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Smoking Policies At Pacific Bell

By Michael Eriksen

✓ ith approximately 75,000 employees, Pacific Bell is the largest employer in the state of California. Like many employers, Pacific Bell is very concerned about the adverse health effects associated with smoking and is actively attempting to control smoking at the workplace. This article describes the health and economic costs and legal pressures which compel companies to be concerned about workplace smoking and the strategies available to manage this major health problem. Also described are the new corporate smoking policy and company-wide smoking-cessation program established at Pacific Bell, as well as the research conducted among Pacific Bell employ-

Health Effects of Smoking

The direct health effects of smoking are staggering. Cigarette smoking is widely recognized as the greatest preventable cause of premature death and disability in the United States. The Surgeon General's reports over the past 20 years have increasingly documented the strong connection between cancer, heart disease, and chronic obstructive pulmonary disease. It is currently estimated that at least 30 percent of all cancers, 25 percent of all cardiovascular disease, and 80 percent of deaths from respiratory disease are directly attributable to smoking.¹⁻³ In addition, 83 percent of all lung cancer is blamed on smoking. And the overall cancer death rate for male cigarette smokers is more than double that of nonsmokers. Each year, approximately 320,000 deaths are related to smoking and it is estimated that smoking costs the nation more than \$27 billion in medical care annually.⁴

Second-Hand Smoke

The adverse health effects of exposure to second-hand smoke are of increasing concern.⁵ It has been fairly well established that exposure to second-hand smoke has

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an adverse effect on the health of children, is an irritant to the senses, and can cause cardiovascular and respiratory disease.⁶⁻⁸

The major unanswered question regarding exposure to second-hand smoke is whether it can cause lung cancer. Recent studies in Japan, Greece, France, Louisiana, North Carolina, and Pennsylvania all indicate an increased risk of lung cancer among nonsmoking spouses of cigarette smokers.^{9–14} In addition, a recent report from the Environmental Protection Agency states that up to one-third of all lung cancer in nonsmokers is caused by exposure to second-hand smoke. That could mean between 500 and 5000 lung-cancer deaths a year from passive smoking, depending upon the accuracy of the assumptions in the report.

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The adverse health effects of exposure to second hand smoke are of increasing concern. It has been fairly well established that exposure to second hand	smoke has an adverse effect on the health of children, is an irritant to the senses, and can cause cardiovascular and respiratory disease.
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It is prudent, therefore, for business and industry to be concerned about the effects of passive smoking and to consider the recommendation of the Surgeon General in developing strategies for the control of second-hand smoke: "For the purposes of preventive medicine, prudence dictates that nonsmokers avoid exposure to secondhand tobacco smoke to the extent possible."¹⁶

The Economic Costs

In these days of rapidly escalating health-care costs, businesses are increasingly interested in effective health-care cost-containment strategies. In 1984, health care consumed nearly 12 percent of the Gross National Product; more than \$1 billion a day were spent on health care. Smoking has played a considerable part in these costs. The American public has spent more than \$930 billion on smoking-related medical costs and lost productivity since the first Surgeon General's report was published in 1964. In all, about 8.6 percent of the total national cost of illness is due to smoking-related disease.¹⁸ Thus, efforts to control workplace smoking can be an effective long-term way to contain health-care costs.

Costs to employers. Realizing that economic analyses can motivate decision-makers in business to take action, researchers have recently attempted to quantify the cost to employers of smoking employees. Dr. Marvin Kristein recently identified five "cost centers" to assess the employer's costs of smoking:

- insurance costs
- absenteeism costs
 - productivity costs
- involuntary smoking costs
 - occupational health costs.¹⁹

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Analyzing expenses associated with these "cost centers," Kristein estimates that each smoker costs the employer an additional \$336 to \$601 a year strictly because of smoking. Another researcher, William Weis, who blames smoking for lowering the productivity of workers, estimates that a smoker costs a company over \$4,700 more a year than does a nonsmoker.²⁰ It is apparent from these findings that a significant and unnecessary annual cost is borne to industry simply from having smoking employees on the payroll. **Costs to employees.** Other researchers have estimated that the lifetime cost of smoking to the average 45-year-old, two pack-a-day male smoker is \$24,690. Thus, smoking is costly to the individual as well as to the employer, and there are real economic benefits of quitting for both groups.

