

# UVM ScholarWorks

## Public Perceptions of Smoking in the Workplace

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## Introduction

Important public health policy decisions must be based on reliable epidemiologic studies and evidence-based medicine. In the effort to ban smoking in the workplace, there must be clear evidence from the constituency that such laws are desired.

Current Vermont law states:

*Employers may designate up to 30 percent of an employee cafeteria or lounge as a smoking area and may permit smoking in designated unenclosed areas only if ... smoking will not be a physical irritant to any non-smoking employee, and 75 percent of the employees in the designated areas agree to allow smoking.*<sup>1</sup>

State legislators must address this issue for several reasons:

- 🌍 Long term effects including lung cancer, emphysema, heart and neurologic disease.<sup>2</sup>
- 🌍 Secondhand smoke contains at least 250 chemicals known to be toxic, including more than 50 that can cause cancer.<sup>3</sup>
- 🌍 The total cost of secondhand smoke exposure in the U.S. at \$10 billion annually, \$5 billion in direct medical costs, and \$5 billion in indirect costs such as lost productivity.<sup>4</sup>
- 🌍 Methods to reduce the effect of secondhand smoke, such as ventilators are ineffective.<sup>5</sup>
- 🌍 One study found a 17% increased risk of developing lung cancer with smoking exposure in the workplace.<sup>5</sup>

Regardless, Vermonters continue to smoke; as of 2007, 18% of Vermont's adults were smokers.<sup>6</sup> Such information is important in making legislative decisions that affect the entire Vermont population.

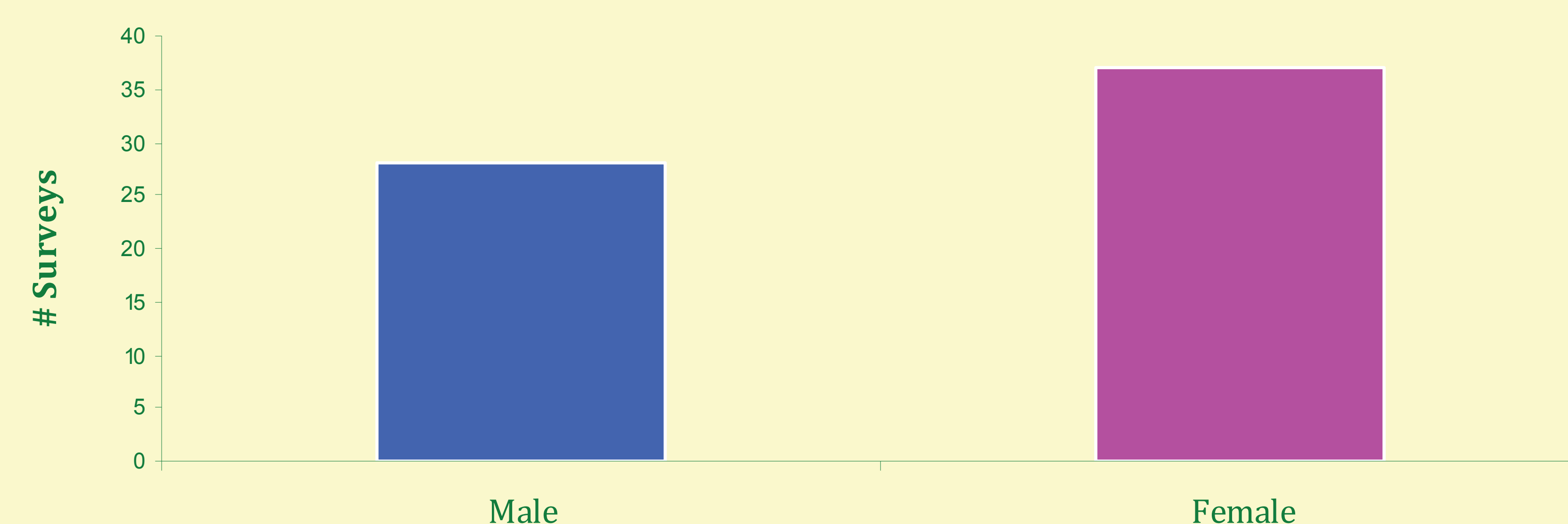
## Methods

This study was supported by the University of Vermont College of Medicine and accepted by the University of Vermont Institutional Review Board (IRB). An independent phone survey conducted between June and August of 2007 by the American Cancer Society identified 13 Vermont companies that had a self-reported designated smoking room. These companies were contacted; however, the data is based on survey participants including a telecommunications company, a food distributor, and 30 individuals representing various other companies.

