



E M P L O Y E R T O O L K I T



1-800-QUIT NOW

Indiana's Tobacco Quitline



**Indiana State
Department of Health**

Tobacco Prevention and Cessation

F O R W A R D

Rising health care costs are affecting everyone, directly or indirectly. The health and wellbeing of employees is a major factor for employers trying to control health care costs. A first step to containing those costs is to reduce tobacco use in Indiana.

Tobacco Prevention and Cessation is aggressively working with Indiana employers to help employees quit smoking and stay tobacco free. This Employer Toolkit will aid employers who are prepared to create a smoke-free workplace and support and encourage their employees to quit smoking through proven tobacco cessation methods.

The Collaboration for Cessation Change Employer Toolkit is provided by Tobacco Prevention and Cessation (TPC). Materials may be copied and distributed with prior approval of TPC.

Tobacco Prevention and Cessation

2 North Meridian Street, 2nd Floor, 2T
Indianapolis, IN 46204

phone 317.234.1787

fax 317.234.1786

www.in.gov/isdh/tpc

www.quitnowindiana.com

C O N T E N T S

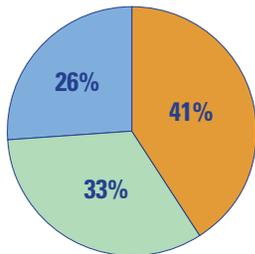
National Tobacco Facts	1
Tobacco Use Costs Everyone	2
Indiana Cessation Programs	3
Benefits of a Tobacco-Free Workplace	4-5
Implement and Maintain Tobacco-Free Workplace Policies.....	6
Sample Policy Announcement.....	7
Model Tobacco-Free Policy.....	8
Help Employees Quit Tobacco.....	9
Implement Effective Cessation Benefits.....	10
Indiana Tobacco Quitline 1-800-Quit-Now	11
References	12

NATIONAL TOBACCO FACTS

The Tobacco Epidemic

Tobacco use is the leading cause of preventable death in the United States, causing more than 443,000 deaths each year, according to the U.S. Centers for Disease Control and Prevention (CDC).¹

Total smoking-attributable deaths among adults



Respiratory Disease Cardiovascular Disease Cancer

Nearly 46 million adults in the United States smoke cigarettes, or 20 percent of the adult population. Twenty-three percent of men and 18 percent of women in the United States smoke.²

Even though smoking rates have declined more than 50 percent over the last 20 years, the human and economic cost of tobacco use continues to escalate. Cigarettes kill one in five people in the United States.¹ Smoking is the number one cause of preventable death. Smoking kills more people than alcohol, AIDS, car crashes, illegal drugs, murders, and suicides combined. This means tobacco is the second largest cause of death in the world.

Smoking accounts for \$96 billion annually in direct medical expenditures in the United States.¹

The average annual costs of smoking-attributable productivity losses in the United States are \$97 billion.



The total economic costs (direct medical costs and lost productivity) associated with cigarette smoking are estimated at \$10.47 per pack of cigarettes sold in the United States.³

This does not include expenses due to cigarette-caused burns or secondhand smoke deaths.¹

Secondhand Smoke

Secondhand smoke remains a serious problem. Approximately 50,000 adult nonsmokers die each year from exposure to secondhand smoke. According to a 2009 report from the Institute of Medicine, secondhand smoke exposure increases the risk of heart disease by 25-30 percent and the risk of heart attacks. Smoke-free air policies reduce heart attacks, reinforcing the positive impact of these policies on public health.

