE EVIDENCE

Data from more than 12,000 people included in 57 studies have shown that workplace-delivered interventions aimed at individual smokers, including counselling and medications are effective in helping people to quit smoking.^{16,17} Researchers also understand why these methods succeed, having identified the ‘active ingredients’ which help a person to quit. For example, shaping knowledge around the benefits of quitting, how to quit as well as how to manage cravings.¹⁸

Technology-based solutions for quit smoking are also gaining momentum, with innovations in mobile health creating new opportunities for delivering personalised interventions. While we don’t yet have definitive data on their use as part of structured health and wellbeing programmes, we do know that:

- Some SMS-based programmes can more than double the chances that smokers will have quit successfully at 6 months.^{19, 20}
- Some smartphone apps have the capacity to deliver several of the active ingredients of the tried and tested strategies, making them a feasible option.^{21, 22}

Selecting quit smoking strategies that are relevant to your organisation’s needs, employees’ interests and available resources is critical. Equally important is being aware of the range of evidence-based options available.

Here, we provide a selection of individual interventions, including links to resources and case studies that together are designed to assist you to create a tailored programme based on best practice.

DELIVERING A SOLUTION

Providing a single proven, effective intervention can increase the number of employees who quit smoking. However, a programme that provides a mix of approaches and incorporates employee ownership can bring greater benefits than a ‘one-size-fits-all’ strategy.

Making a variety of quit smoking interventions available means that individuals can engage in programmes in diverse ways, ultimately resulting in greater participation and less smoking. The end result will be achieving positive, sustainable value for your workforce and your business.

There is limited evidence for selecting strategies based on gender, age, education etc., although some general guidelines do exist.¹⁷ Specifically:

- Women may have less confidence in their ability to quit and require additional information to motivate them to quit smoking.
- Younger smokers may require more intensive support than older smokers.
- Workplaces with a high proportion of heavy smokers and lower motivation to stop smoking may benefit from educational and awareness initiatives prior to commencing other strategies.
- As education levels and income have been associated with the likelihood of quitting, a workforce with lower education levels and low-income workers may require more intensive support.



INDIVIDUAL COUNSELLING

Individual sessions are a commonly used method to help people who are trying to quit smoking. This is a face-to-face encounter between someone who smokes and a counsellor trained in smoking cessation.



QUITLINES

Quitlines are telephone-based quit smoking cessation services. Quitlines, staffed by trained health care professionals, provide individualised counselling that is free and confidential. Quitlines are available in many countries worldwide and can differ in size and structure with one or two staff managing the quitline, while larger, well-established quitlines may have hundreds of staff.

Studies have shown that telephone quitlines provide an important route of access to support for smokers, and call back counselling enhances their usefulness. They are often used as part of an integrated package of workplace quit services.



Resource

Global Quitline Network:

<http://globalqlnetwork.wordpress.com/>



USING WORKPLACE COMMUNICATION CHANNELS TO EDUCATE EMPLOYEES

We know that smokers will be at different stages of readiness to participate in quit smoking services, so programmes that increase awareness of the link between smoking and cancer and other health issues may influence those smokers who are not yet ready to quit and who may require additional motivation prior to commencing other strategies.

Educational and awareness initiatives can also provide additional motivation for smokers participating in other interventions and is therefore best done alongside other smoking cessation support rather than as a stand-alone strategy.



GROUP COUNSELLING

Group behaviour therapy programmes involve scheduled meetings where people who smoke receive information, advice and encouragement delivered over at least two sessions.

It is unclear whether groups are better than individual counselling or other advice, but they are more effective than no treatment. Not all smokers making a quit attempt want to attend group meetings, but for those who do they are likely to be helpful.

Often programmes are out-sourced to specialist smoking cessation providers rather than training employees to run their own in-house programmes. A survey of 129 organisations in Canada reported that an external third party administers programmes in approximately 50% of cases.²⁴



Case Study

For an example of out-sourced support go to:

Quit Victoria Workplace Programmes

http://www.quit.org.au/downloads/Workplace/Web-Quit_Victoria_workplace_programs.pdf



MEDICATIONS

Quit smoking advisors or health professionals may recommend and prescribe nicotine replacement therapy (NRT) or other medicines as an aid to help people to quit smoking. These are best delivered alongside other interventions that provide advice, encouragement and support for quitting.