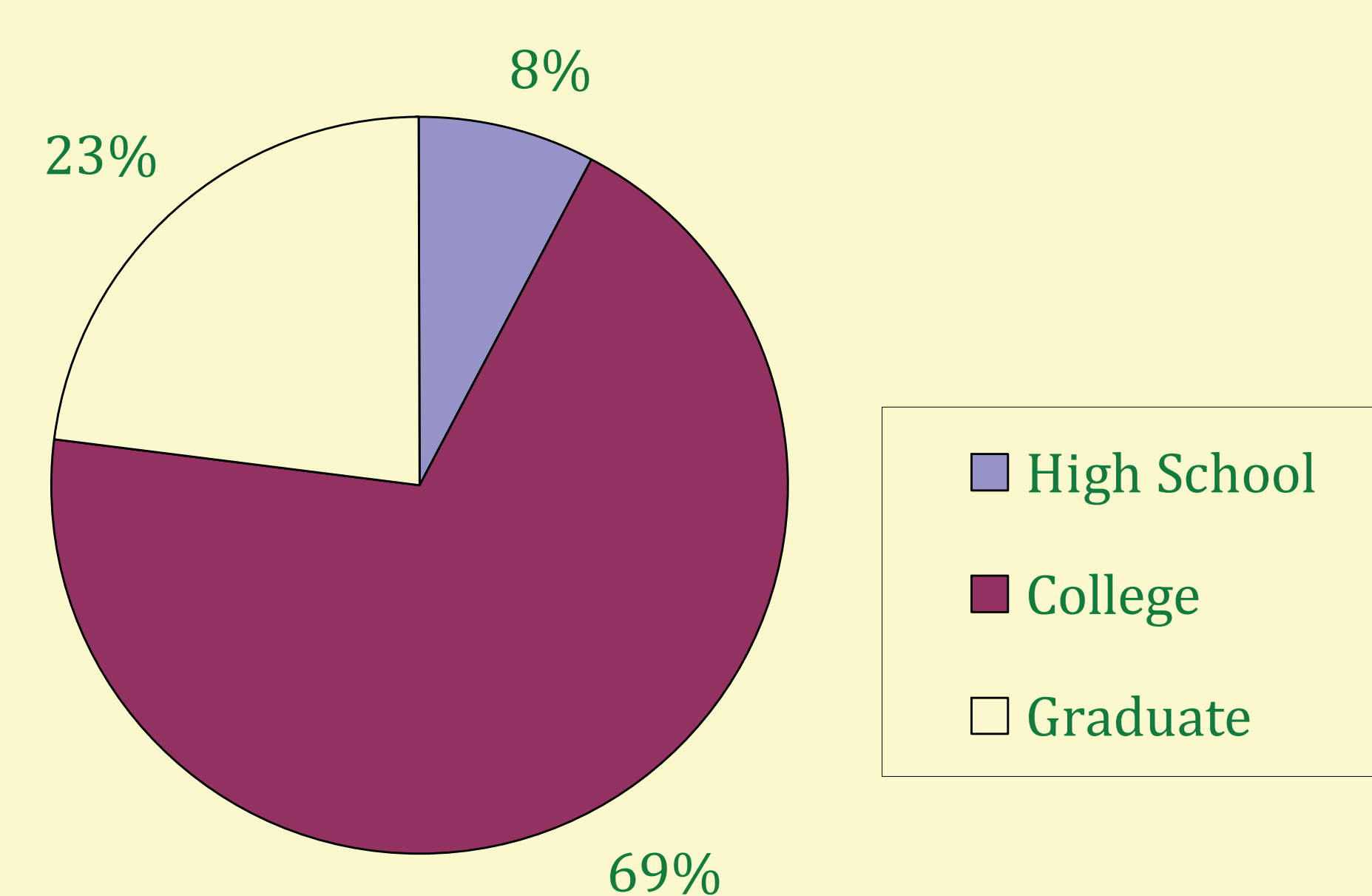
A 23 question survey was distributed, aimed at evaluating behaviors and attitudes pertaining to smoking in the workplace. In addition, demographic data was collected. Surveys were distributed electronically and in paper format, and was subsequently tabulated in a Microsoft Excel 2003 spreadsheet; statistical analysis was performed. Overall, 65 questionnaires were completed.