Anti-Smoking Laws

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Legislative, judicial, administrative, and legal decisions at all levels of government have recently combined to increase business involvement in workplace smoking controls. At least eight states have already passed workplace smoking-control legislation. But the real legislative momentum is at the local level, particularly in California, where at least 25 local jurisdictions have enacted ordinances restricting workplace smoking in private businesses. Approximately 50 percent of Pacific Bell employees now work in local jurisdictions which have workplace smoking-control ordinances. Corporations around the country can expect an increasing number of local jurisdictions to pass ordinances which restrict employees' smoking.

The ordinances, however, are but one form of pressure against workplace smoking. A number of other legal actions have already been successfully pursued by nonsmokers who want relief from workplace or public smoking. The only legal maneuver which has consistently failed is the appeal for a Constitutional right to a smoke-free environment. Among the successful legal remedies:

- Employers' common-law duty to provide a safe and healthy workplace
 - Entitlement to early disability and retirement benefits
 - Entitlement to worker's compensation benefits
- Entitlement to unemployment benefits
- Protection from wrongful discharge
- Reasonable accommodation due to handicap.

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Istate and local legislative action, as well as didicial and administrative findings are increasingly reinforcing the rights of nonsmokers in the workplace. This trend, combined with the medical and economic costs of smoking, create a compelling rationale for corporations to aggressively control workplace smoking.

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The Legal Remedies	s.
Following is a list of some of the legal and administrative decisions protecting the	ting the
Common Law Duty to Provide a Safe and Healthful Workplace	
 Shimp vs. New Jersey Bell Telephone Co⁴⁶ 	4
Smith vs. Western Electric Gordon vs. Reven Systems and Research Co.	
Entitlement to Early Disability and Retirement Benefits	
Parodi vs. Merit Systems Protection Board	
Entitlement to Worker's Compensation Benefits	
 Fuentes vs. Worker's Compensation Appeals Board Brooks vs. Trans World Alitines 	
Entitlement to Unemployment Benefits	
Alexander vs. CA Unemployment Insurance Appeals Board Checoner Crosset	
Apell vs. Moorestown [N.J.] Board of Education	
Protection from Wrongful Discharge	1.42
Hentzel vs. The Singer Company	
 Gibson Vs. Starktst 	
Reasonable Accommodation Due to Handicap	
Vickers vs. Veterans Administration: Variable	
Pletten vs. U.S. Army	1949

It is clear, then, that state and local legislative action, as well as judicial and admir istrative findings are increasingly reinforcing the rights of nonsmokers in the workplace This trend, combined with the medical and economic costs of smoking, create compelling rationale for corporations to aggressively control workplace smoking. Two questions immediately arise, however, (1) What can corporations do? (2) Hov

will corporate controls be viewed by both smoking and nonsmoking employees

Pacific Bell Survey

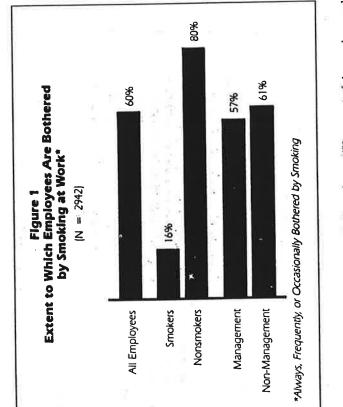
Concerned about the issue of workplace smoking, but knowing neither the magn tude of the problem nor the acceptability of possible solutions to employees, Pacifi Bell conducted an employee smoking survey in November, 1982. Its objectives wer to determine:

- Prevalence of smoking among employees
- Extent of the problem from second-hand smoke
- Perceived effect of a smoking policy.