NRT is supplied as a gum, skin patch, nasal spray, tablets and lozenges or inhaler. It works by providing a substitute source of nicotine, without the other harmful components of cigarette smoke. Nicotine replacement therapy can reduce or eliminate the withdrawal symptoms experienced by many people when they quit smoking. There's no evidence that one particular type of NRT is more effective than another.

Bupropion and Varenicline are non-nicotine medicines available by prescription. Bupropion helps to reduce the symptoms of nicotine withdrawal and the urge to smoke. Varenicline lessens pleasure from smoking and reduces symptoms of nicotine withdrawal.



Resources

NHS Choices: Stop smoking treatments

<http://www.nhs.uk/conditions/smoking-%28quitting%29/Pages/Treatment.aspx>

CDC – Tips from Former Smokers: Explore Medications

<http://www.cdc.gov/tobacco/campaign/tips/quit-smoking/guide/explore-medications.html>



SMS-BASED TOOLS

mHealth applications are increasingly being developed and implemented across the health sector in high-income as well as low- and middle- income countries. The increasing attention on applying mHealth solutions is largely attributable to the ubiquity of mobile phones as well as the convenience, user friendliness, scalability and relatively low cost of mHealth applications.

Simple text messaging platforms are effective in helping people who are trying to quit smoking. Analysis of clinical trials of the use of mobile technologies for smoking cessation showed that SMS-based smoking cessation interventions more than doubled biochemically-verified smoking cessation at 6 months.²⁰

In many high-income countries, text-based programmes are now integrated into quit smoking packages. For example, Australia, New Zealand and the UK all offer text-based programmes as part of quit smoking services and in the US, 25% of state quitlines in 2012 offered a texting programme in addition to telephone counselling. Additionally, programmes such as the WHO/ITU 'Be Healthy Be Mobile' initiative are expanding the availability of SMS-based smoking cessation solutions to different resource settings.²⁵

Text-based programmes can sustain smokers' motivation to quit by sending personalised smoking cessation advice, motivation and encouragement and fact-based information. Messaging can be delivered at any time and extra support can be requested wherever and whenever it is needed. For example smokers trying to quit can send text messages requesting extra support while they are experiencing cravings due to withdrawal from nicotine.

Text-based programmes provide an alternative method for those employees who don't wish to engage in face-to-face strategies or who are not seeking professional help. The evidence so far shows that they are effective in all socioeconomic groups and in younger and older smokers. The ability to tailor the message content to the target group for example, by age group, sex, and language is essential to deliver the greatest impact. They are also cost-effective.



Resource

QuitNowTXT Message Library

The QuitNowTXT text messaging library was developed to provide health departments, academic institutions, and government agencies with a database of messages for smoking cessation interventions for individuals who are ready to quit smoking. The library includes day-specific messages including keyword responses. The full library and overview is available at:

<http://smokefree.gov/health-care-professionals>



SMARTPHONE APPS

Similar to SMS-based strategies, smartphone apps have the potential to provide an inexpensive option with broad reach. Although there is limited evidence available on their effectiveness in helping people to quit, the popularity of quit smoking apps is increasing. A particular criticism has been the lack of adherence to standard cessation guidelines and issues of accessibility. However, at the same time it is clear that smartphone functions have the capacity to deliver several of the essential 'ingredients' of the tried and tested strategies.^{20,21} For example, researchers have concluded that apps can deliver functions related to self-belief, competence, autonomy, shaping knowledge, feedback and monitoring, and social support, all of which are important for motivating and sustaining smokers to quit.

More than 252 smoking-cessation apps for the iPhone and 148 for the Android have been developed to help people to quit smoking. When choosing what is right for your business there may be several points to take into consideration including cost, their capacity to provide key functions that are designed to motivate and maintain quitting, language, and culture.