Seventy-one (71) percent of Americans report smoking is not allowed in work areas (indoor public/common areas, such as lobbies, restrooms and lunch rooms) and 66 percent report smoking is not allowed in the home.³

National Smoking Rates by Occupation

Adults in some occupations average a much higher smoking rate than the U.S. average of 20.6 percent.⁴

- **Food Service** 45%
- **Construction Trades** 43%
- **Maintenance/Grounds Keepers** 39%
- **Transportation and Moving** 39%
- **Mechanics and Repairers** 37%
- **Factory Workers** 37%
- **Sales** 30%
- **Office/Administrative Support** 28%
- **Managers** 23%

IN THE UNITED STATES 1,000 KIDS A DAY
BECOME REGULAR DAILY SMOKERS

TOBACCO USE COSTS EVERYONE

Tobacco Use in Indiana

Over 1 million adults in Indiana smoke cigarettes (21 percent).⁵ More than 9,700 Hoosiers die each year from the effects of tobacco.⁶

The average annual healthcare cost associated with tobacco use in Indiana is \$2.2 billion.⁶ To effectively address adult smoking, Indiana has an aggressive action plan to work with employers to lower its adult smoking rates and the economic burden of tobacco use in Indiana. Helping current smokers quit their addiction is a primary focus of Tobacco Prevention and Cessation (TPC).

Indiana must lower its adult smoking rates because the financial burden hurts everyone. Direct medical expenditures include:⁶

- \$318 million in ambulatory costs
- \$1,137 billion in hospital costs
- \$372 million in prescription drug costs
- \$215 million in nursing home costs
- \$138 million in other costs

Employers Pay a High Cost for Tobacco Use

Employers pay increased costs for healthcare and life insurance, increased absenteeism, and lower rates of productivity. In Indiana, the average annual cost burden due to lost productivity related to smoking is \$2.6



“As we consult with Indiana employers regarding their employee benefits, one of the leading issues to address is tobacco use in Indiana.”

—Michael F. Campbell
President, CLS Benefits Solutions, Inc. and
President, The Wellness Council of Indiana

billion.⁶ The health and well-being of employees is the major factor in a business’s success.

Employees that smoke contribute to:

- Rising healthcare costs
- Higher life insurance premiums
- Increased absenteeism
- More time spent on smoking rituals
- Greater risk of occupational injuries
- More disability claims
- Higher cleaning and maintenance costs
- More disciplinary actions⁷

Combined medical and lost productivity costs add-up to a heavy economic burden for employers. The total costs of smoking are estimated to be about \$3,391 per smoker per year: \$1,760 in lost productivity and \$1,623 in excess medical expenditures plus \$8 in smoking-attributable neonatal expenditures.⁸

EACH COMPANY CAN CALCULATE THE COST OF SMOKING FOR ITS EMPLOYEES

The Indiana adult smoking rate is 21 percent. The CDC estimates that smokers cost their employer \$3,391 a year in direct medical costs and lost productivity.

The Formula Works Like This

$(\text{Number of employees}) \times (0.21) \times (\$3,391 \text{ per year}) =$
estimated cost per year in excess medical expenditures and lost productivity.

Example

$(500 \text{ employees}) \times (0.21) = 105 \text{ employees who use tobacco}$
 $(105) \times (\$3,391) =$
\$356,055 per year in costs associated with smoking.

INDIANA CESSATION PROGRAMS

Collaboration for Cessation Systems Change

Tobacco Prevention and Cessation (TPC) is engaging employers in an active role to help reduce the adult smoking rate in Indiana by helping their employees quit using tobacco. Employers that support a company-wide cessation program will have a healthier and more productive workforce. The suggestions provided within this toolkit will aid in developing the right program to decrease employee tobacco use.

The Quit Now Preferred Employer Program

TPC recognizes the potential cost savings to employers who implement evidence-based cessation programs. Becoming a Quit Now Preferred Employer is an aggressive way to reduce tobacco use in the workplace and improve the health and wellness of your employees. Companies of any size will have access to the resources needed to begin helping those who are ready to quit tobacco. By completing the brief enrollment form, the firm becomes connected to a state-wide network of cessation specialists, health experts and wellness-conscious employers.

As a Quit Now Preferred Employer, you receive:

- Ability to fax refer employees to the Indiana Tobacco Quitline
- Materials to educate employees about tobacco use
- Materials to promote the quitline to employees
- Updates on new resources, research, and quitline promotional materials



The Indiana Tobacco Quitline will provide a monthly summary of the employees who were fax referred into the program. The aggregate report captures the number of participants fax referred from your organization.

To enroll as a Quit Now Preferred Employer, visit www.indianaquitline.net to download an enrollment form; it is quick and simple.

