Making Your Worksite Smokefree and Commercial Tobacco-Free

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Note: Tobacco in this document refers specifically to the use of manufactured, commercial tobacco products, and not to the sacred, medicinal, and traditional use of tobacco by American Indians and other groups.

Introduction

Welcome!

Thank you for taking the time to consider making your worksite smokefree and commercial tobacco-free! As you start this process, you will likely have many questions. This toolkit will help answer these questions and guide you through the entire process of implementing a smokefree and commercial tobacco-free worksite policy. Choosing to go smokefree and commercial tobacco-free is one of the best decisions you can make for your worksite and your employees!

Topics you can learn more about within this toolkit:

1. **Who is this toolkit for?**

   This toolkit can be used by any worksite that makes the choice to go smokefree and commercial tobacco-free. The information in this toolkit is relevant for hospitals, corporate businesses, small businesses, commercial businesses, industry, K–12 schools, colleges and universities, cities, counties, and many others.

2. **How do I use this toolkit?**

   This toolkit contains step-by-step instructions on how to implement a smokefree and commercial tobacco-free worksite policy. You can follow this toolkit in its entirety or skip to the sections that apply most directly to you and your worksite.

3. **My worksite is already smokefree. Why should we update our policy to make the worksite smokefree and commercial tobacco-free?**

   Implementing a smokefree and commercial tobacco-free worksite policy involves more than simply stating that smoking is prohibited in buildings and on the grounds. A comprehensive smokefree and commercial tobacco-free policy prohibits all smoking and the use of all tobacco products, including electronic cigarettes, in company buildings, on company grounds, and in company-owned vehicles, onsite or offsite. If you only prohibit smoking, you may inadvertently send workers the message that the use of other types of tobacco products is acceptable.[1] All tobacco products are harmful.[2] Implementing a smokefree and commercial tobacco-free policy will help to ensure that people who smoke do not replace use of cigarettes with use of other tobacco products during work hours. A model smokefree and commercial tobacco-free worksite policy is included in the Additional Resources section of this toolkit.

4. **My worksite already has a policy addressing commercial tobacco use. Can the American Lung Association do anything more for me?**

   Congratulations on your smokefree and commercial tobacco-free worksite! We can offer worksites in our area: tobacco dependence treatment resources, signage, media awareness, and other technical assistance – all at no cost! Or perhaps your worksite would like to consider reviewing its policy to consider additional options for a more comprehensive policy. To explore local policy options and resources, please contact the American Lung Association at 651-337-5104.

5. **Will implementing a smokefree and commercial tobacco-free worksite policy improve the health of my employees?**

Yes! Smoking and other forms of commercial tobacco use impact almost every organ in the human body.[3] Using commercial tobacco can lead to cancers, cardiovascular and respiratory issues, and death.[3] Research has shown that implementing smokefree and commercial tobacco-free worksite policies can help people who use commercial tobacco quit for good![4-7] More information on the negative health effects of commercial tobacco is included in the Reasons to Go Smokefree and Commercial Tobacco-Free section of this toolkit.

6. **Will implementing a smokefree and commercial tobacco-free worksite policy save my company money?**

Yes! For every person who smokes that successfully quits, an employer can save $5,816 per year due to reduced absenteeism, increased productivity, and decreased healthcare costs.[8] Details on how much money this policy change could save you is included in Reason #3 of the Reasons to Go Smokefree and Commercial Tobacco-Free section of this toolkit.

7. **Have other worksites made the decision to go smokefree and commercial tobacco-free?**

Yes! Many businesses across Minnesota and throughout the United States have taken this important step toward employee health and cost savings.

8. **Is it legal to implement a smokefree and commercial tobacco-free policy?**

Yes. The U.S. Constitution does not grant individuals a right to smoke or a right to use commercial tobacco. People who smoke are not a protected group of people under the Equal Protection Clause of the U.S. Constitution.[9]

9. **What resources are available to help my employees quit using commercial tobacco?**

There are many resources available to help your employees stop smoking, vaping, or using other types of commercial tobacco. These resources include free medications and telephone counseling through Quit Partner, group counseling through the American Lung Association's Freedom From Smoking® course, and web-based tobacco dependence treatment support. For more information, please see the Additional Resources section at the back of this toolkit.

10. **If I need additional assistance, who can I contact?**

To learn more about local resources, please contact the American Lung Association at 651-337-5104. Employers who receive technical assistance from the American Lung Association may also receive technical assistance from the Public Health Law Center (PHLC). PHLC assists the American Lung Association with development of new commercial tobacco-related worksite policies and policy updates. American Lung Association staff are the liaisons to employers.

The information provided in this document is not intended to be legal advice. Please consult an attorney for additional information.

Reasons To Go Smokefree and Commercial Tobacco-Free

There are three major reasons to implement a smokefree and commercial tobacco-free policy at your worksite.

> **Reason #1:** Update an existing smokefree or commercial tobacco-free policy to include the use of electronic cigarettes, heated cigarettes, and all other types of commercial tobacco.
>
> **Reason #2:** Improve the health of all employees and visitors.
>
> **Reason #3:** Reduce employer costs.

Reason #1: Update Existing Smokefree or Tobacco-Free Policies to Include Electronic Cigarettes and All Other Commercial Tobacco

Smokefree and commercial tobacco-free policies go beyond simply stating that smoking is prohibited in buildings or on grounds. A comprehensive smokefree and commercial tobacco-free policy prohibits the use of all commercial tobacco and tobacco-like products in company buildings, on company grounds, and in company-owned vehicles, onsite and offsite.

A smokefree policy eliminates the use of cigarettes and all other smoked forms of commercial tobacco and can also cover the use of vaped products, heated cigarettes, and cannabis products if "smoking" is defined broadly to encompass these products. Cigars, cigarillos, pipes, and hookahs are other forms of smoked tobacco products.[10] A smokefree and commercial tobacco-free policy will upgrade an existing policy to ensure that all types of commercial tobacco are covered, including harmful, non-combustible tobacco products. Examples of these products include chewing tobacco, snuff, dip, and snus. None of these tobacco products are safe alternatives to regular cigarettes, as all forms of commercial tobacco cause serious health problems.[2] To ensure that people who smoke do not replace regular cigarettes with other forms of commercial tobacco during work hours, it is important for employers to adopt and implement a comprehensive smokefree and commercial tobacco-free policy.[1]

When updating an existing policy, businesses should include electronic cigarettes and heated cigarettes in their definition of tobacco products that are prohibited. Electronic cigarettes (also referred to as e-cigarettes, or electronic delivery devices) are considered tobacco products by Food and Drug Administration (FDA) standards.[10] E-cigarettes are designed to produce an aerosol that contains nicotine and other toxic chemicals.[12] These products are battery-operated and vary in appearance. Heated cigarettes look much like regular cigarettes because they use processed tobacco leaf as the nicotine source, but they differ from regular cigarettes in that the tobacco leaves are heated at a lower temperature. The heat source may be embedded, external, or a heated, sealed chamber. Little is known about the extent of the health problems that these products could create.[11] For current information on e-cigarettes, heated cigarettes, and other types of commercial tobacco, please contact the American Lung Association in Minnesota at 651-337-5104.

It is important to note that a smokefree and commercial tobacco-free policy should make exceptions for the use of FDA-approved nicotine replacement therapies that are used for tobacco dependence treatment. There are seven FDA-approved medications for tobacco dependence treatment. These come in the form of patch, gum, nasal spray, inhaler, lozenge, and prescription medications.[13] Electronic cigarettes are not approved as a treatment method or product.[15]

Reason #2: Improve the Health of All Employees and Visitors

More people in the United States die prematurely due to commercial tobacco use than any other cause.[16] Approximately 480,000 Americans and 5,900 Minnesotans die each year as a result of smoking and exposure to secondhand smoke.[16-17] Implementing a smokefree and commercial tobacco-free policy at your worksite can help people who use commercial tobacco quit and extend their lives.

Tobacco Products 101
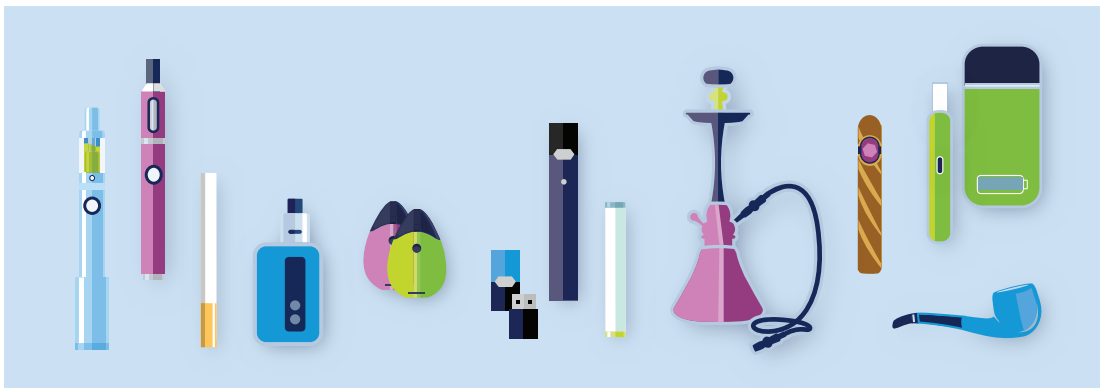
Cigarettes: Regular cigarettes consist of commercial tobacco rolled into a paper wrapping. The smoke produced by cigarettes contains 7,000 chemicals. At least seventy of these chemicals have been proven to cause cancer.

Light Cigarettes: These are cigarettes consisting of commercial tobacco that may be labeled "low-tar," "mild," "light," or "ultra-light." In 2010, use of this terminology in labeling was banned. These cigarettes are not a safe alternative to regular cigarettes.

Cigars, Cigarillos, and Small Cigars: These products are bundles of dried, fermented, and cured tobacco that are machine or hand-rolled, typically in tobacco leaf. Cheap cigars and various types of small cigars, like cigarillos, are often flavored with flavors other than tobacco that appeal to youth and young adults. These products are not a safe alternative to cigarettes.

Little Cigars: These products fit within the meaning of a cigarette because their appearance, size, and composition mimic regular cigarettes and they are consumed as such. Calling them "cigars" is considered a misnomer, as they are not wrapped in tobacco leaf and are not true cigars. These products are not a safe alternative to regular cigarettes.

Hookah: These pipe products allow users to inhale smoke from flavored tobacco, often called shisha. Also referred to as water pipes, hookahs are not a safe alternative to other forms of tobacco.

Menthol Cigarettes and Other Menthol Flavored Tobacco Products: Cigarettes and other forms of commercial tobacco that contain a menthol additive often taste minty. Menthol flavored cigarettes and other forms of menthol flavored commercial tobacco are not safe alternatives to regular cigarettes.

Snuff: This is a dry form of commercial tobacco that users can inhale through the nose. This product is not a safe alternative to smoking.