Case Study

HPB I Quit – A smoking cessation initiative of the Health Promotion Board of Singapore

The I Quit mobile app developed by the Health Promotion Board helps smokers to identify their smoker profile type to tailor the most effective approach to quit smoking. With progress tracking, the I Quit mobile app shows how long a person has gone without a cigarette and even things that they can afford with the money saved through a simple interactive calculator.

Some other key features include:

- Links to QuitLine and Quit Centres for support and advice
- Links to the I Quit Club, a social support network that includes motivational videos and messages to help with quitting: <https://www.facebook.com/IQUITClub>;
- Tips and coping strategies to manage cravings.

<https://itunes.apple.com/sg/app/hpb-iquit/id477964258?mt=8>



AUTONOMY

- INFORMATION ON BENEFITS OF QUITTING
- SUPPORTING INDIVIDUALISED QUIT PLANS & GOALS
- CAPACITY TO UPLOAD PERSONAL MOTIVATIONS



COMPETENCE

- ADVICE & TIPS ON HOW TO QUIT & MANAGE CRAVINGS
- TOOLS TO TRACK PROGRESS
- TAILORED FEEDBACK ON PROGRESS & MOTIVATIONAL MESSAGES



SOCIAL SUPPORT

- ACCESS TO PEER SUPPORT VIA VIRTUAL COMMUNITIES
- LINKS TO INFORMATION SERVICES & QUITLINES
- SUPPORT FROM PUBLIC FIGURES SUCH AS SPORTS STARS

Commitment to creating a tobacco-free workforce



Pfizer is committed to help address the global tobacco epidemic by supporting multi-faceted and comprehensive tobacco control measures to prevent the development of future generations of smokers, encouraging and enabling smokers to quit smoking, and helping ex-smokers remain smokefree. To that end, measures to limit smoking in the workplace along with programmes to support Pfizer employees in their smoking cessation efforts are implemented in Pfizer facilities around the globe.

In February 2009, Pfizer created a new Global Tobacco Free Workplace Policy that not only prohibits smoking in all Pfizer buildings but also includes a ban on using tobacco products on Pfizer property as well as company owned vehicles. The implementation of this policy enabled Pfizer to be recognized as a CEO Cancer Gold Standard company, one of 100 companies to be acknowledged for this prestigious award.

As a company, Pfizer has fulfilled the requirements to be in such an elite group. Listed below are the milestones that the company has achieved along with its commitments to becoming a global tobacco free workplace:

- In July 2009, all Legacy Pfizer sites in the United States and Puerto Rico had implemented smokefree campuses per the requirements of the CEO Cancer Gold Standard
- By December 2010, all Legacy Wyeth sites in the United States and Puerto Rico had complied with the Tobacco Free Policy and established smokefree workplaces
- As of January 2013, Pfizer had twenty-three countries which had complied with the Tobacco Free Workplace Policy requirements
- Pfizer's goal is to implement the Tobacco Free Workplace policy at all locations across the globe

As with any policy change, there are issues and challenges to be met. Pfizer has been able to manage specific site issues by increasing communications at the site level.

"Pfizer places the highest value on the health and wellness of its colleagues and their families, and protecting the health of both smokers and non-smokers requires a tobacco free workplace policy such as the one we have."

Rick Bruno Sr. Director Health and Wellness, US

Pfizer's U.S. Healthy Pfizer wellness programme offers resources to assist colleagues and their dependents to stop smoking. The programme includes a website that includes the smoking cessation support programmes, FAQ's, communicator's toolkit and reimbursement forms.