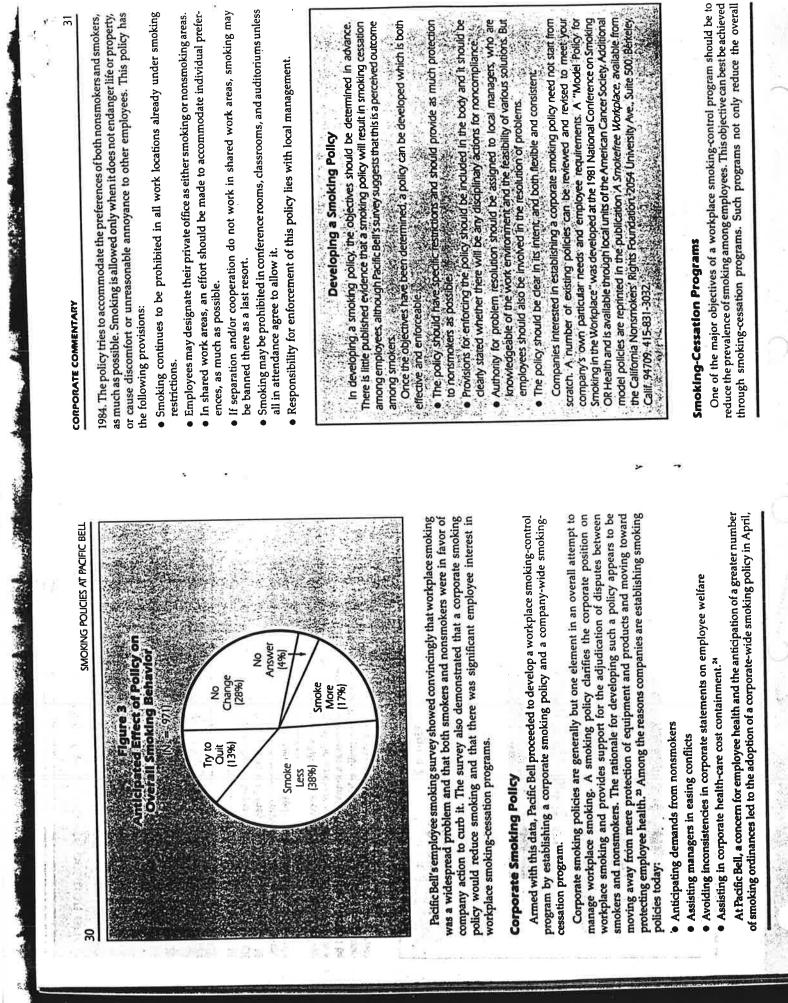
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A smoking policy clarifies the corporate position on workplace smoking and provides support for the adjudication of disputes between smokers and nonsmokers. The rationale for developing such a policy appears to be moving away from mere policy appears to be moving away from mere protection of equipment and products and moving protection of equipment and products and moving protection of equipment and products and moving toward protecting employee health.	program. An attendance rate of 44 percent at a smoking-cessation program would be extremely high and may be difficult to actually achieve. However, reaching even one- half or one-third of this figure would still have a significant impact upon the prevalence of workplace smoking and employee health.	Figure 2 Percent Who Feel the Company Should Be Concerned 1 About Smoking at the Workplace	All Employees http://www.barthologicality.com/allogicalit	Nonsmokers Management	Non-Management
 A 25-question survey was developed and distributed to more than 3,600 employees through the company mail. In all, 2,942 employees completed and returned the questionnaire, a response rate of 81 percent. The survey found that: a 33 percent of employees currently smoked (31 percent, cigarettes; 2 percent, pipes and cigars). a 33 percent of employees currently smoked (31 percent, cigarettes; 2 percent, pipes and cigars). b 41 percent were ex-smokers. d 11 percent never smoked. A 19 percent were ex-smokers. a 11 percent never smoked. A 26 percent were ex-smokers. a 11 percent never smoked. A 1 percent never smoked. A 26 percent were ex-smokers. A 1 percent never smoked. A 26 percent were ex-smokers. A 3 percent of modults, throughout the country and was probably similar to the smoking behavior of Pacific from the National Center for Health Statistics. Thus, the smoking behavior of Pacific from the National Center for Health Statistics. Thus, the smoking to 1982 data from the National Center for Health Statistics. Thus, the smoking behavior of Pacific from the National Center for Health Statistics. Thus, the smoking behavior of Pacific from the National Center for Health Statistics. Thus, the smoking to the smoking at work, 80 percent of the nonsmokers and 16 percent of smokers. Even by smoking. Even they were either "always, frequently, or occasionally" bothered by smoking. Even they were either "always, frequently, or occasionally" bothered by smoking. Even they were either "always, frequently, or occasionally" bothered by smoking. Even they were either waves the most frequently or long-term health effects (58) percent). 	Figure 1 Extent to Which Employees Are Bothered by Smoking at Work ⁴ [N = 2942]	All Employees 60% Smokers 16%	Nonsmokers 20% 80% Management 57%	Non-Management	Figure 2 indicates that 73 percent of all employees (53 percent of the smokers and 83 percent of the nonsmokers) felt that the company should be concerned about smoking at the workplace. Thus, it appeared that corporate involvement in smoking control was favored by the majority of both smokers and nonsmokers.