Electronic Cigarettes (e-cigs): These products produce an aerosol of nicotine and other chemicals that is inhaled. They may look like traditional cigarettes, cigars, pens, or other objects, such as USB drives or keychain fobs. These products are particularly dangerous because they have yet to receive review and authorization for sale from the FDA and have recently been linked to serious acute lung diseases.[18] These products are not safe alternatives to regular cigarettes and are not approved for tobacco dependence treatment. See information on FDA-approved tobacco dependence treatment medications.

Chewing Tobacco: This form of commercial tobacco is a smokeless product that users typically place between their cheek and gums. The tobacco juices are usually spit out, but some users may swallow these juices. This is not a safe alternative to smoking.

Snus: This moist snuff tobacco product is used in the form of a small pouch that is placed between the cheek and gums. This product does not require the user to spit. This product is not a safe alternative to smoking.

Dissolvable Tobacco Products: These products, including lozenges, orbs, strips, and sticks, can be consumed similarly to candy or other dissolvable food items. They also do not require any form of spitting. These products are not a safe alternative to smoking.

Heated Cigarettes: This form of cigarette looks much like a regular cigarette and uses commercial, processed tobacco leaf as the source of nicotine and sometimes flavor; however, these products are heated to a temperature below combustion to create the aerosol that is inhaled by the user. These products are not a safe alternative to regular cigarettes.

Source: https://www.fda.gov/tobacco-products/products-guidance-regulations
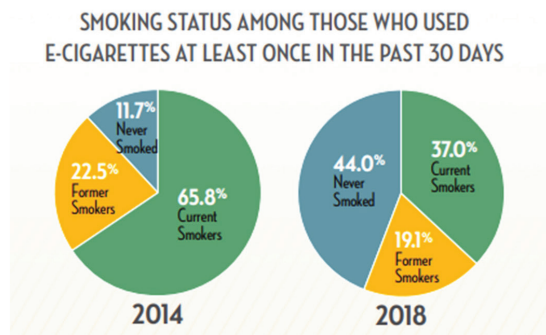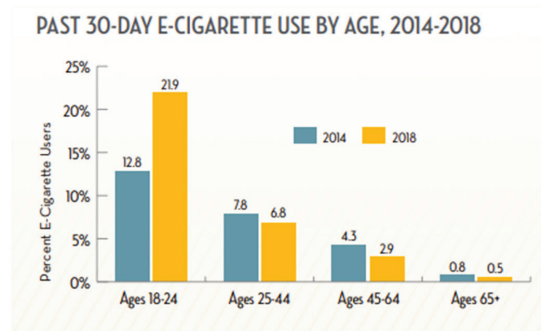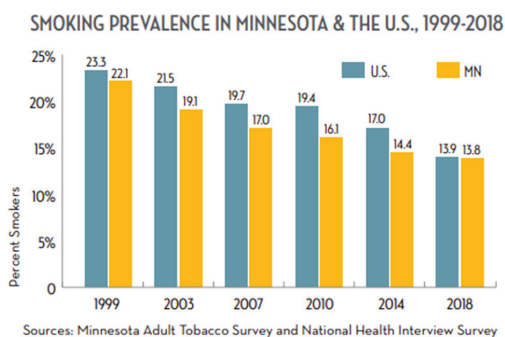
Current Commercial Tobacco Use in Minnesota

The percentage of adult Minnesotans who smoke cigarettes has dropped to 13.8 percent, down from 14.4 percent in 2014.[34] This is the lowest smoking rate ever recorded among Minnesota adults, however, the decline between 2014 and 2018 is not statistically significant and is the smallest decrease in smoking observed since the Minnesota Adult Tobacco Survey began.[34] Minnesota's smoking rate usually declines faster than the U.S. rate, but progress has slowed and the adult smoking prevalence is roughly equivalent to the national rate.[34] Minnesotans who smoke are more likely to be male and to have completed fewer years of education than nonsmokers.[34] Adults 25-44 years old had the highest rate of smoking in 2018 and the rate of smoking in 18-24 year-olds has been cut nearly in half, from 15.3 percent in 2014 to 8.5 percent in 2018.[34] However, use of e-cigarettes in this group nearly doubled since 2014.[34]

In addition to cigarettes, 21.3 percent of Minnesota adults use some type of tobacco.[34] The use of tobacco products other than cigarettes, such as e-cigarettes, cigars, pipes, smokeless tobacco and waterpipes, among adults overall remained about the same from 2014 to 2018.[34] Currently in Minnesota, 27.5 percent of adults who smoke, smoke menthol cigarettes.[34]

The 2018 Minnesota Adult Tobacco Survey found dramatic shifts in who was using e-cigarettes.[34] Current use of e-cigarettes has not increased significantly since 2014 (5.9 percent in 2014 compared to 6.0 percent in 2018), but the use of e-cigarettes by adults aged 18-24 nearly doubled from 2014 (12.8 percent) to 2018 (21.9 percent).[34] The study also found a sharp increase in e-cigarette use among people who have no prior history of smoking.[34] Forty-four percent of Minnesotans who used e-cigarettes in 2018 said they had never smoked cigarettes – a significant increase from 2014 (11.7 percent).[34]

Commercial tobacco use continues to be a leading cause of preventable death and disease in Minnesota. Each year 5,900 Minnesotans die from tobacco related diseases and costs Minnesotans $2.51 billion annually.[17]

SMOKING PREVALENCE IN MINNESOTA & THE U.S., 1999-2018

Sources: Minnesota Adult Tobacco Survey and National Health Interview Survey

PAST 30-DAY E-CIGARETTE USE BY AGE, 2014-2018

SMOKING STATUS AMONG THOSE WHO USED E-CIGARETTES AT LEAST ONCE IN THE PAST 30 DAYS

Consequences of Tobacco Use

In 1964, the Surgeon General of the United States released a report stating that smoking cigarettes is a cause of both lung cancer and chronic bronchitis.[20] Today, more men and women die of lung cancer than any other cancer.[21] In Minnesota, an estimated 1,950 people will die from cancers of the lung and bronchus in 2021.[22] Smoking increases a person's risk of dying from lung cancer by 80% to 90%[23]. The effects of commercial tobacco use do not end at lung cancer. People who use commercial tobacco experience negative health effects in almost every organ of their bodies.[3]

People Who Use Commercial Tobacco Are At An Increased Risk For A Long List Of Health Conditions.
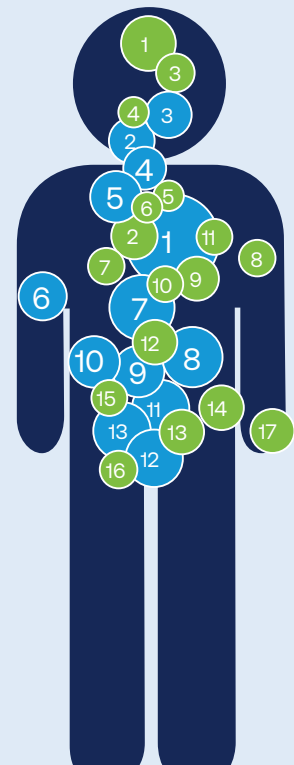
Commercial tobacco use has been proven to cause the following cancers:[19, 29]

1. Lung, Trachea, and Bronchus Cancer
2. Oropharynx Cancer
3. Cancers of the Lip and Oral Cavity
4. Laryngeal Cancer
5. Esophageal Cancer
6. Acute Myeloid Leukemia
7. Stomach Cancer
8. Liver Cancer
9. Pancreatic Cancer
10. Kidney Cancer
11. Cervical Cancer
12. Bladder Cancer
13. Colorectal Cancer

Beyond cancer, commercial tobacco-use has also been proven to cause:[19, 29]

1. Strokes
2. Coronary heart disease
3. Vision loss due to cataracts and macular degeneration
4. Periodontitis (serious gum infection that can end in tooth loss)
5. Aortic aneurysm
6. Early abdominal atherosclerosis
7. Pneumonia
8. Atherosclerotic peripheral vascular disease
9. Chronic obstructive pulmonary disease (COPD)
10. Tuberculosis
11. Asthma
12. Diabetes
13. Reproductive health issues
14. Hip fractures
15. Ectopic pregnancy
16. Erectile dysfunction
17. Rheumatoid arthritis
18. Immune dysfunction
19. Heart Disease

Commercial tobacco use effects almost every part of the body.

The Effects of Secondhand and Thirdhand Smoke

People who don't use commercial tobacco but are exposed to cigarette smoke can also suffer negative health effects. Secondhand smoke has been proven to cause strokes, lung cancer, and coronary heart disease is adults who do not smoke.[19] Pregnant women exposed to secondhand smoke have an increased risk of delivering a less healthy, lower birth weight baby.[16] It is estimated that 41,000 Americans die each year from secondhand smoke exposure, with the majority of these being from lung cancer and heart disease.[19, 24]

Secondhand smoke also causes numerous health issues for infants and children. Infants who are exposed to secondhand smoke have an increased risk of sudden infant death syndrome (SIDS).[16] Children exposed to secondhand smoke are also more likely to suffer from ear infections, coughing, sneezing, bronchitis, pneumonia, and shortness of breath.[25-26] Children with asthma who are exposed to secondhand smoke are more likely to suffer from severe asthma attacks.[25-26]

Thirdhand smoke refers to a cocktail of toxins that builds up over time and clings to skin, hair, clothing, upholstery, carpet, and other surfaces long after the combustible tobacco products are extinguished and the secondhand smoke dissipates.[14] Individuals are exposed to thirdhand smoke when they inhale or otherwise ingest or absorb thirdhand smoke.[27] The chemicals from tobacco products that cause thirdhand smoke can also linger on carpets, furniture, window treatments, upholstery and personal belongings within vehicles, and on various other surfaces.[27] Workers who take smoking breaks and then return to the office can expose their coworkers to this dangerous, toxic mix of chemicals. When nicotine from thirdhand smoke combines with nitrous oxide, a common indoor air pollutant, the result is the formation of "tobacco-specific nitrosamines" (TSNAs), one of the most potent carcinogens in commercial tobacco smoke.

Smokefree and Commercial Tobacco-Free Policies Help People Quit

According to the Community Preventive Services Task Force, smokefree worksite policies "…reduce consumption by continuing smokers, increase smoking cessation attempts, increase the number of smokers who successfully quit, and reduce the prevalence of tobacco use among workers."[5]

Implementation of a strong policy is especially important because people who smoke who succeed in quitting before age 30 can almost entirely eliminate their risk of dying prematurely of a smoking-related cause, and people who smoke who succeed in quitting before age 40 reduce their risk of early death by 90%.[28] Beyond this, people who smoke who succeed in quitting at any age will see health benefits and quality of life improvements.[28]

When People Who Smoke Quit

20 minutes:	Heartrate drops.
12 Hours:	Carbon monoxide level in blood drops to normal.
2-12 Weeks	Heart attach risk begins to drop. Lung function begins to improve.
1-9 Months:	Coughing, sinus congestion, fatigue and shortness of breath decrease.
1 Year:	Increased risk of coronary heart disease is half of that of a person who smokes.
5 Years:	Stroke risk is reduced to that of a person who does not smoke five to 15 years after quitting.
10 Years:	Lung cancer death rate is about half of that of a person who continues to smoke. Risk of cancer of the mouth, throat, esophagus, bladder, kidney, and pancreas decrease.
15 Years:	Risk of coronary heart disease is back to that of someone who does not smoke.