The results of a cessation programme involving Pfizer colleagues from four European countries (Spain, Germany, France, and Belgium) were published in Occupational Health magazine in 2012. The employees who chose to participate each received 12 weeks of smoking cessation support. This varied according to local factors such as legislation, reimbursement and work culture, as well as the personal preferences of the smokers themselves. However, each of them benefited from the support of a stop-smoking programme, run by a locally-based, independent organisation, and offering a choice of face-to-face, group, telephone, or online counselling. This was funded by Pfizer, at no cost to the participants. **The results showed that after three months in a smoking cessation programme, quit rates ranged from 40 percent in France to 66 percent in Spain.**

An analysis of Pfizer's results by the World Heart Federation (WHF) published in Occupational Health magazine concludes that **smoking cessation programmes should form a core element of a business's workplace wellness policy, integrated with "broader wellness programmes to address other chronic disease risk factors, such as promoting a healthy diet and increasing physical activity."**

In addition to the CEO Cancer Gold Standard, Pfizer has also joined the Clinton Global Smoke-Free Challenge. This initiative seeks employers who will commit to becoming one hundred percent smokefree, totally eliminating smoking and tobacco smoke at the workplace.

IMPLEMENT

Every organisation should deliver quit smoking activities via a dynamic communication strategy & maximise opportunities for social support



Invest in a communications strategy that inspires participation

Promoting participation in your workplace quit smoking programme through a strong communication strategy based on local insights is vital. The strategy should inform the channel of communication for disseminating information that best suits your work environment as well as the frequency and timing of communication to achieve effective engagement. It is also important to identify individuals who are best placed to communicate with your employees – these may be respected peers or managers, trained peer advisors or staff dedicated to the delivery of workplace health and wellbeing programmes.

Communicating the right messages to promote your programme is essential. The experience of mass media campaigns to promote quitting among adults have found that messages that arouse high levels of emotion and/or include personal stories around the effects of smoking on health are effective.²⁶

Address affordability as a barrier to participation

Affordability can influence participation in services and reducing out-of-pocket expenses for employees who wish to quit is important for success. Where appropriate, corporate benefit plans should cover the cost of counselling services, including telephone counselling, individual counselling or group therapy as well as medicines. Provision for staff to participate in smoking cessation programmes during work hours without loss of pay may also be considered. The cost for employees of text messaging/data/calling is also important to consider when implementing an mHealth solution.



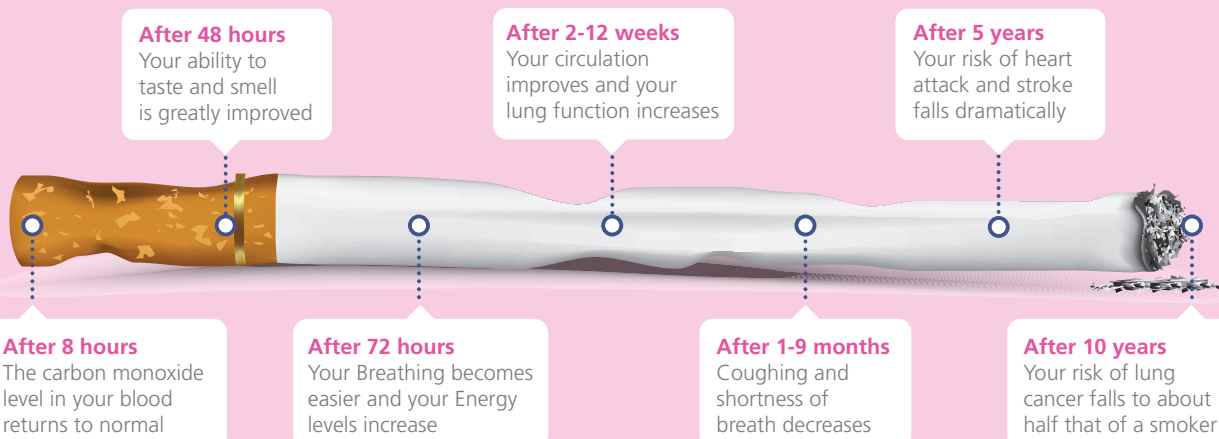
Resources

National Business Group on Health. Tobacco: The Business of Quitting: Communicating with Employees

www.businessgrouphealth.org/tobacco/cessationefforts/communicating.cfm



YOUR HEALTH AND WELLBEING IMPROVES FROM THE DAY YOU QUIT SMOKING



Be aware of opportunities to increase social support for quitting

Friends, family members and peers can play a big part in helping a person become smokefree.²⁷ That's because people who feel supported are more likely to quit smoking for good. It can take some tobacco users multiple attempts to quit before they are successful so maximising opportunities for sustaining a supportive environment is important.