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i 6 ¢, amount of smoking in the workplace, they also help make corporate smoking restrictions more palatable to employees.

smoking, his or her mortality ratio declines as the years of nonsmoking increase.25 After 15 years of nonsmoking, mortality ratios for ex-smokers resemble those for individuals who never smoked.²⁶ The bottom line is that people benefit from giving But perhaps the biggest benefit is to the individual smoker. If an individual stops up cigarettes, regardless of their age, sex, or the amount they smoked.²⁷

About 15 percent of U.S. corporations currently offer workplace smoking-cessation programs, while 33 percent would like to either expand their programs or develop new ones, according to a recent representative survey.26

maintenance after cessation and analyzing the behavior associated with smoking, as well as building upon the uniqueness of the workplace, by providing a peer-support Researchers have recommended that worksite programs incorporate the most successful elements of community smoking-cessation programs, such as emphasizing network and possible corporate reinforcements for not smoking.29

ion becomes	le, today, but the American ssociation for agencies also	select quality lished by the mia's Depart-
Developing a Cesation Program Developing a Cesation Program Developing a Cesation Program Developing a Cesation Program	how, to 'help. There are numerous smoking-cessation programs available, today. but many are of questionable effectiveness. ³⁰ Corporations should consult with the American Cancel Society, the American Lung Association, and the American Heart Association for help in choosing a quality smoking-cessation program. These volunteer agencies also	generally provide their own programs. At the second provide their own programs in addition, guidelines are beginning to be developed to help employers select quality smoking-cessation programs. Model guidelines have already been established by the state of Maine and by Healthworks Northwest of Puget Sound ^{31,24} California's Department of Health Services is also currently developing guidelines.
Developing a Cessation Program decides to help its employees quit smoking, t	king-cessation p Corporations sho Lation, and the A ation program 7	generally provide their own programs. At the addition, guidelines are beginning to be developed to help e moking-cessation programs. Model guidelines have already b state of Maine and by Healthworks Northwest of Puget Sound ³ ment of Health Services is also currently developing guidelines.
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During the past few years, the company has worked successfully with the American Cancer Society and the American Lung Association in providing effective interventions. in addition, Pacific Bell also arranged for Smokenders to conduct workplace programs A number of smoking-cessation interventions have been attempted at Pacific Bell. during implementation of the San Francisco smoking ordinance.

employees, as well as dependents. About 1,000 people are expected to take part the ees who were with the system at least 17 years, is the largest social and philanthropic organization in the country. In January, 1985, 17 Pioneer volunteers were trained as America, is launching a major in-house smoking-cessation effort for active and retired first year. The Telephone Pioneers, comprised of past and present Bell System employsmoking-cessation group leaders and will be conducting programs throughout the state. Training was based on the "Smokeless" smoking-cessation program developed Until now, however, no systematic, company-wide program was available to members. This year, Pacific Bell, in cooperation with Region 2 of the Telephone Pioneers of by the American Institute for Preventive Medicine in Southfield, Michigan.

Good Business

workplace smoking control an idea whose time has come. By protecting nonsmokers The medical, economic, and legal issues surrounding smoking combine to make

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medical staff, in many companies they can provide less-expensive, higher-quality and helping smokers to change their unhealthy behaviors, a workplace smoking-control program is a sign of good business. We believe corporations should consider developing in-house smoking-cessation programs, like the one at Pacific Bell. Although such inhouse programs may not be right for all companies, such as those without trained Printer and an and the state of the second BOWD N F F programs than community cessation programs.

Notes

1. Doll, R., and Peto, R. 1976. Mortality in relation to smoking: 20 years observation on male - Conclution of the new present of M. Scarch, B., and Levy

2. Kristein, M. M., Arnold, C. B., and Wynder, E. L. 1977. Health economics and preventive and the second s British doctors. British Medical Journal 2: 1525.

3. Surgeon General. 1984. The Health Consequences of Smoking-Chronic Obstructive Lung Disease. Rockville, Md.: U.S. Public Health Service. care. Science 195: 457-462.

4. American Cancer Society. 1985. Cancer Facts and Figures 1985. New York: American Cancer Society.

5. Lefcoe, N. M., Ashley, M. J., Pederson, L. L., and Keays, J. J. 1983. The health risks of passive smoking: The growing case for control measures in enclosed environments. Clest 84(1):

6. Vogt, T. M. 1984. Effects of parental smoking on medical care utilization by children. American Journal of Public Health 74: 30-34

7. Epstein, N. 1975. The effects of tobacco smoke pollution on the eyes of the allergic non-smoker. Proceedings of the 3rd World Conference on Smoking and Health, Volume II.