American Lung Association.

Many recent studies have shown that implementing smokefree and commercial tobacco-free policies at worksites helps people quit!

- In 2007, the University of North Carolina Health Care System implemented a tobacco-free worksite policy. Nearly 66% of people who use commercial tobacco reported making a quit attempt in the preparation for and aftermath of this policy change. This was much higher than the state average for quit attempts of 56.8%. Sixty percent of those who reported quit attempts following the policy change indicated that the policy helped them make this life change.[6]

- A New York hospital implemented a smokefree campus policy in July of 2006. Prior to the policy implementation in 2005, 14.3% of hospital employees reported smoking. In 2007, following the implementation of the policy, only 9% of employees reported themselves as persons who smoke regularly.[4]

- A study of a worksite with over 3,000 adults in South Korea found that smoking decreased by 6.4 percentage points after implementing a smokefree policy. For people who smoke who did not quit, they averaged 3.7 fewer cigarettes each per day.[7]

Smokefree and commercial tobacco-free worksite policies have the ability to help people who use commercial tobacco quit.

Reason #3: Reduce Employer Costs

In Minnesota, nearly $2.51 billion per year is spent on healthcare costs as a direct result of smoking and $1.54 billion is lost in productivity.[17] Use of commercial tobacco by employees costs employers in terms of increased absenteeism, reduced productivity as a result of nicotine addiction, missed work time due to smoking, and increased healthcare expenses.[8]

What Commercial Tobacco Use Costs Employers

Increased Absenteeism

It is estimated that people who smoke miss approximately 2 .6 more days of work each year than their peers who do not smoke.[8]

Reduced productivity as a result of nicotine addiction

A person who smokes can start to feel withdrawal symptoms within 30 minutes of their last cigarette/tobacco use.[19] These withdrawal symptoms, as a result of nicotine addiction, may interfere with an employee's productivity. It is estimated that people who smoke are 1% less productive than people who do not smoke.[8] In a worksite with many people who smoke, these productivity losses could add up!

Missed work time due to smoke breaks

While every person is different, a recent study estimated that, people who smoke take two 15-minute smoke breaks per day in excess of regularly scheduled breaks.[8] This estimate would result in 5½ days per year of paid time that an employee is not working.

Increased healthcare expenses

A recent study estimated that the healthcare expenses of a person who smokes are approximately 8% higher than the expenses for a person who does not smoke.[8] For employers who self-insure their employees, this can substantially increase the total amount spent on healthcare costs. Even employers who purchase private
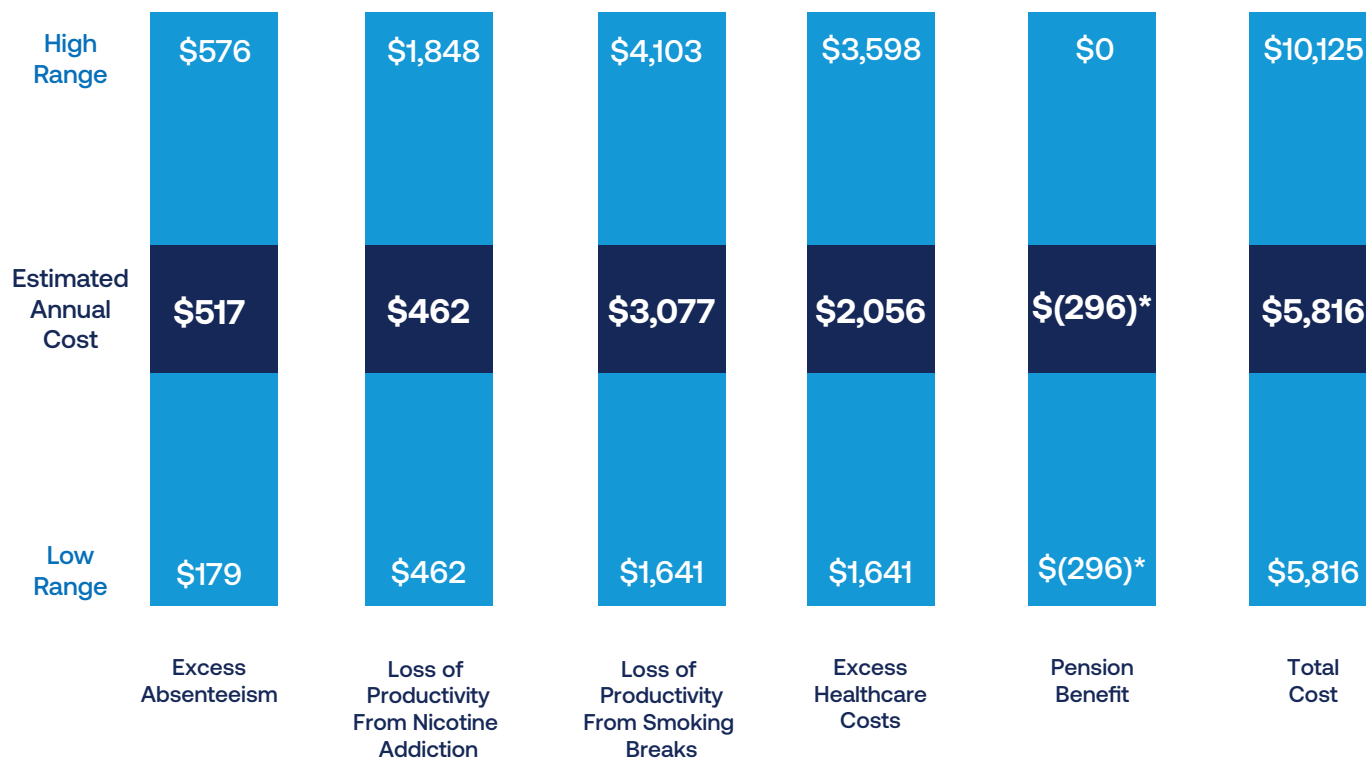
insurance are likely to see an increase in healthcare expenses due to costs associated with smoking.[8] Persons who smoke are likely to have more healthcare insurance claims than their non-smoking peers, which could require employers to pay higher premiums.[8]

A study found that for every person who smokes who succeeds in quitting, an employer can save between $2,885 and $10,125 annually.[8] The breakdown of potential savings can be seen in the table below and it provides clear evidence that implementing and promoting a smokefree and commercial tobacco-free worksite policy can reduce costs for your business.

By implementing and promoting a smokefree and commercial tobacco-free worksite policy, you could help your employees quit. This life change will not only improve their health and quality of life, it will also save you money!

You can easily estimate the number of people who smoke at your worksite, the productivity losses of your business due to commercial tobacco use, your excess healthcare costs due to smoking, the total amount of money your company could save by helping all employees who use commercial tobacco quit. Fill in the simple template on the following page.

Total Annual Excess Cost of an Employee who Smokes to a Private Employer

	Excess Absenteeism	Loss of Productivity From Nicotine Addiction	Loss of Productivity From Smoking Breaks	Excess Healthcare Costs	Pension Benefit	Total Cost
High Range	$576	$1,848	$4,103	$3,598	$0	$10,125
Estimated Annual Cost	$517	$462	$3,077	$2,056	$(296)*	$5,816
Low Range	$179	$462	$1,641	$1,641	$(296)*	$5,816

For employers with defined-benefit plans.

Estimating The Annual Cost Of An Employee Who Uses Commercial Tobacco[8]

_____
Number of
Employees

✖

0.138

*Rate of
smoking in
Minnesota*

=

_____
of
Employees
Who Smoke

_____
of
Employees
Who Smoke

✖

$4,056

=

_____
Total
Productivity
Losses

_____
of
Employees
Who Smoke

✖

$2,056

=

_____
Total Excess
Healthcare
Costs

_____
Total
Productivity
Losses

➕

_____
Total Excess
Healthcare
Costs

=

_____
Total Loss
Due to Smoking

*Productivity losses include costs associated with increased absenteeism, reduced productivity as a result of nicotine addiction, and missed work time due to smoking breaks.

Implementing A Smokefree And Commercial Tobacco-Free Policy

So far, we have given you three very important reasons to consider making your worksite smokefree and commercial tobacco-free:

- to upgrade a smokefree policy to a smokefree and commercial tobacco-free policy
- to improve the health of your employees
- to save you money

After deciding that a smokefree and commercial tobacco-free worksite policy is right for your business and your employees, it is time to begin the policy implementation process. This may seem overwhelming at first, but the following pages of this toolkit will guide you through the following steps.

1. Develop Messaging on Why You Are Implementing This Policy
2. Assemble a Smokefree and Commercial Tobacco-Free Committee or Workgroup
3. Select a Timeline and Implementation Date
4. Assess Tobacco Use at the Worksite
5. Conduct a Smokefree and Commercial Tobacco-Free Policy Employee Survey
6. Develop a Comprehensive Policy
7. Review Insurance Change Options
8. Determine Tobacco Dependence Treatment Options
9. Determine Compliance and Enforcement Strategies
10. Develop, Disseminate, and Promote Educational Materials and Promote Treatment Options
11. Install Adequate Signage and Remove any Smoking Huts, Ashtrays, and Receptacles
12. Celebrate Implementation Day
13. Evaluate Effectiveness of Policy

Please remember that each worksite is unique and has different needs while going through this process.

Some suggestions within this toolkit may not be applicable or feasible for your situation. Focus on what is best for your worksite and employees. If you need additional assistance in determining the best steps and timeline for your worksite, there are free resources available to you. To connect with local resources, please contact the American Lung Association at 651-337-5104.

Develop Messaging on Why You Are Implementing This Policy

It is important to develop messaging very early in the policy implementation process on why these changes will be taking place. By doing this, you can ensure that a positive and consistent message is communicated to everyone impacted by these changes. Notifying employees, clients, vendors, neighbors, and other community members early in the process allows them to express their opinions, get involved in the process, and prepare for the policy changes. The purpose of this messaging is to state the employer's intention to develop and implement a smokefree and commercial tobacco-free worksite policy. This message should either come from company leadership or be accompanied by a letter of support from this leadership.

This message will be unique to each worksite. However, below are some examples of things to include:

- Why you have decided to go smokefree and commercial tobacco-free.
- How a smokefree and commercial tobacco-free policy aligns with your organization's vision, mission, and strategic goals.
- How a smokefree and commercial tobacco-free policy can improve the health of employees and visitors.
- The anticipated policy implementation date (if known).
- The organization's plan for proceeding (using committees and subcommittees).
- Opportunities for employees to provide comments and concerns.
- Opportunities for employees to get involved in the policy implementation process.
- Where employees can find additional information and updates.