Foster peer support in the workplace

Providing co-workers with the skills and knowledge to act as peer supporters of smokers can be a successful strategy to encourage smokers to quit. Peer support can happen 'naturally' or may be structured.²⁸ Each workplace will need to decide which approach is most suitable for its employees. Peer support is often delivered in the workplace using a 'peer educator' or 'peer advisor' approach, where employees are trained to provide specific health informational support, for example, around the benefits of quitting smoking as well as motivational and emotional support.



Resource

The Lung Association Alberta & NWT: Smart Steps towards a smoke-free life

Smart Steps is a quit smoking programmes designed specifically for workplaces across Canada. Conducted over three 1-hour sessions, participants develop a personalised quit-plan to help deal with withdrawal, develop coping mechanisms, as well as learn about medications and how they help. Employees who are non-smokers are also invited to attend and are given information on how to support co-workers who are making a quit attempt.

For more information, go to:

http://www.ab.lung.ca/sitewyze/files/Smart_Steps.intro.pdf



Be aware of smokefree initiatives in your community

There is also value in looking beyond the workplace to identify opportunities for community support for quitting, building on the knowledge that if groups of interconnected people stop smoking it encourages them to keep quitting. This might be of particular importance in some communities and cultures where attitudes and beliefs can vary greatly regarding the positive impact of quitting. For example, WHO estimates that only 23.2% of Chinese adults believe smoking causes serious illness.¹³

Increasingly, the culture of sport is being harnessed to empower and support communities and individuals to go smokefree. A powerful social connector, sport can bring people together, link people to resources and provide them with a sense of belonging. These social relationships can be important motivators for starting and sustaining quit smoking attempts.



Case Study

FC Barcelona (FCB) and the European Commission have together made significant achievements in anti-smoking initiatives. In January 2012, FCB became the first Spanish football club to voluntarily declare its stadium and all facilities at Camp Nou a non-smoking zone. At the same time, 'Quit Smoking with Barça' was launched - an innovative online platform that provides evidence-based advice, customised support and daily smoking cessation tips to smokers from Barça's star players, coaching team and staff via the programme's mobile app, the FCB iCoach. 'Quit Smoking with Barça' is part of the award winning campaign "Ex-Smokers are Unstoppable", an initiative of the European Commission already supporting over 355,000 smokers and ex-smokers to live smokefree lives.

For more information, go to:

<http://www.quitsmokingwithbarca.eu>

Get behind public campaigns proven to increase quit attempts

Promoting effective smoking cessation campaigns can be helpful to providing additional support to your employees. Campaigns that remind smokers why to quit, and then help show them how to quit can help to spur smokers towards a new or renewed quit attempt and increase motivation to participate in smoking cessation programmes. Relevant major events and campaigns that aim to help people to quit smoking or reduce exposure to cancer risk factors may also provide important opportunities to launch your programme to help your efforts have the greatest impact.

Approximately 16% of South African adults smoke every day and about 72% say they want to quit smoking²⁹



Case Study

South Africa marks World No Tobacco Day with a call to quit smoking

Every year, on 31 May, the World Health Organization and partners mark World No Tobacco Day, highlighting the health risks associated with tobacco use and advocating for effective policies to reduce tobacco consumption.

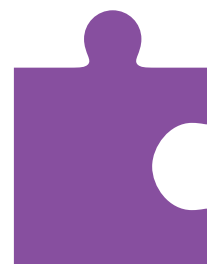
In 2014, as South Africa prepared to mark World No Tobacco Day, Health Minister, Dr Aaron Motsoaledi encouraged smokers to quit. “I urge people to quit smoking right away. Smoking causes deaths from lung cancer and heart disease, and these are lifestyle diseases that can be prevented,” he said “The Department of Health encourages people to practice healthy lifestyles by quitting smoking and alcohol, so that they can live a long and healthy life.”