Becoming a Quit Now Preferred Employer is an aggressive way to reduce tobacco use in the workplace and improve the health and wellness of employees.

HELP REDUCE TOBACCO USE IN INDIANA

BENEFITS OF A TOBACCO-FREE WORKPLACE

Tobacco Use is Unhealthy for the Bottom Line

Tobacco-free businesses will generally spend less money versus businesses that permit tobacco use. Protecting workers from secondhand smoke exposure is the right thing to do. Employees exposed to secondhand smoke on the job are 12-19 percent more likely to get lung cancer.⁹ And, secondhand smoke exposure will increase the risk of an acute coronary heart attack by 25-35 percent.⁹

Secondhand smoke contains more than 4,000 chemicals, of which 60 are known to be cancer-causing agents. There is no doubt; secondhand smoke poses a very serious and scientifically proven health risk to all employees. There is no risk-free level of exposure to secondhand smoke. Establishing tobacco-free environments is the only effective way to guarantee protection from secondhand smoke exposure.

A tobacco-free workplace will boost employee morale and also reduce the risk of lawsuits filed by employees who become ill from breathing secondhand smoke while at work. Secondhand smoke is very toxic and will contaminate the air with chemicals like Formaldehyde, Benzene, Polonium-210 and Vinyl Chloride. Providing a tobacco-free workplace makes sense.



“Offering assistance to employees who want to quit tobacco should be an important part of the wellness benefits provided by employers.”

—Susan Rider,
President, Indianapolis
Association of Health
Underwriters

Facts to Consider

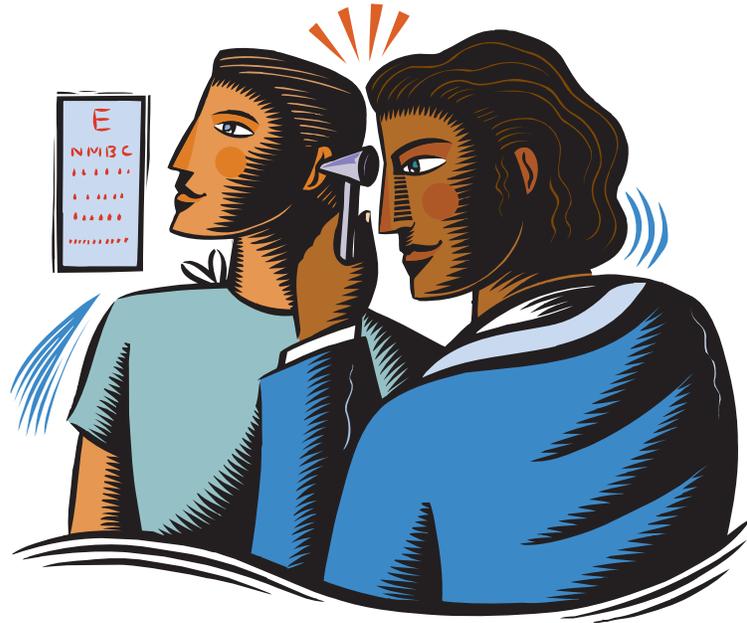
- Businesses pay an average of \$2,189 in workers' compensation costs for smokers, compared with \$176 for non-smokers.¹⁰
- The National Fire Protection Association found that in 2007 smoking materials caused 11,300 fires in nonresidential structures, resulting in direct property damages of \$93 million.¹¹
- In a survey of cleaning and maintenance costs among 2,000 companies that adopted smoke-free policies, 60 percent reported reduced expenditures.¹²
- Employees who smoke have an average health care insurance payment of \$1,145, while non-smoking employees average \$762.¹³
- Smokers miss an average of 6 days per year due to sickness (including smoking-related acute and chronic conditions), compared to non-smokers who on average only miss 3.86 work days per year.¹⁴

**THE DEBATE IS OVER. THE SCIENCE IS CLEAR.
SECONDHAND SMOKE IS NOT A MERE ANNOYANCE.
IT IS A SERIOUS HEALTH HAZARD.**

– U.S. Surgeon General Richard Camona (June 27, 2006)