Assemble a Smokefree and Commercial Tobacco-Free Committee or Workgroup

Depending on the size of your worksite, a smokefree and commercial tobacco-free committee or workgroup may be a crucial part of your implementation process. This committee can take responsibility for many of the activities. Committee members can also provide ongoing support after the policy has been implemented.

Some large worksites may choose to split the workgroup/committee into sub-committees based on the skills and expertise of the people involved. For example, a worksite could assemble an education subcommittee, a marketing subcommittee, and a facilities subcommittee. These could all be overseen by a steering or advisory committee. If this structure is used, it is highly recommended that employees who are former and current users of commercial tobacco be included within each subcommittee. An example of the responsibilities of various subcommittees can be found on the next page.

Below is a list of individuals you may want to involve on a committee.

- Human resources staff

- Facilities and operations staff

- Employees who are current or former users of commercial tobacco

- Union representatives or other employee representatives, if not a unionized workforce

- Communications/public relations representatives

- Employee benefits specialists

- Occupational health and safety representatives

- Managers, supervisors, department heads, and others in leadership roles

- Employee wellness staff

- EAP (Employee Assistance Plan) representative

- Opinion leaders within the worksite

- Security staff

- Policy/legal representatives

In a smaller business, the committee may be made up of only a few members. These individuals could include a human resources representative, a manager, and a business owner. While subcommittees are not necessary, the tasks on the next page can provide a good example of activities to include throughout the policy implementation process. In any business with unionized workers, labor union representatives should either be included or, at a minimum, kept apprised of the process and provided opportunities to voice members' concerns.

While it is encouraged to develop a committee to gather input and provide support to the policy implementation process, some worksites may determine this is not feasible. It is perfectly acceptable to not have a committee. You might find it best to have your Wellness Department and/or Human Resources staff take the lead on this initiative. If that is the case, those individuals can take care of the responsibilities on the following page.

"For every employee who smokes who succeeds in quitting, an employer could **save an average of $4,056** annually due to increased productivity. [8]"

*Please disregard if you have decided a committee is not appropriate for your worksite.

Steering/Advisory Committee

- Set policy implementation date
- Create overall timeline
- Determine subcommittees needed
- Select subcommittee chairs and help recruit participants
- Provide approval and oversight of committee/subcommittee activities
- Update affiliate office managers on progress of policy implementation

Education Subcommittee

- Create education subcommittee timeline
- Develop the smokefree and commercial tobacco-free policy
- Develop educational materials about the policy
- Identify community resources and decide how best to utilize them
- Provide resources for those who would like to quit commercial tobacco
- Work with public relations/marketing subcommittee to address communication to visitors

Public Relations/ Marketing Subcommittee

- Create public relations/marketing subcommittee timeline
- Create theme/campaign/logo
- Create messaging
- Create internal/external policy signage
- Media relations/press releases
- Business-to-business communication

Facilities Subcommittee

- Create facilities subcommittee timeline
- Remove any smoking huts, ashtrays, and receptacles
- Install smokefree and commercial tobacco-free policy signage on property

Select a Timeline and Implementation Date

Many businesses choose to make this policy change over a six-month or one-year timeframe. However, some may require more or less time. The timeline for implementing a smokefree and commercial tobacco-free worksite policy is influenced by the size of the worksite, the number of individuals involved in making decisions related to the policy, the number of employees and locations that will be affected, the anticipated public impact, and various other factors.

This six-month timeline has been provided as a guide. In addition, a blank six-month timeline has been provided in the Additional Resources section at the back of this toolkit. The blank timeline can be filled out in accordance with the timeline that works best for your business.

Sample Policy Implementation Timeline

MONTH 1	Develop messaging on WHY you are implementing this policy	Assemble a smokefree and commercial tobacco-free committee or workgroup		
MONTH 2	Select a timeline and implementation date	Access tobacco use at the worksite		
MONTH 3	Develop comprehensive smokefree and commercial tobacco-free policy language	Review insurance change options	Discuss compliance and enforcement strategies	Develop educational material
MONTH 4	Finalize a comprehensive smokefree and commercial tobacco-free policy	Assess tobacco dependence treatment options	Determine compliance and enforcement strategies	Disseminate educational material
MONTH 5	Disseminate educational material	Promote tobacco dependence treatment options		
MONTH 6	Emplace enforcement strategies	Disseminate educational material	Install adequate signage and remove any smoking huts, ashtrays, and receptacles	Celebrate implementation day
ONGOING	Disseminate educational material	Promote tobacco dependence treatment options	Monitor and address hot-spots	Evaluate effectiveness of policy

Assess Commercial Tobacco Use at the Worksite

During the early stages of the implementation process, it can be beneficial for committee members to conduct a broad assessment of commercial tobacco use at the worksite. Gathering additional information now will allow you to get a better picture of the current state of commercial tobacco use with your employees and prepare you for future evaluation of the policy (if you choose to do so).

Please know that while these suggestions can improve the smokefree and commercial tobacco-free worksite policy implementation process, they are not required. Conduct the strategies that are applicable to your worksite and possible based on your resources. American Lung Association staff are happy to connect you with local resources to assist you in this process and help you determine what is best for your worksite.

Here are some ideas of information to gather at this point in the process:

1. Research what your current policies are in relation to smoking and commercial tobacco use. If changes have occurred to these policies in recent years, look to see if any information exists related to the policy change process. This could help inform you about the steps you should take and any issues you may encounter.

2. Research what commercial tobacco dependence treatment options are currently available to your employees. This includes an analysis of current health insurance benefits for coverage of tobacco dependence treatment counseling and/or medications.

3. If applicable, meet with any union representatives to determine if there are any contract issues that may impact the policy implementation process.

4. Ask human resources if they can provide the number of commercial tobacco-related complaints they have received in recent years. While the nature of the complaints may be confidential, a general number can provide an indication of the need for this policy change.

5. Designate a committee member to perform a walking assessment of the entire worksite at various times throughout the day. On this walk, the committee member should make note of the number and location of people seen using tobacco products on the property and look for cigarette butts or other commercial tobacco-related waste on the property. By conducting this assessment at various times throughout the day (e.g., in the morning, around lunch, and mid-afternoon), the employer can get an idea of the amount of commercial tobacco use taking place during the workday.

6. Conduct an anonymous and confidential survey* of employees to determine the number of employees who use commercial tobacco at your worksite, the types and amounts of products they use, their interest in quitting, the tobacco dependence treatment options they might find most appealing, and their feelings about a smokefree and commercial tobacco-free worksite. This survey could be administered through email, using web-based survey software, or with paper copies that can be deposited anonymously in a collection box. This anonymous survey could also be incorporated into any regularly scheduled employee health assessment. Regardless of how the survey data is collected, make sure to seek permission and follow any data collection rules that may exist in your workplace.

Smokefree and Commercial Tobacco-free Policy Employee Survey

*An example of an employee assessment survey is located within the Additional Resources section at the back of this toolkit. Please feel free to remove this page from the toolkit, make copies, and use as a survey tool for your worksite. You may also choose to design a survey that is personalized for your worksite. If you choose to create your own survey, please feel free to use the questions provided as a guide.

Develop a Comprehensive Policy

A comprehensive smokefree and commercial tobacco-free worksite policy encompasses the entire worksite grounds and includes all commercial tobacco and "look-a-like" products, and other inhalable plant products that can undermine the policy. Tobacco and tobacco-like products that should be listed as prohibited substances while on the worksite grounds include but are not limited to:

- Cigarettes and so-called "little cigars"
- Electronic cigarettes
- Cigars
- Chewing tobacco
- Snuff
- Pipes
- Dissolvable tobacco products
- Snus
- Heated cigarettes
- Other plant-based, inhaled products

Locations that this policy should apply to include but are not limited to:

- all buildings (including those owned, leased, rented, or maintained by your organization)
- all property grounds
- employer parking lots and ramps (including while inside privately owned vehicles)
- plazas and contiguous sidewalks within 300 feet of the property
- company-owned vehicles

People that would be covered under a comprehensive tobacco-free policy include all those who step onto the property, including but not limited to:

- Employees
- Visitors
- Patients (for healthcare facilities)
- Vendors
- Clients
- Contract workers
- Volunteers

Other important components to include in a comprehensive smokefree and commercial tobacco-free policy are:

- A prohibition of the use of commercial tobacco by employees when they are on paid time, whether on or off the company property.

- A prohibition of the sale or distribution of any tobacco products on the property.

- The procedures for implementation of the policy.

- The effective date for implementation of the policy.

- Any new rules or regulations related to hiring new employees.

- Plans for enforcement of the policy, and consequences for violations.

- An exemption for the sacred or ceremonial use of tobacco by indigenous people.

- Any new tobacco dependence treatment benefits or related options that will be made available to employees.

A model smokefree and commercial tobacco-free worksite policy is included in the Additional Resources section of this toolkit. If you would like to request an electronic version, please contact the American Lung Association at 651-337-5104.

Review Insurance Options

It is important to review your company's health insurance options as you develop a smokefree and commercial tobacco-free policy. Specifically, you will want to research any current provisions that differentiate people who use commercial tobacco from those who do not on insurance premiums. You will also want to investigate the current benefits your company provides for commercial tobacco dependence treatment services. The transition to a smokefree and commercial tobacco-free environment may serve as encouragement for employees to quit. Offering and actively promoting the availability of tobacco dependence treatment services can provide the assistance your employees need to be successful. To ensure this process runs smoothly, involving human resources and EAP representatives in the implementation process is crucial. Employees experiencing financial stress, health and mental health stress, substance use disorders other than tobacco, etc., often feel more comfortable with and trusting of EAP representatives, who can help employees by triaging interest in pursuing a quit attempt and linking them with available benefits. See the Additional Resources section in the back of this toolkit for Minnesota-specific tobacco dependence treatment coverage options.

The Affordable Care Act and Tobacco Dependence Treatment

The Affordable Care Act mandates that most health insurance plans must cover preventive services recommended by the United States Preventive Services Task Force. Commercial tobacco dependence treatment interventions are included in the list of preventive services.

To meet this requirement, health insurance plans must cover (no cost-sharing and no prior authorization can be required for treatments):

- Commercial tobacco use screening

- At least two quit attempts per year for people who use commercial tobacco. Each quit attempt includes:
    - Four tobacco dependence treatment counseling sessions that are each at least 10 minutes in length (telephone, group, or individual counseling) and
    - A 90-day treatment regimen of all FDA-approved commercial tobacco dependence treatment medications, when prescribed by a healthcare provider.