Dr Motsoaledi encouraged people to protect themselves and future generations not only from the devastating health consequences of tobacco, but also from the social, environmental and economic scourges of tobacco use and exposure to second hand tobacco smoke.

South Africa has passed extensive smokefree workplace legislation. Smoking is prohibited in workplaces and public places, including health care facilities, schools, government facilities, restaurants, airports, hotels, bars and entertainment venues.

EVALUATE

Every organisation should monitor and evaluate programmes for return on investment and continually seek to improve outcomes.



Build in a framework for monitoring and evaluation

A framework for monitoring and evaluation should be built into a quit smoking programme from the start and carried out through the lifetime of the project in order to:

1. Demonstrate whether the programme maintains its effect by measuring quit rates over time.
2. Learn from experience of what works and what needs improvement and use these lessons learned and employee feedback to improve the programme's effectiveness.
3. Calculate the costs of implementation and on-going costs of the programme (cost/quitter)

Smoking cessation programmes are usually measured by their effectiveness in helping smokers to make quit attempts and to stay smokefree for at least 6 months. The first scheduled evaluation can take place after approximately one year of operation in order to ensure a sufficient number of participants have completed six months since their quit day. Further evaluations can be timed as considered necessary. These evaluations should feed into the continual improvement of the programme and its delivery.



Resource

Centers for Disease Control and Prevention (CDC). Workplace Health Promotion: Tobacco Use Cessation

<http://www.cdc.gov/workplacehealthpromotion/evaluation/topics/tobacco-use.html>

Types of outcome measures

The primary outcome measures for a quit smoking programme should focus on its effectiveness with respect to quit rates. As part of regular monitoring, participants can provide data on:

- Whether they made a serious quit attempt during the programme and the number of serious quit attempts made during the programme
- Whether they have smoked at all since their quit day. This measure of cessation (continuous abstinence) may allow for occasional lapses³⁰

Quit rates can also be examined by priority populations or other factors such as by age group, sex, groups of employees, etc.

Qualitative or descriptive measures are also important to take into account. Employers can benefit from getting the participant's perspective on:

- Whether they feel the programme helped them to quit
- What they liked and disliked about the programme
- How they feel the programme could be improved
- For those who did not quit, whether they reduced the number of cigarettes smoked and if they feel better equipped to quit in the future

Sharing stories of employees who have successfully participated in the programme can also be enormously beneficial.

Additionally, from an operational perspective, it is useful for the programme team to reflect on what was done well, what could have been done better, the enablers, the barriers, and what has made the programme implementation successful.

Sanitas (Bupa)

Delivering smoking cessation as part of a “four pillars of health” approach



Sanitas, part of Bupa, is a healthcare provider in Spain. Sanitas run Sanitas Smile, an employee health and wellbeing strategy, which started in 2009. The programme has “four pillars” of Physical Activity, Hydration, Nutrition and Health Care Promotion (including smoking cessation, back pain and stress management). The health and wellbeing programme is now offered in all Sanitas work centres and 2,200 are now enrolled.

350 employees enrolled in the quit smoking initiative which offers counselling by trained professionals and nicotine replacement therapy (NRT). It also offers a 24/7 quitline service for people who need advice, information or extra support.

The programme was evaluated in partnership with the European University of Madrid. Research interviews are conducted at the start of the programme and follow up is conducted at 6 months and 12 months. **20% of people remained smokefree after one year. For the overall health and wellbeing programme, productivity increased by 45%.**



“I signed up to the employee support because I wanted to quit smoking ahead of having a baby. Sanitas Smile gives you the opportunity to get in touch with a psychologist when you feel cravings. So you can get very easy tips to avoid smoking such as drink water, go out and walk or brush your teeth. I found it the most useful part of the programme. The programme supported me to successfully remain smokefree.”

Sanitas employee

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*“The wealth of business depends
on the health of workers.”*

Dr Maria Neira, World Health Organization

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