## Results

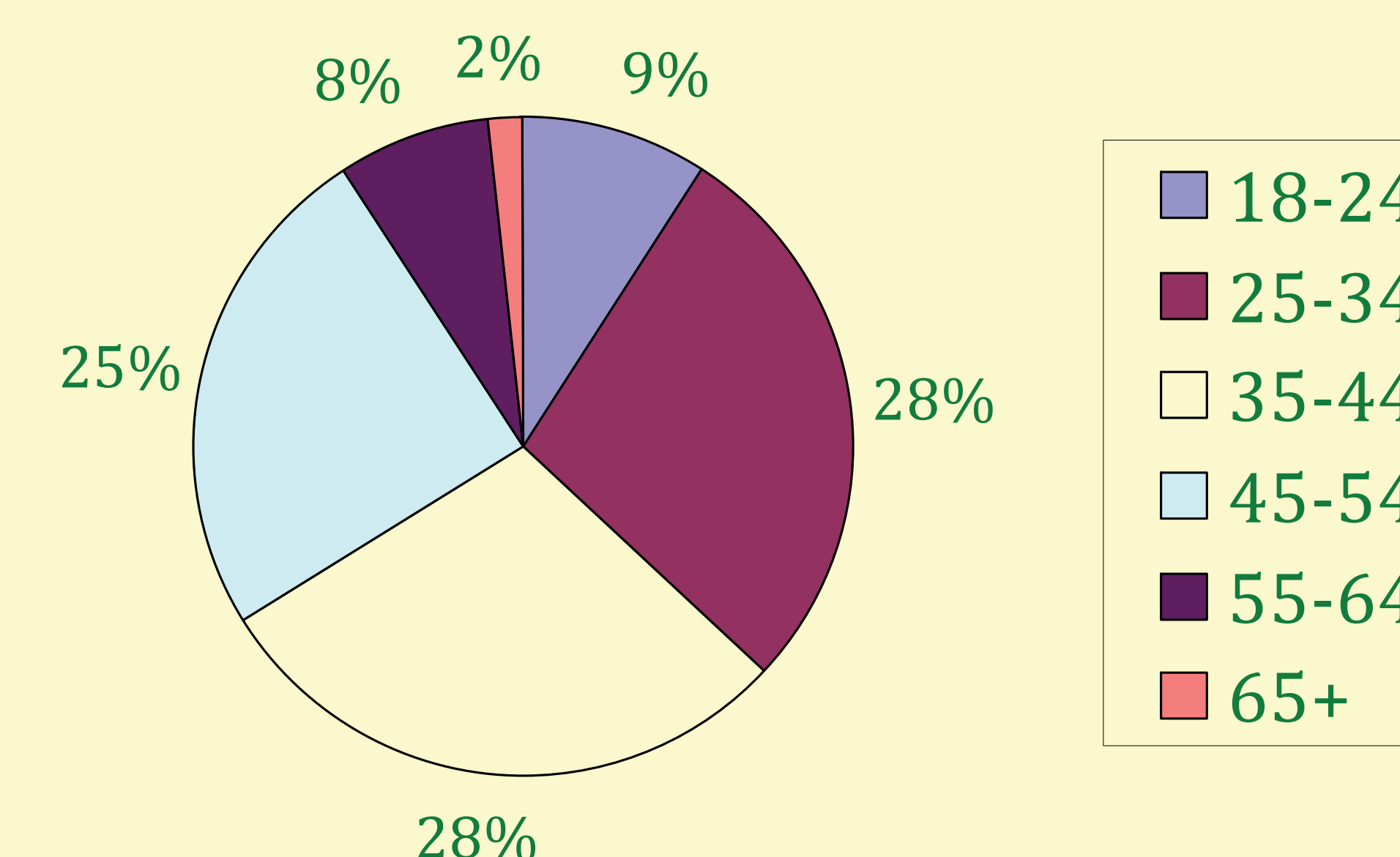
Gender Distribution



Education



Age Demographics



### Views of Smoking in the Workplace:

- 🌍 35% believe that smoking should not be allowed in the workplace at any location.
- 🌍 60% feel as if smoking should be allowed outside, of which 49% grew up in a home where one or more person(s) smoked.
- 🌍 5% believe smoking should be allowed in a smoking room.
- 🌍 19% of respondents are bothered by smoke in the workplace, all of whom are non-smokers or ex-smokers.

### Reporting Unsanctioned Smoking in the Workplace:

- 🌍 51% would report smokers in the workplace.
- 🌍 11% would not report.
- 🌍 3% would speak to the smoker directly.

### Preexisting Lung Conditions:

- 🌍 40% have allergies, 3.08% have chronic bronchitis, 1.5% have emphysema, 9.23% have asthma .

### Perception of Current Smoking Laws:

- 🌍 45% are not aware of the current smoking laws in the workplace, 86% of whom have never smoked, 10% are ex-smokers, 3% are current smokers.
- 🌍 55% are aware of the law, of whom 64% have never smoked, 21% are ex-smokers, and 8% are current smokers.

### Smokers only:

- 🌍 100% of smokers reported that it would be difficult or very difficult to cope if they could not smoke during working hours.
- 🌍 66% of smokers said that banning smoking at the workplace would help them quit.
- 🌍 100% of smokers believe that smoking cessation programs should be implemented if smoking were eliminated at or near the workplace.

## Discussion

The health policy initiative by the American Lung Association is likely to receive some resistance this January in the Vermont legislature; only 35% of those surveyed supported an all inclusive ban on smoking in the workplace. The majority, 60%, believed that smoking should be allowed outside. However, smoking at specific distances away from the doors or windows was not addressed. One respondent highlighted this by commenting, "Designated smoking areas that are directly in front of main entry ways are not helpful for all who have to walk through the cloud of smoke to get inside."