Source: https://www.cms.gov/CCIIO/Resources/Fact-Sheets-and-FAQs/aca_implementation_faqs19

Determine and Promote Tobacco Dependence Treatment Options

The Centers for Disease Control and Prevention (CDC) has found that nearly 7 out of 10 adults who smoke are interested in quitting.[31] People who smoke can and do quit for good. Since 2002, there have been more people who have quit and stayed quit than current people who smoke.[30] Commercial tobacco dependence treatment programs, offered and promoted at worksites as part of a comprehensive smokefree and commercial tobacco-free policy, can help employees who use commercial tobacco achieve this goal.[5] It is important to remember that most people who use commercial tobacco are addicted to nicotine, and that this addiction is very difficult to overcome – it typically takes a person multiple tries to achieve quitting. Sensitivity to and respect for the needs of people who use commercial tobacco and the difficulty of quitting are important as you provide them with resources to help them quit. Fortunately, there are many commercial tobacco dependence treatment program options that can help your employees quit. Some of these include.[32]

- A visit to one's doctor for guidance on quitting
- Group-based tobacco dependence treatment counseling
- Telephone tobacco dependence treatment counseling
- Internet-based tobacco dependence treatment counseling
- Nicotine replacement therapy and medications
- Mobile apps

While tobacco dependence treatment counseling and nicotine replacement therapies have both been proven as effective ways to help people who use commercial tobacco quit, research has found that individuals who receive both counseling and medication support, at the same time, tend to be more successful in their quit attempts.[33]

In Minnesota, employers have access to many resources to help their employees quit. These options include:

- Quit Partner™, Minnesota's free way to quit nicotine, including smoking, vaping and chewing
- The American Indian Quitline
- The American Lung Association's Freedom From Smoking® program

To be successful, commercial tobacco dependence programs must address the physical, emotional, and psychological aspects of quit attempts. Learn more about these programs on the next pages.

quit partner™
Free help to quit your way

Quit Partner™ is Minnesota's free way to quit nicotine, including smoking, vaping and chewing. We can support your quit with one-on-one coaching and other helpful tools. Whenever you need us, we're here to help 24/7.

Helpful Tools
Quit your way by choosing which free tools you'd like to try.

- Quit medications like patches, gum or lozenges.*
- Text messages with tips and advice.**
- Helpful emails to support you along the way.**

or

Quit Coaching
Get one-on-one quit coaching over the phone or online from trained coaches who help people just like you every day. Just by signing up, you'll get to use these helpful tools for free:

- Coaching over the phone or online
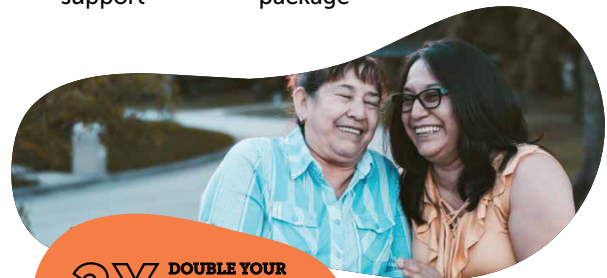- Patches, gum or lozenges*
- Text messaging**
- Email support**
- Welcome package

2X DOUBLE YOUR CHANCES OF QUITTING

Ready to quit?

We're ready to help.

1-800-QUIT-NOW
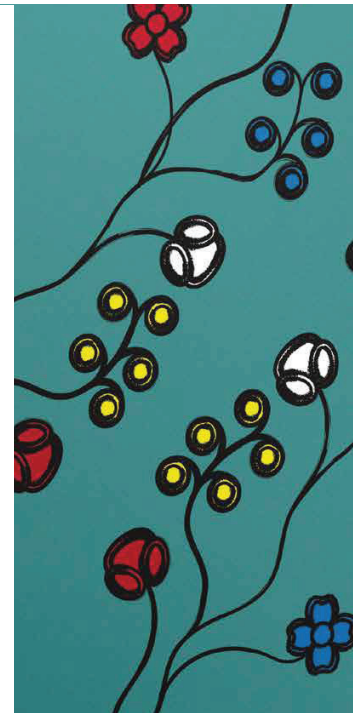# QuitPartnerMN.com

*18+
**13+

quit partner™

THE AMERICAN INDIAN QUITLINE

CALL 1-833-9AI-QUIT

AIQUIT.COM

OUR TRADITIONS TO KEEP AND OUR WAY TO QUIT COMMERCIAL TOBACCO

Our ways of using sacred tobacco span generations, honoring the Creator through spiritual and ceremonial practices. More than ever, commercial tobacco—such as cigarettes—threatens our way of life with sickness, disease and death. That's why we have our way to quit commercial tobacco too: the American Indian Quitline.

ABOUT THE AMERICAN INDIAN QUITLINE

Developed with guidance from the community, the American Indian Quitline from Quit Partner™ offers completely free and specially designed support to help you, or someone you know, quit commercial tobacco.

HOW WE CAN HELP

Please call the American Indian Quitline at 1-833-9AI-QUIT (1-833-924-7848) or visit us online at aiquit.com. Anyone who lives in Minnesota can get the following free help to quit commercial tobacco:

- A dedicated team of American Indian coaches who understand your culture and respect your traditions.
- Up to 10 calls with the coaches, allowing you to get to know them.
- Up to 12 weeks of free patches, gum or lozenges to help you quit the addiction.*

*18+

American Lung Association®

American Lung Association's Freedom From Smoking® Programs

Freedom From Smoking®

Freedom From Smoking® is the American Lung Association's proven quit smoking program, and has helped over a million people. Freedom From Smoking® is for people who use tobacco who are ready to quit. Because most people already know that smoking is bad for their health, the program focuses almost exclusively on how to quit, not why to quit. We offer the program a variety of ways:

Freedom From Smoking® Plus

Create a personal quit smoking plan, track your progress, and engage with other people through our Online community. Flexible online format includes nine sessions to be completed over a six-week period. Available on your desktop, tablet or smartphone, and includes telephone and online chat support (Lung HelpLine).

Freedom From Smoking®
In-Person Clinic

Prepare for Quit Day during this seven-week program that features a step-by-step plan for quitting smoking. Let by trained facilitators, enjoy in-person group support from others who are quitting too. Includes access to telephone support line (Lung HelpLine). Contact 1-800-LUNGUSA (1-800-586-4872) or visit Lung.org to find a location near you.

Freedom From Smoking®
Self-Help Guide

Work through a quit attempt on your own time, at your own pace, through the self-help guide. Self-guided workbook including key activities in an easy-to-follow format. Call 1-800-LUNGUSA to get a copy.

Lung HelpLine

Talk to certified counselors who specialize in helping people quit. Provides added support for all of the Freedom From Smoking® quit-smoking options or for a personal quit attempt. Call 1-800-LUNGUSA (1-800-586-4872) to talk to someone today.

There are seven FDA-approved commercial tobacco dependence treatment medications.[13] Using nicotine replacement therapies in conjunction with individual or group-based counseling has been shown to increase the chances of success, when compared to counseling alone.[33] See the table below for a list of therapies and common brand names:

FDA-Approved Tobacco Dependence Treatment Medications[13]		
Method	Availability	Common Names
Nicotine Patches	Over the Counter	Nicoderm CQ, Nicotrol, Habitrol, Prostep
Nicotine Gum	Over the Counter	Nicorette
Nicotine Lozenges	Over the Counter	Commit
Nicotine Inhaler	Prescription	Nicotrol inhaler
Nicotine Nasal Spray	Prescription	Nicotrol NS
Bupropion SR	Prescription	Zyban®
Varenicline	Prescription	Chantix®

Companies might like to offer incentives to encourage employees to participate in tobacco dependence treatment counseling activities or to reward employees who have successfully quit. Below are some examples of incentives a company could consider.

- Allowing tobacco dependence treatment classes or online counseling to be held or conducted on the clock

- Reimbursing the employee for the tobacco dependence treatment class if the employee successfully completes all sessions*

- Inviting employees with spouses, other immediate family members, neighbors, or friends who use commercial tobacco, to participate in any employer-provided tobacco dependence treatment classes

- Providing nicotine replacement therapy to employees for a set number of weeks or a set number of months, or for a specific dollar amount*

- Allowing an established fitness reimbursement to go toward nicotine replacement therapy*

- Public recognition at staff meetings for their willingness and courage to quit at 10 days, 1 month, 3 months, 6 months, 1 year, etc.

- Lunch/Dinner with significant other or friend paid for by CEO, President, manager, etc., to recognize a quit attempt

- Office pizza party or office potluck to celebrate successful quit attempts or those who are trying to quit, e.g., at set intervals or time periods

- Offering activities in addition to counseling and medications (e.g., acupuncture, yoga, meditation), made available to all employees

  For those who do not already have comprehensive tobacco dependence treatment coverage through their health insurance plan.

Determine Enforcement Strategies

The first step in enforcing a smokefree and commercial tobacco-free worksite policy is to ensure that all staff and visitors are aware of the policy and the reason for its implementation. Taking the time to thoroughly educate employees, vendors, clients, neighbors, and the community of the new policy's content and the reason for the change will make it less likely that individuals will violate the policy. This education should be provided on a continual basis, with reminders being part of ongoing communications at your organization. Installing smokefree and commercial tobacco-free signage throughout the worksite will also provide notice of the policy to all who enter. In many cases, simply ensuring that everyone is aware of this policy will be sufficient to achieve compliance.

While the goal is for everyone to respect the smokefree and commercial tobacco-free policy of your worksite, it may be difficult to achieve 100% compliance of any policy. A smokefree and commercial tobacco-free worksite policy can be enforced in the same manner as other company policies. For worksites that have established progressive discipline policies for other worksite policy violations, this same process would generally be used to enforce a smokefree and commercial tobacco-free worksite policy (see table).

It is important for employers to recognize that employees who use commercial tobacco are addicted to nicotine. Because quitting can be very difficult, employers should provide support and tobacco dependence treatment resources rather than penalize employees. Penalties, especially termination, should only be pursued in the most egregious circumstances and after all other avenues for helping an employee to comply have been fully exhausted. Another option that can help achieve compliance is to ask employees to sign a document stating that they have read and understand the new policy, including that disciplinary actions may take place if they are found to be in violation.

Worksites may also find it helpful to provide information to employees on how to handle situations in which they encounter other employees or visitors violating this policy. For example, staff may be asked to politely inform violators that this worksite is smokefree and commercial tobacco-free and let them know where they can find additional information about the policy. Employees may also be instructed on who to notify if individuals refuse to comply. This could be a security officer for visitors, or a human resources representative for other employees. Some worksites may find it beneficial to provide a means for staff to anonymously submit complaints. A confidential "Complaint Form" could be made available online or in written form, and this could reduce anxiety that might be associated with reporting a co-worker. Each worksite must decide what enforcement strategies will work best for them and their employees. Q & A documents and role-playing exercises that have been used by other worksites to help implement the policy change are available in the Additional Resources section of this toolkit.

Sample Progressive Discipline Policy for Violation of Worksite Policies	
First Offense	Verbal warning and referral to tobacco dependence treatment services
Second Offense	Written warning and referral to tobacco dependence treatment services
Third and Subsequent Offenses	Further disciplinary action

Develop and Disseminate Educational Materials

When implementing a smokefree and commercial tobacco-free worksite policy, it is important to develop and disseminate educational materials for a variety of impacted groups. This education should continue on an ongoing basis.