8. National Research Council, Committee on Indoor Pollutants, 1981. Indoor Pollutants. Washington, D.C.: National Academy Press.

9. Hirayama, T. 1981. Non-smoking wives of heavy smokers have higher risk of lung cancer: A study from Japan. British Medical Journal 282: 183-185.

10. Trichopoulos, D., Kalandidi, A., Sparros, L., and MacMahon, B. 1981. Lung cancer and passive smoking. International Journal of Cancer 177: 1-4.

11. Kauffman, F., Tessier, J. F., and Oriol, F. 1983. Adult passive smoking in the home environment: A risk factor for chronic airflow limitation. American Journal of Epidemiology 117(3): 26912. Correa, P., Pickle, L. W., Fontham, E., Lin, Y., and Haenszel, W. 1983. Passive smoking and lung cancer. Lancet (September 10): 595-597.

13. Sandler, D. P., Everson, R. B., and Wiley, A. J. 1985. Passive smoking in adulthood and cancer risk. American Journal of Epidemiology 121: 37–48.

14. Miller, G. H. 1984. Cancer, passive smoking and nonemployed and employed wives. The Western Journal of Medicine 18: 632–635.

15. National Interagency Council on Smoking and Health. 1985. EPA study shows involuntary smoking linked to lung cancer deaths in nonsmokers. Smoking and Health Reporter 2(2): 8.

16. Surgeon General. 1982. The Health Consequences of Smoking-Cancer. Rockville, Md.: U.S. Public Health Service. DHHS Pub. No. (PHS) 82-50179.

17. National Interagency Council on Smoking and Health. 1984. Cigarette-induced medical costs exceeded \$930 billion. Smoking and Health Reporter 1(4): 1.

18. Loeb, L. A., Emster, V. L., Warner, K. E., Abbotts, J., and Laszlo, J. 1984. Smoking and

19. Kristein, M. M. 1983. How much can business expect to profit from smoking cessation? lung cancer: An overview. Cancer Research 44: 5940-5958.

20. Weis, W. L. 1981. "No ifs ands or butts"—why workplace smoking should be banned. Preventive Medicine 12: 358–381. Management World: 39-44.

21. Oster, G., Colditz, G. A., and Kelly, N. L. 1984. The Economic Costs of Smoking and Benefits of Quitting. Lexington, Mass.: Lexington Books.

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34 44

SMOKING POUCIES AT PACIFIC BELL

22. Eriksen, M. P. in Press. Workplace smoking control: Rationale and approaches. Advances in Health Education Promotion.

23. Bennett, D., and Levy, B. S. 1980. Smoking policies and smoking cessation programs of large employers in Massachusetts. American Journal of Public Health 70: 629-631.

24. Walsh, D.C. 1984. Corporate smoking policies: A review and an analysis. Journal of Occu-pational Medicine 26(1): 17-22.

25. Friedman, G. D., Petitti, D. B., Bawol, R. D., and Siegelaub, A. B. 1981. Mortality in cigarette smokers and quitters: Effect of baseline cifferences. New England Journal of Medicine 304(23): 1407-1410.

26. Surgeon General. 1979. Smoking and Health. Rockville, Md.: U.S. Public Health Service. DHEW Publication No. (PHS) 79-50066.

27. Oster, G., Colditz, G. A., and Kelly, N. L. 1984. The Economic Costs of Smoking and Benefits of Quitting. Lexington, Mass.: Lexington Books.

28. National Interagency Council on Smoking and Health. 1980. Smoking and the Workplace—A National Survey, Final Report. New York: National Interagency Council on Smoking and Health.

🐡 29. Orleans, C. S., and Shipley, R. H. 1982. Worksite smoking cessation initiatives: Review and recommendations. Addictive Behaviors 7: 1-16.

30. Loeb, L. A., Ernster, V. L., Warner, K. E., Abbotts, J., and Laszlo, J. 1984. Smoking and lung cancer. An overview. *Cancer Research* 44: 5940–5958.

31. Maine Department of Human Services. 1984. Guidelines for Choosing Worksite Health Promotion Programs. Augusta: Maine Department of Human Services.

32. HealthWorks Northwest. 1984. Guidelines for Selecting Health Promotion Providers. Seattle, Wash .: Puget Sound Health Systems Agency.

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