In evidence to support this legislation, there seemed to be a positive correlation between banning smoking in the workplace and helping current smokers to quit in our sample population. Of the population surveyed, 53% had pre-existing lung conditions that could potentially be affected by secondhand smoke. One participant who has asthma and chronic bronchitis stated, "We have a designated area for smoking. I believe some of my health issues are from second hand smoke." In conclusion, the legislators will have to base their decision to change the current smoking in the workplace laws on limited data and public perception.

This experience has highlighted the intense opposition to anti-smoking campaigns within the state of Vermont, not only by special interest groups but businesses themselves. Overall, it may be difficult to base health policy initiatives on limited evidence-based medicine depending on the quality of the studies involved, particularly the validity and reproducibility.

## References

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- [3] Secondhand Smoke. Sept 2006. Centers for Disease Control and Prevention. 20 Sept 2008 <[http://www.cdc.gov/tobacco/data\\_statistics/fact\\_sheets/secondhand\\_smoke/secondhandsmoke.htm](http://www.cdc.gov/tobacco/data_statistics/fact_sheets/secondhand_smoke/secondhandsmoke.htm)>.
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- [5] Boffetta P, Agudo A, Ahrens W et al. Multicenter Case-Control Study of Exposure to Environmental Tobacco Smoke and Lung Cancer in Europe. Journal of the National Cancer Institute 1998; 90: 1440-1445.
- [6] Prevalence and Trends Data. 17 Sept 2008. Centers for Disease Control and Prevention. 15 Oct 2008 <<http://apps.nccd.cdc.gov/brfss/display.asp?cat=TU&yr=2007&qkey=4396&state=VT>>.