- Employees
- Visitors
- Patients (if a healthcare facility)
- Job applicants and new employees
- Vendors, partners, and clients
- Surrounding worksites/neighbors
- General public/community
- Board of Directors
- Students (if a post-secondary campus)

Examples of communication methods:

- Smokefree and Commercial Tobacco-Free signage
- Company website
- Company intranet
- Email
- Newsletters
- Letter from company leadership
- Pamphlets for visitors
- Appointment card announcements
- Insert with pay slip
- Newspaper articles
- Social media

- Job applications
- Admittance forms or other check-in paperwork (for patients at healthcare facilities)
- Posters/displays/bulletin boards throughout worksite
- Employee handbooks
- Window clings on company vehicles
- Discussion at staff meetings/trainings
- Guest speakers
- New employee orientation
- Mass media (press releases, articles, features, news conferences, conducting interviews, hold special event)

Install Adequate Signage and Remove any Smoking Huts, Ashtrays, and Receptacles

It is important that worksites implementing a smokefree and commercial tobacco-free policy make changes throughout their buildings and grounds prior to the effective date of the new policy. One important step is to remove any smoking huts, ashtrays, and receptacles. This will ensure that a consistent message is being sent about the policy changes taking place.

Additionally, it is very important that worksites install smokefree and commercial tobacco-free signage prior to the effective date of the new policy. These signs should be posted near entrances and throughout the grounds and facilities to make sure the new policy is known to everyone who spends time at the worksite. It may also be beneficial to post signs in areas where people who smoke were accustomed to gather, prior to the policy change, to serve as a reminder. These smokefree and commercial tobacco-free worksite signs should be posted in addition to any smokefree signage that is already visible.

Celebrate Implementation Day

Worksites may find it rewarding to have implementation day celebrations. To kick off the new policy, employers may choose to invite staff and community members to an on-site event. This could also be an opportunity to invite members of the media to share your company's commitment to health and wellness. An implementation day celebration could also be as simple as bringing in baked goods or allowing employees to have a potluck lunch. While certainly not required, a celebration such as this can raise awareness about and build community around the new policy and tobacco dependence treatment options and serve as encouragement for employees to quit.

Evaluate Effectiveness of Policy

One additional step you can take after you implement a smokefree and commercial tobacco-free policy is to evaluate the effectiveness of this policy change. You may want to assess if your policy is helping employees quit using tobacco products, reducing the amount of commercial tobacco they use throughout the day, or saving your company money. Much of your ability to evaluate these changes will be dependent on the information gathered during an assessment prior to the change (see Assess Tobacco Use at Worksite). Planning and considering your ongoing or periodic evaluation needs before implementing the policy can help you achieve the desired results. Undertaking evaluation activities may seem daunting, but there are some simple ways to analyze the effect this policy is having on your worksite. Here are a few ways to evaluate your policy:

1. **Conduct follow-up surveys of employees**.
   If you conducted an employee assessment prior to implementing your policy, you may be able to conduct a follow up survey to analyze changes. This could help you determine the level of employee awareness regarding the new policy and new tobacco dependence treatment options. This could also provide an opportunity for you to ask employees about any concerns or suggestions. We recommend conducting an initial follow-up survey six months after the policy is implemented.

2. **Conduct follow-up assessments of the worksite**.
   If you performed a walking assessment of the worksite prior to policy implementation, you could observe and record changes in the number of people smoking on the grounds and document a reduction in cigarette butts or other tobacco product waste throughout the worksite.

3. **Work with your health insurance provider to compare healthcare costs prior to and following the implementation of the policy.**
Depending on how health insurance is provided to your employees, you may be able to quantify the cost savings of a smokefree and commercial tobacco-free worksite policy. If you would like to conduct an evaluation in this manner, we suggest that you begin working with your insurance provider before implementing the policy.

4. **Utilize a Health Risk Assessment to determine changes in tobacco usage.**
If your worksite participates in annual Health Risk Assessment activities, you may be able to use this as a method of determining how many of your employees used tobacco products before the policy was implemented and any changes to this number in the years following the policy implementation.

Conclusion

Thank you for taking the time to consider making your worksite smokefree and commercial tobacco-free! This toolkit has explained three important reasons to implement a tobacco-free policy: to update any smokefree polices to be comprehensive smokefree and commercial tobacco-free policies; to improve the health of your employees; and to save your business money. The toolkit has also provided you with a list of suggested activities to assist with the policy implementation process and a sample timeline to follow when conducting these activities. If you need additional information or assistance with any of the activities provided in this toolkit, free resources are available to you.

Making a Connection

Many community resources are available, free of charge, to assist in the implementation of a smokefree and commercial tobacco-free worksite policy. The American Lung Association in Minnesota (ALAMN) Statewide Health Improvement Partnership (SHIP) Technical Assistance team provides communities with comprehensive and individualized technical assistance, consultation, and training to assist in the planning and implementation of the SHIP grantees' tobacco-related interventions. It is our goal to provide SHIP grantees with the most efficient and valuable technical assistance possible. Our staff will assist SHIP grantees as they work with local worksites in taking steps to make those worksites smokefree and commercial tobacco-free. ALAMN staff can assist SHIP grantees with linkages to help implement smokefree and commercial tobacco-free worksite policies in their communities.

Our Team

The American Lung Association in Minnesota Technical Assistance team brings over 75 years of commercial tobacco control experience to their role as a technical assistance provider to all grantees across Minnesota. American Lung Association in Minnesota has worked with community partners to adopt and implement a wide variety of policies in many settings, including healthcare institutions, communities, schools, and worksites. Their deep organizing experience has contributed to a strong understanding of the challenges and opportunities of policy work at the local level. The American Lung Association in Minnesota Technical Assistance team has staff located across the state.

Contact Information
American Lung Association in Minnesota
490 Concordia Ave | St. Paul, MN 55103
651-227-8014 | 1-800-LUNGUSA

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Additional Resources

6 Month Implementation Timeline							
Month	1	2	3	4	5	6	Ongoing
Develop Messaging on Why This Policy Change Will Happen							
Assemble a SmokeFree and Commercial Tobacco-Free Committee or Workgroup							
Select a Timeline and Implementation Date							
Assess Commercial Tobacco Use at The Worksite							
Develop a Comprehensive SmokeFree and Commercial Tobacco-Free Policy							
Review Insurance Change Options							
Determine Tobacco Dependence Treatment Options							
Determine Enforcement Strategies							
Develop and Disseminate Educational Materials							
Install Adequate Signage and Remove of any Smoking Huts, Ashtrays, and Receptacles							
Implementation Day Celebration							
Evaluate Effectiveness of Policy							

7. **If you are interested in quitting, which of these options would you consider to help you quit?**
    (circle all that apply)

SmokeFree and Commercial Tobacco-Free Policy Employee Survey

Our company is considering introducing a smokefree and commercial tobacco-free worksite policy that acknowledges the needs of both people do and don't use commercial tobacco. Please take a few minutes to complete this survey.

Your response is completely confidential. Please do not give your name on this form.

1. **Do you currently use commercial tobacco or tobacco-like products?** *If no, please skip to question 8.

   ☐ Yes   ☐ No

2. **If yes, please indicate what form(s)?** (circle all that apply)

   a. Cigarettes
   b. Little cigars or cigarillos
   c. Hookahs
   d. Chewing tobacco, snuff, dip, or snus
   e. E-cigarettes
   f. Heated Cigarettes
   g. Other

3. **If you smoke cigarettes, approximately how many cigarettes do you smoke per day?** (circle one)

   a. Less than 5
   b. 5 to 10
   c. 11 to 20
   d. 21 to 40
   e. More than 40

4. **If you use smokeless tobacco, how many cans/tins/pouches/etc. do you use per week?**

   a. Less than 1
   b. 1 to 2
   c. 3 to 4
   d. More than 4

5. **If you use an electronic delivery device (e.g., Juul, e-cigarette, vape pen, e-hookah, etc.) do you also use another form of tobacco?** (check one)

   ☐ Yes   ☐ No

6. **If you use commercial tobacco, are you interested in quitting?** (check one)

   ☐ Yes ☐ No ☐ Maybe

7. **If you are interested in quitting, which of these options would you consider to help you quit? (circle all that apply)**

   a. I am not interested
   b. Telephone counseling
   c. Online counseling
   d. Group counseling at work
   e. Individual counseling at work
   f. Time off to attend group counseling away from work
   g. Nicotine replacement therapy medications
   h. Cash incentive or fee reimbursement for attending counseling
   i. Other service to help you quit (please list)_____

   _____

   _____

8. **Are you ever bothered by commercial tobacco, secondhand smoke, or the scent of smoke on hair or clothes while at work?** (check one)   ☐ Yes   ☐ No

   If yes, please comment: _____

   _____

   _____

   _____

   _____

9. **Would you be in support of a smokefree and commercial tobacco-free worksite policy?** (check one)
   ☐ Yes   ☐ No

Please provide any additional comments or concerns about this company implementing a smokefree and commercial tobacco-free worksite policy:

_____

_____

_____

_____

_____

Memo

Worksite-Wide Smokefree and Commercial Tobacco-Free Policy

At_____, we care about providing a healthy environment for our employees, patients and visitors. That's why we, along with our affiliated clinics and facilities, plan to implement a new policy that will make our campuses entirely smokefree and commercial tobacco-free by _____ of next year. We believe that by making this change, we are addressing the inconsistency of providing a healthy environment for all who come to our health care facilities while permitting the use of tobacco products on our campuses.

It is our belief that by eliminating commercial tobacco use at our facilities, we are providing a healthy work environment for our employees, a healthy environment of care for our patients and families, and we are contributing to reducing the health care costs associated with commercial tobacco use.

A SmokeFree and Commercial Tobacco-Free Task Force consisting of employees has been established to develop, implement and communicate about the new policy, which will take effect on (date). The policy makes a strong statement about the dangers of commercial tobacco consumption by banning its use on our property (grounds, facilities, both owned and/or leased), our vehicles, as well as employees' vehicles parked on our property.

What is our plan of action?

Over the next year, we are planning several educational programs for our employees to assist them in preparing for issues related to being a smokefree and commercial tobacco-free environment. In addition, various commercial tobacco dependence treatment initiatives, including tobacco replacement therapies, will be available to assist our employees and the community with their no smoking efforts.

You can also look forward to additional communication pieces regarding our new policy, timeline for implementation, and our efforts to help our employees, patients and families adjust to a smokefree and commercial tobacco-free environment.

We have known for years that quitting tobacco use is the number one thing Americans can do to improve their health and increase their life expectancy. I look forward to your support of this important community health initiative.

MINNESOTA MODEL:

COMMERCIAL TOBACCO-FREE WORKSITE & GROUNDS POLICY[1]

PURPOSE

[*Name of company, hospital, clinic, government worksite, or other entity*] is committed to the health, well-being, and safety of our employees and [*clients, patients, patrons, and/or visitors*]. The health hazards of commercial tobacco use are well known. Commercial tobacco use is the leading cause of preventable disease, disability, and death in the United States. Over 16 million people live with at least one disease caused by smoking, and 58 million nonsmoking Americans are exposed to secondhand smoke.