Investing in Tobacco Cessation Pays Dividends

Recent studies suggest company sponsored tobacco cessation programs will produce savings equal to the costs of the program over a three to five year period.¹⁵ The minimal cost of tobacco cessation programs seems insignificant when compared to the major financial savings. As health care costs continue to increase, wellness and cessation programs will help stop eroding profits. It is estimated that every one percent in reduced health care costs could increase retained profits by five percent.¹⁶



Tobacco Treatment is Cost Effective

- Tobacco-use screening and brief intervention is more cost effective than screening for hypertension and high blood cholesterol, as well as breast, cervical and colon cancer.¹⁷
- Comprehensive tobacco cessation benefits cost between \$1.20 and \$4.80 per employee per year.¹⁶ In contrast, the annual cost of a tobacco user is about \$3,400 per year.¹
- Studies indicate that a smoking cessation program for pregnant women can save as much as \$7.00 for each \$1.00 invested.¹⁸

Because smoking cessation efforts are relatively inexpensive and yield a large, long-term savings, it is a top health-related intervention recommended by the Centers for Disease Control and Prevention and National Business Group on Health. According to a study in the American Journal of Preventative Medicine, tobacco cessation is one of the top three most valuable preventive health services that save more money than they cost and provide enormous health benefits.

Top 3 Most Valuable Preventative Health Services

1. Intervening with smokers to help them quit.
2. Discussing daily aspirin use with at-risk adults to prevent cardiovascular disease.
3. Immunizing children.¹⁷

The bottom line for employers is that a healthier workforce has higher morale, is more productive and costs less.

PHYSICAL BENEFITS FOR THE SMOKER

Two (2) weeks after quitting

Lung function and circulation improve.

Nine (9) months after quitting

Lungs improve capacity to clear and reduce infection.

One (1) year after quitting

Risk of heart disease drops to half that of a smoker.

Five (5) years after quitting

Risk of stroke is the same as that of a non-smoker.

Ten (10) years after quitting

Risk of lung cancer is half that of a smoker.

Fifteen (15) years after quitting

Risk of heart disease is similar to that of someone who never smoked.

IMPLEMENT AND MAINTAIN TOBACCO-FREE WORKPLACE POLICIES

Policies Protect All Workers

In 1993, the Environmental Protection Agency (EPA) designated secondhand smoke as a “Class A” carcinogen, a cancer-causing agent; this is the same class as asbestos.

Secondhand smoke exposure can have a devastating effect on your employees, your customers and the health of your business. A tobacco-free policy sends a strong message about health and safety to employees. Remember that the majority (three-quarters) of the workforce is comprised of non-smokers. Because there is no safe level of secondhand smoke, only a 100% tobacco-free policy will protect workers.¹⁹

The impact of implementing a tobacco-free policy will first affect the employees who use tobacco. It is very important to inform all employees well in advance before the new policy is implemented. Showing full support and understanding for tobacco users and their efforts to comply with the new policy will help ensure success. A complete tobacco-free policy will also help individuals trying to quit tobacco.¹⁹

Consider Additional Support

- Provide employees with helpful tips and information about quitting, like the Indiana Tobacco Quitline, 1-800-QUIT-NOW (800-784-8669)
- Sponsor a tobacco cessation program.
- Offer to pay for tobacco cessation nicotine replacement and other medications.
- Cover treatments for spouse and/or dependents.



“Once I saw how successful our business was because of being smoke-free, not to mention the savings from air filters, ashtrays, etc.—It became clear to me that being smoke-free made good business sense.”

—Scott Wise
Owner, Scotty’s Brewhouse

Preparing for a Tobacco-free Business

Before adopting a written tobacco-free policy, gather input from employees. Consider the rules of the policy, and the procedure for noncompliance. Develop a system to disseminate information to all employees and new hires. It is recommended to allow three months for notification and transition. Announce the new policy at regular meetings and insert articles in the company’s newsletter.