The smoking of electronic delivery devices, commonly known as electronic cigarettes or e-cigarettes, produces an aerosol of undetermined and harmful substances to users and non-users and typically contain tobacco-derived nicotine, which is a highly addictive substance. The use of electronic delivery devices in locations where smoking is prohibited re-normalizes commercial tobacco use, creates concern and confusion, and makes enforcement of smoke-free and commercial tobacco-free policies more difficult.

Commercial tobacco products are extremely addictive. Marketing analysis, public health research, and commercial tobacco industry documents reveal that tobacco companies have targeted youth and adults with marketing of their addictive products, making it a difficult addiction to end. The use of these addictive products has been shown to reduce workplace productivity and cause serious health problems, which subsequently place a financial burden on employers and governments. This policy is meant to prevent the use of commercial tobacco products on [*Name of company, hospital, clinic, government worksite, or other entity*] property and to show support to employees and [*clients, patients*] with tobacco dependence treatment support and resources.

[*Additional purpose statement paragraph for a hospital, clinic, or behavioral health facility policy*]: People living with mental health disorders experience significant health disparities from commercial tobacco use. About 32 percent of adults with any mental illness reported current use of tobacco in 2016 compared to 23.3 percent of adults with no mental illness. Nicotine has mood-altering effects that can temporarily mask negative symptoms of mental illness, placing people with mental illness at higher risk for nicotine addiction. Tobacco smoke can interact with and inhibit the effectiveness of medications taken by mental health and substance use patients. Mental health

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[1] This Model Policy for Commercial Tobacco-Free Worksite & Grounds is intended to provide sample language that can be tailored by Minnesota companies, hospitals, clinics, government worksites, and other entities when they are developing a policy. It is *not intended* to serve as a model for developing a local government's clean air ordinance or a K-12 school's tobacco-free policy. Click here to see the Center's model policy for K=12 school settings. For technical assistance on local government clean air ordinances or K-12 school settings, please contact the Center.

symptoms and overall well-being can be improved through reductions in smoking, including reductions in the use of electronic cigarettes.

A commercial tobacco-free policy that prohibits all forms of use of commercial tobacco products, including electronic delivery devices, on all [*company, hospital, clinic, government worksite, or other entity*] property supports tobacco dependence treatment, reinforces commercial tobacco-free norms, and eliminates exposure to both secondhand smoke from combustible tobacco products and aerosol from electronic delivery devices. Assisting our employees, [*clients, patients, patrons, visitors*] to live lives free of commercial tobacco use and exposure is consistent with our goal to support the health and safety of the communities we serve. Prohibiting the use of all commercial tobacco products, including electronic delivery devices, promotes a healthy environment and portrays [*Name of company, hospital, clinic, government worksite, or other entity*] as a health promotion leader in the community.

DEFINITIONS

"All times" means twenty-four (24) hours per day, seven (7) days per week.

"Electronic delivery device" means any product that contains or delivers nicotine, lobelia, marijuana, or any other substance intended for human consumption through the inhalation of aerosol or vapor from the product. Electronic delivery device includes, but is not limited to, devices manufactured, distributed, marketed, or sold as e-cigarettes, e-cigars, e-pipes, heated cigarettes, mods, tank systems, vape pens, Juul, or under any other product name or descriptor.

"Employee" means any person employed directly, full-time or part-time, by [*Name of company, hospital, clinic, government worksite, or other entity*], [*any member of the Board of Directors,*] any independent contractor, consultant, intern, or volunteer, or any other person holding themself out as a representative or staff of [*Name of company, hospital, clinic, government worksite, or other entity*].

[*Additional definition for a medical, behavioral, therapeutic, career or other counseling worksite*]:
"Person receiving services" *means an individual who is currently receiving any services at* [*Name of hospital, clinic, center*] *including, but not limited to, medical, behavioral, therapeutic, or career counseling services.*]

"Property" means all facilities, grounds, vehicles, and other property owned, leased, rented, contracted, used, maintained, or otherwise controlled by [Name of company, hospital, clinic, *or other entity*]. Property does not include any property-adjacent sidewalks, streets, or byways on which [*Name of company, hospital, clinic, government worksite, or other entity*] does not have the authority to regulate activity.

"Smoking" means inhaling, exhaling, burning, or carrying any lighted or heated cigar, cigarette, pipe, or any other lighted or heated product containing, made, or derived from nicotine, tobacco, marijuana, or other plant, whether natural or synthetic, that is intended for inhalation. Smoking includes carrying or using an activated electronic delivery device. Smoking does not include sacred, Indigenous use of traditional tobacco practiced by Native Americans as part of a traditional, spiritual, or cultural ceremony.

"Tobacco product" means any product containing, made, or derived from tobacco and intended for human consumption, whether chewed, smoked, absorbed, dissolved, inhaled, snorted, sniffed,

2

or ingested by any other means including, but not limited to, cigarettes, cigars, chewing tobacco, snuff, and tobacco pouches. Tobacco product includes an electronic delivery device, and includes any component, part, or accessory of a tobacco product. Tobacco product excludes any product that has been authorized by the United States Food and Drug Administration for sale as a tobacco-cessation product, as a tobacco-dependence product, or for other medical purposes, and is being marketed and sold solely for such an approved purpose.

"Other commercial tobacco use" means the chewing, spitting, or other use of smokeless tobacco, or the use of any other tobacco product in any form or manner other than smoking.

"*Visitor*" means any person on the property of [*Name of company, hospital, clinic, government worksite, or other entity*] who is not receiving services or who is not an employee during such time as the person is on the property.

"Working hours" means hours of paid work time, including paid work time on-site and off-site at conferences, meetings, and events where an employee is traveling on behalf of, or as a representative of [*Name of company, hospital, clinic, or other entity*].

PROHIBITIONS

Smoking and other commercial tobacco use prohibited. Smoking (which includes the use of electronic delivery devices) and other tobacco use by employees and [*clients, patients, patrons, and/or visitors*] is prohibited at all times in or on all [*Name of company, hospital, clinic, government worksite or other entity*] property, including all vehicles owned, leased, or rented by [*Name of company, hospital, clinic, government worksite, or other entity*], regardless of location. No designated smoking-permitted or other commercial tobacco use-permitted areas are allowed anywhere on the property. This policy applies to all private vehicles parked on [*Name of company, hospital, clinic, government worksite, or other entity*] property, regardless of the owner of the vehicle.

Use during working hours prohibited. Employees are prohibited from smoking (including the use of electronic delivery devices) and other commercial tobacco use at all times during working hours (including work on or off the property).

Industry sponsorship prohibited. Employees are prohibited from accepting donations, gifts, money, materials, curricula, research funds, or other contributions from the commercial tobacco industry (including manufacturers, distributors, wholesalers, and retailers of tobacco products) or industry subsidiaries, affiliates, or parent companies. To further ensure that its business practices reflect its commitment, [*Name of company, hospital, clinic, government worksite, or other entity*] will not accept donations, gifts, money, materials, curricula, research funds, or other contributions from the commercial tobacco industry (including manufacturers, distributors, wholesalers, and retailers of tobacco products) or industry subsidiaries, affiliates, or parent companies. [*Name of company, hospital, clinic, government worksite, or other entity*] will not participate in any functions funded in whole or in part by the tobacco industry, and will remain free of any tobacco product advertisements, including advertisements in [*Name of company, hospital, clinic, government worksite, or other entity*] publications or materials purchased for use in waiting rooms or any other public areas.

Distribution or sale prohibited. The distribution or sale of any tobacco product (including any electronic delivery device) by any employee, visitor, or any other person on the property, is prohibited at all times.

SCOPE

This policy applies to all [*Name of company, hospital, clinic, government worksite, or other entity*] property as of [effective date], and to all employees and [*clients, patients, patrons,* (*… for a medical, behavioral, therapeutic, career, or other counseling worksite, include…*) [*persons receiving services,*] *visitors, and all other persons*] on [*Name of company, hospital, clinic, or other entity*] property, and to all employees during working hours, on or off-site. Organizers and attendees at public or private events on [*Name of company, hospital, clinic, government worksite, or other entity*] property are required to abide by this policy, and event organizers are responsible for communicating and enforcing this policy.

While [*Name of company, hospital, clinic, government worksite, or other entity*] acknowledges that it may not have jurisdiction over adjoining streets, sidewalks, byways, parking lots, or other common areas, all persons associated with [*Name of company, hospital, clinic, government worksite, or other entity*] are strongly encouraged to comply with the spirit of the policy in those settings. It is the expectation of [*Name of company, hospital, clinic, government worksite, or other entity*] that employees and [*patrons, clients, patients,* (*…for a medical, behavioral, therapeutic, career, or other counseling worksite, include…*) [*persons receiving services,*] *visitors, and all other persons*] will avoid using any tobacco product while on neighboring properties and will avoid discarding tobacco product litter on neighboring properties in a way that reflects negatively on [*Name of company, hospital, clinic, government worksite, or other entity*].

EXCEPTIONS

This policy does not prohibit the sacred, Indigenous use of traditional tobacco when practiced by Native Americans as part of a traditional, spiritual, or cultural ceremony.

It is also not a violation of this policy to use a product that is authorized by the United States Food and Drug Administration for sale as a drug, device, or combination product, as those terms are defined in the Federal Food, Drug, and Cosmetic Act, for use as a tobacco cessation product, as a tobacco dependence product, or for other medical purposes, and is being marketed and sold solely for such an approved purpose. This exception includes products like nicotine patches and gum. This exception does not include the use of an electronic delivery device, which is not an approved tobacco dependence treatment method and the use of which is prohibited at all times under this policy.

SUPPORT

[*Name of company, hospital, clinic, government worksite, or other entity*] supports and encourages all nicotine addiction recovery (e.g., tobacco cessation) efforts by our employees (*…for a medical, behavioral, therapeutic, career, or other counseling worksite, include…*) [*and persons receiving services*]. Employees interested in reducing or quitting commercial tobacco use may contact the [*Name of company, hospital, clinic, government worksite, or other entity*] [*e.g., Employee Assistance Program (EAP), Human Resources Department*] for assistance.

POLICY DISSEMINATION

Employees of [*Name of company, hospital, clinic, government worksite, or other entity*] will be notified of this policy through [*e.g., orientation sessions, workplace signage, the employee handbook, and any other means available*]. Visitors *(…for a medical, behavioral, therapeutic, career, or other counseling worksite, include…)* [and persons receiving services] will be notified of this policy prior to or at the time of arrival, whenever possible, and through signage posted at strategic property locations, including at all public and employee entrances to facilities.