Other Communication Ideas

- Post flyers in locations frequented by employees.
- Distribute payroll-stuffers to publicize the new policy and cessation resources.
- Declare a new health theme for each month that highlights the health benefits of going tobacco-free.
- Put signs in visible indoor places including restrooms, waiting areas, and hallways to inform visitors.

Educating employees is the key to tobacco-free success. Publish the facts about the impact of secondhand smoke. Take down “Designated Smoking Area” or “Smoking Allowed” signs in the building. Remove ashtrays from tables, counters, break rooms and restrooms. Offer suggestions on how to handle visitors who wish to smoke and provide materials that explain the company’s tobacco-free policy. Make sure all employees understand the chain of command and how to respond to complaints and violations.

EXPOSURE TO SECONDHAND SMOKE CAN RESULT IN ADVERSE HEALTH EFFECTS, INCLUDING HEART DISEASE IN NONSMOKING ADULTS

SAMPLE POLICY ANNOUNCEMENT

Memo to Announce [Company's] Tobacco-free Policy

TO: All Employees
FROM: CEO or HR Representative
RE: Tobacco-Free Workplace
DATE: [Date 3 Months Prior To Policy Effective Date]

Effective [Date], [Company] will implement a campus-wide tobacco-free policy for all employees and visitors in order to provide a clean, healthy, productive and safe environment for all.

[If Applicable This policy is designed in compliance with the [State/Local Law] which will go into effect on [Date]].

This policy will apply to:

- All [Company] employees on all shifts;
- Customers, vendors, clients and all other visitors; and
- Members of committees, including our Board of Directors.

Smoking will be prohibited on all [Company] owned and or leased locations/premises; all internal and external areas, parking garages and parking lots; all entrances and exits; and all company owned and/or leased vehicles.

In addition, use of all tobacco products, including smokeless/chewing tobacco, will be prohibited. Company sponsored events both on our premises and at external locations, where appropriate will be tobacco-free.

Compliance with these guidelines will be strictly enforced and policy violations will be subject to the standard disciplinary actions of the company. The policy is being announced three months in advance in order to give tobacco users time to adapt to its restrictions and to facilitate a smooth transition to a tobacco-free environment. For help with quitting tobacco, call 1-800-QUIT-NOW (800-784-8669). Those employees who use tobacco products and would like to quit are invited to participate in the cessation programs being offered by the company (please see attached schedule of events).

Any questions you may have regarding this policy should be directed to _____ at extension _____.

Thank you for your cooperation.

NON-TOBACCO USERS ARE GENERALLY
MORE PRODUCTIVE THAN THOSE WHO SMOKE

MODEL TOBACCO-FREE POLICY

[ABC Company] Tobacco-free Policy

Date

ABC Company is dedicated to providing a healthy, comfortable, and productive work environment for its employees.

Numerous studies have found that tobacco smoke is a major contributor to indoor air pollution, and that breathing secondhand smoke (also known as environmental tobacco smoke) is a cause of disease in healthy nonsmokers, including heart disease, stroke, respiratory disease, and lung cancer. The National Cancer Institute determined in 1999 (Monograph #10) that secondhand smoke is responsible for the early deaths of up to 50,000 Americans annually.

The Americans With Disabilities Act, which requires that disabled persons have access to public places and workplaces, deems impaired respirator function to be a disability. The U.S. Surgeon General has determined that the simple separation of smokers and nonsmokers within the same air space may reduce, but does not eliminate, the exposure of nonsmokers to secondhand smoke. The Environmental Protection Agency has determined that secondhand smoke cannot be reduced to safe levels in businesses by high rates of ventilation. Air cleaners, which are only capable of filtering the particulate matter and odors in smoke, do not eliminate the known toxins in secondhand smoke. A significant amount of secondhand smoke exposure occurs in the workplace. Employees who work in smoke-filled businesses suffer a 25-50 percent higher risk of heart attack and higher rates of death from cardiovascular disease and cancer, as well as increased acute respiratory disease and measurable decrease in lung function.

The Centers for Disease Control and Prevention has determined that the risk of acute myocardial infarction and coronary heart disease associated with exposure to tobacco smoke is non-linear at low doses, increasing rapidly with relatively small doses such as those received from secondhand smoke or actively smoking one or two cigarettes a day, and has warned that all patients at increased risk of coronary heart disease or with known coronary artery disease should avoid all indoor environments that permit smoking.

Workplaces that permit tobacco use experience higher worker absenteeism due to respiratory disease, lower productivity, higher cleaning and maintenance costs, increased health insurance rates, and increased liability claims for diseases related to exposure to secondhand smoke.

In light of these findings, ABC Company shall be completely tobacco-free effective _____ [date].

Tobacco use shall not be permitted in any enclosed company facility. This includes common work areas, auditoriums, classrooms, conference and meeting rooms, private offices, elevators, hallways, medical facilities, cafeterias, employee lounges, stairs, restrooms, vehicles, and all other enclosed facilities. This policy applies to all employees, clients, contractors, and visitors. Smoking shall be permitted only at a reasonable distance (e.g., 25 feet or more) outside any enclosed area where smoking is prohibited so as to insure that secondhand smoke does not enter the area through entrances, windows, ventilation systems, or any other means.

Copies of this policy shall be distributed to all employees. "No Smoking" signs shall be posted at entrances to all company facilities.

This policy is being announced three months in advance in order to give tobacco users time to adapt to its restrictions and to facilitate a smooth transition to a tobacco-free environment. For help with quitting tobacco, call 1-800-QUIT-NOW (800-784-8669). Those employees who use tobacco and would like to take this opportunity to quit are invited to participate in the cessation programs being offered by the company. The success of this policy will depend on the thoughtfulness, consideration, and cooperation of both smokers and nonsmokers. All employees share in the responsibility for adhering to and enforcing this policy.

Signature of CEO or President

**ONLY 100 PERCENT TOBACCO-FREE POLICIES
FULLY PROTECT WORKERS' HEALTH**

HELP EMPLOYEES QUIT TOBACCO

Quitting is Hard, but it's Possible

Tobacco use hurts everyone. When employees are ready to quit tobacco, they'll need help to kick their addiction. In 1988, Surgeon General C. Everett Koop declared that tobacco was addictive. Research has proven that the nicotine in tobacco is a powerful and highly addictive drug; in fact it is more addictive than heroin or cocaine. Nicotine alters the brain's chemistry and becomes a necessary drug in the life of a tobacco user.

Tobacco users are dependent upon nicotine and are required to replenish the level of nicotine in the blood. Therefore, employees need smoking breaks at work or need to use tobacco when feeling stressed. It doesn't take long to satisfy the craving. Once inhaled, nicotine reaches the brain in seven seconds.

Breaking the tobacco addiction can be very challenging. Quitters not only suffer from the physical challenges of nicotine withdrawal, but they must also deal with the psychological changes. Several hours after stopping tobacco use, as the nicotine dissipates, individuals can experience cravings, anxiety, frustration, irritability, loss of concentration, increased heart rate, fatigue, or light-headedness. These symptoms will decrease and eventually disappear over a few weeks, but the urge to use tobacco can recur for months—even years. Former tobacco users must change their daily rituals and stress relievers.



Research has proven that the nicotine in tobacco is a powerful and highly addictive drug; in fact it is more addictive than heroin or cocaine.

Effective Quit Methods that Work

The evidence is overwhelming that tobacco cessation treatment services, such as FDA-approved medications for quitting and behavioral counseling programs, are among the most clinically and cost effective programs available to consumers, providers, and employers. It is very important for each company considering implementing an effective cessation program to also have a comprehensive tobacco-free policy in place. Making it more difficult for tobacco users to continue using tobacco at their workplace will create an environment at work that supports a tobacco-free lifestyle.