COMPIANCE AND ENFORCEMENT

The success of this policy depends on the consideration and cooperation of persons who engage in tobacco use and those who do not. Enforcement is a shared responsibility of all employees. Any individual acting in violation of this policy will be reminded and asked to comply. As with other established employee policies, an employee found to have violated this policy may be subject to progressive disciplinary action, up to and including termination of employment. [*Name of company, hospital, clinic, government worksite, or other entity*] shall prioritize and incorporate tobacco dependence treatment support and assistance into all responses to policy violations by employees. A visitor who violates this policy will be informed or reminded of the policy and may be asked to leave the property if they fail to comply. All employees are authorized and encouraged to communicate this policy to other persons, always doing so with courtesy and diplomacy.

[For medical/clinical/counseling settings, include the following statement]
A person receiving services from [*Name of company, hospital, clinic, government worksite, or other entity*] who does not comply with this policy will be reminded of the policy, offered support, and redirected to an assigned employee, if applicable, for follow-up action.

Any questions regarding this policy should be addressed to [*Name/title of appropriate contact for company, hospital, clinic, government worksite, or other entity*].

EFFECTIVE DATE

This policy is effective [insert date].

_____

Frequently Asked Questions

On (date), _____ is implementing a comprehensive smokefree and commercial tobacco-free worksite policy for employees and visitors. Commercial tobacco use will be prohibited for employees and visitors both indoors and outdoors on all properties owned and cared for by _____. In preparation for this transition, employees have asked questions about what a smokefree and commercial tobacco-free environment means to them. The following are frequently asked questions and responses regarding the tobacco-free campus.

Q: Why are we becoming smokefree and commercial tobacco-free?

A: Commercial tobacco use is the leading cause of disease and death in the US. As an organization that is concerned about the health of our community, we need to take action to help people take control of their health. Our organization has made a commitment to participate with local and state partners to create healthy communities; this is a step in that direction.

Q: How does this policy differ from our existing smoking policies?

A: Our existing policy prohibits smoking inside any facility but allows employees and visitors to smoke in designated outdoor areas. Effective (date), employees will not be allowed to smoke or use any tobacco product anywhere on _____ property inside or outside, which include personal vehicles and vehicles leased or owned by _____.

Q: Why can't we have designated smoking areas?

A: Eliminating commercial tobacco use on our campus supports those who are trying to quit and helps to eliminate employees' and visitors' exposures to secondhand smoke. Strong commercial tobacco odors have been known to trigger allergy or asthma reactions with fellow workers and visitors. Commercial tobacco odors on others can serve as a trigger for the desire to smoke in persons attempting to quit. In compliance with the promotion of a healthy environment, we need to effectively eliminate the secondhand smoke that may trigger adverse health effects for employees, residents, and visitors who are attempting to make positive life changes. Eliminating commercial tobacco use completely is the most effective and considerate way for us to provide the best possible environment.

Q: Will I have to quit by (date)?

A: Smokefree and commercial tobacco-free grounds policies do not require that staff, clients, visitors, or people served who smoke must quit. It simply means that people cannot use tobacco products while on our grounds or, for staff, during work hours. There are resources available to help manage your cravings and urges should you continue to use tobacco. Managing these cravings will help you to control the timing of when you use tobacco. Doing things like keeping busy/distracted, chewing gum or drinking water, changing up routines, going for a walk, deep breathing exercises or the use of Nicotine Replacement Therapies (NRT) can help to manage cravings. You may want to have things available to distract you (fidget toys, doodling) or give your mouth something to do (gum, water bottle, straw), and you may want to remove triggers from your bags, pockets, or car. However, we will encourage everyone to quit because of the great health benefits associated with being commercial tobacco free. Several support programs planned for staff include: Freedom From Smoking

program and Nicotine Replacement Therapy (NRT) reimbursement. The Freedom From Smoking classes are also open to family and community members.

Q: Can I smoke in my car at work?

A: Again, the policy states that no commercial tobacco use by employees is allowed while on property, including parking areas. You will not be able to smoke in your car if it is parked on the property grounds or during work hours. You will also not be able to smoke in your car if it is parked at _____ or any of the neighboring areas included in the policy.

Q: What do I do if someone asks me where they can smoke?

A: By going smokefree and commercial tobacco-free, we will no longer have designated smoking areas at our locations, so we will not be advising people where to go to smoke. The purpose of the policy is to create a smokefree and commercial tobacco-free environment, so we don't want to advise people where to smoke. We also want to be good neighbors, so we don't want to just direct people off our property. For these reasons we won't be telling people where they can smoke. If someone asks where they are supposed to go, you can respectfully and kindly tell them that we don't have any areas for smoking anymore and offer them other supports to help them while they are meeting with you. Letting people know this in advance as much as possible will hopefully minimize these occurrences. We can encourage people to be prepared to not use tobacco when they come to our locations. Thank people for respecting our policy.

Q: What are people who use tobacco as a means of coping with stress supposed to do?

A: Smoking can be a part of daily routines and may have strong connections to a variety of feelings, behaviors and attachments. However, there are many misconceptions about tobacco, and many of these myths are the result of marketing by tobacco companies. One of those myths is that nicotine or smoking can help relax or calm someone down. It is a fact that tobacco companies have intentionally engineered the products they make for maximum addiction potential (higher nicotine levels in tobacco, additives like ammonia and menthol to make them less harsh, even the way the cigarette paper burns to deliver the nicotine more quickly). Tobacco companies design cigarettes so that nicotine, the primary addictive component in a cigarette, gets to the brain very quickly (7-10 seconds), triggering a release of dopamine which makes you feel relaxed and good. Nicotine has a short half-life, so nicotine withdrawal begins quickly and can cause unpleasant symptoms like stress, anxiety, tension, and anger, so using tobacco can feel like it reduces stress, but it actually temporarily stops nicotine withdrawal. Using Nicotine Replacement Therapies (NRT) or other coping tools like deep breathing, exercising, distraction or journaling can be more effective ways to cope with stress.

Commercial Tobacco Dependence Treatment Coverage in Minnesota

American Lung Association. Minnesota

The following information is an overview of health insurance coverage for commercial tobacco treatment. Call the number on the back of your health insurance card to find out what your individual plan offers. You can ask: "Tell me what coverage I have for tobacco use treatment, such as counseling and medications."

The Affordable Care Act (ACA) requires that all preventative services, including FDA approved tobacco treatment medications and all forms of counseling (individual, group, and phone), are covered and free to the consumer. If your insurance provider does not offer these services, ask: "Do you know when these services will be covered for me, in compliance with the ACA requirements?" Services will vary by health plan.

For the best chance of success, use counseling and medications approved by the Food and Drug Administration (FDA):

Counseling:

- Individual counseling
- Group counseling
- Telephone counseling

and **Medications:**

- Bupropion (Zyban®)
- Varenicline (Chantix®)

and/or **Nicotine Replacement Therapy (NRT)**

- Patch
- Gum
- Lozenge
- Inhaler
- Nasal spray

Medical Assistance And MinnesotaCare

Legend: ■ = Covered ▲ = Coverage Varies by Plan

- ■ NRT Patch
- ■ NRT Gum
- ■ NRT Lozenge
- ▲ NRT Nasal Spray
- ▲ NRT Inhaler
- ■ Varenicline (Chantex®)
- ■ Bupropion (Zyban®)
- ■ Individual Counseling
- ■ Group Counseling
- ▲ Phone Counseling

> Talk to your doctor or a pharmacist about **free** medications and support to quit.

Cost: Minnesota residents insured through Medical Assistance and MinnesotaCare have free coverage for tobacco treatment counseling and medications with a prescription.

For more information, call the number on the back of your health insurance card or call the Minnesota Department of Human Services at 800-657-3739.

MNSURE / Private Insurance

All plans in the Health Insurance Marketplace and Private Insurance Coverage are required to cover tobacco treatment counseling and medications at no cost to the consumer. Specific options may vary by plan. Check with your insurance plan to find out what options are covered.

State Employee Health Program Coverage

The State Employees Group Insurance Program covers:

- ■ NRT Patch
- ■ NRT Gum
- ■ NRT Nasal Spray
- ■ NRT Lozenge
- ■ NRT Inhaler
- ■ Varenicline (Chantex®)
- ■ Bupropion (Zyban®)
- ■ Individual Counseling
- ■ Group Counseling
- ■ Phone Counseling

Cost: State employees have free coverage for tobacco treatment counseling and medications with a prescription.

For more information, visit https://mn.gov/mmb/segip/.

651-227-8014 | Lung.org

Free Services To Help Minnesota Residents Quit

Quit Partner™

In addition to support offered through health insurers, **Quit Partner™** offers all Minnesota residents free help to quit commercial tobacco. Call 1-800-QUIT-NOW (784-8669) or 1-855-DEJELO-YA (335-3569) anytime to enroll.

quit partner™
1-800-QUIT-NOW
QuitPartnerMN.com

Helpful Tools

Quit your way by choosing which free tools you'd like to try.

- Free medications like patches, gum or lozenges.
- Text messages with tips and advice.
- Helpful emails to support you along the way.

Quit Coaching

Get free one-on-one quit coaching over the phone or online from trained coaches who help people just like you every day.

Behavioral Health and Pregnancy/Post-Partum Programs

Receive all of the support above, plus extra coaching and medication:

- For people living with behavioral health conditions such as anxiety, depression, bi-polar disorder, ADHD, PTSD, schizophrenia, and/or substance use disorder; and
- For pregnant and post-partum individuals

American Indian Quitline

THE AMERICAN INDIAN QUITLINE
CALL 1-833-9AI-QUIT
AIQUIT.COM

The **American Indian Quitline** is available for anyone who identifies as American Indian or Alaska Native. The quitline has American Indian quit coaches and offers personalized coaching, email and text support, educational materials, and quit medication (nicotine patches, gum, lozenges) delivered by mail. Call 1-833-9AI-QUIT or visit AIQUIT.com

For Minnesota Youth: My Life, My Quit™

My Life, My Quit™ is a new program to help Minnesota youth ages 13-17 quit commercial tobacco and nicotine,

MY LIFE MY QUIT™

including the use of e-cigarettes and vapes. Youth can text to chat with a quitting coach, engage in coaching calls and online chat, and receive youth-specifc materials. For more information, visit MyLifeMyQuit.com or text or call 1-855-891-9989.

American Lung Association Resources

Freedom From Smoking®

The American Lung Association's **Freedom From Smoking®** programs can provide support and build your coping skills to help you live without nicotine. Visit FreedomFromSmoking.org for more information.

Lung HelpLine

Lung Helpline and Tobacco Quitline | 1-800-LUNGUSA

Talk to our experts at the American Lung Association **Lung HelpLine and Tobacco QuitLine**. Our service is free and we are here to help.

American Lung Association®
Quit, Don't Switch

The American Lung Association's stance on electronic cigarettes: The American Lung Association is very concerned that we are at risk of losing another generation to tobacco-caused diseases as the result of e-cigarettes. The Food and Drug Administration has not found any e-cigarette to be safe and effective in helping people who smoke quit.

651-227-8014 | Lung.org

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