TOBACCO USERS MUST CHANGE THEIR DAILY RITUALS AND STRESS RELIEVERS TO SUCCESSFULLY QUIT

IMPLEMENT EFFECTIVE CESSATION BENEFITS

Cessation Programs Work

Ideally, employers should consider a three-prong approach that includes policies, benefits and programs that will encourage employees not to use tobacco in the workplace and to quit using tobacco altogether. The best quit rates can be achieved when your workplace utilizes all three recommendations.²⁰

Implement tobacco-free policies

- Adopt a model tobacco-free workplace policy
- Promote the policy widely
- Support the policy through your company's infrastructure
- Make sure employees know the consequences of noncompliance

Provide access to telephone quitlines for tobacco users

- Promote the services of the Indiana Tobacco Quitline, 1-800-QUIT-NOW (800-784-8669)
- Work with your health plan to minimize or eliminate out-of-pocket costs

Employers who implement a smoke-free workplace policy have an opportunity to communicate a consistent



Making it more difficult for tobacco users to continue using tobacco at their workplace will help them make the decision to quit.

pro-health message, project a positive image, and reduce tobacco-related health care costs. Providing cessation benefits (coverage for counseling and medications) in conjunction with the policy supports employees in their quitting process.

Offer proven tobacco-use treatment benefits through your health plan

- Identify ways to improve coverage of tobacco-use treatment services
- Negotiate model benefits with your health plan, including these:
 - Provide effective tobacco-use treatments
 - Offer multiple forms of counseling (i.e., individual, group or telephone)
 - Offer FDA-approved medications, including both prescription and over-the-counter
 - Eliminate or minimize all copays and other fees for counseling and medications
 - Provide cessation services to spouses, dependents and retirees

FDA-APPROVED PRESCRIPTION AND OVER-THE-COUNTER TOBACCO CESSATION MEDICATIONS

Type
over the counter nicotine replacement therapy

Form
gum, patch, lozenge

Common Brand Names
Nicorette®, Nicoderm®, Habitrol®, Prostep®, Nicotrol®, COMMIT®

Type
prescription nicotine replacement therapy

Form
inhaler nasal spray

Common Brand Names
Nicotrol®

Type
prescription

Form
pill

Common Brand Names
Zyban®, Wellbutrin®, Bupropion® SR, Chantix®

INDIANA TOBACCO QUITLINE 1-800-QUIT-NOW

A state resource

The Indiana Tobacco Quitline 1-800-QUIT-NOW (800-784-8669) is a free phone-based counseling service that helps Indiana tobacco users quit. Funded by Tobacco Prevention and Cessation, the Indiana Tobacco Quitline offers experienced Quit Coaches® trained in cognitive behavioral therapy. Quit Coaches are available seven days a week from 8am to 3am EST. Translation services are available in Spanish and more than 170 other languages. Services are also available for the hearing-impaired.

Quitline participants receive:

- Four pre-arranged calls with a Quit Coach
- Unlimited call-in privileges
- Ten pre-arranged calls for pregnant women
- 24-hour access to interactive website
- Two weeks free nicotine replacement therapy for those who qualify while supplies last
- Support materials

In addition, the quitline provides services for family and friends who want to help loved ones quit tobacco.

In 2009, nearly 21,000 Hoosiers called the quitline for assistance to successfully quit tobacco use.²¹ Promoting the Indiana Tobacco Quitline and helping employees break their tobacco addiction is good for business.



1-800-QUIT NOW
Indiana's Tobacco Quitline
(1-800-784-8669)

**The Indiana Tobacco
Quitline is a free phone-
based counseling service
that assists Indiana tobacco
users with quitting.**

Helping smokers break free

Quitline success

- Almost 50 percent of current smokers are aware of the quitline.²¹
- In 2009, quitline participants were 60 percent women, 11 percent African American, 4 percent Hispanic and nearly 65 percent were between the ages of 31 and 60.²¹
- In 2009, 33 percent of quitline participants who were followed after 13 months reported being tobacco free.²¹

Additional cessation resources

Indiana Tobacco Quitline
www.indianaquitline.net

Quit Now Indiana campaign
www.quitnowindiana.com

Tobacco Prevention and Cessation
www.in.gov/isdh/tpc

Additional resources

Employers interested in additional information on how to create and support a tobacco-free workforce should visit these sites:

Centers for Disease Control and Prevention – Smoking & Tobacco Use section

www.cdc.gov/tobacco

National Business Group on Health
www.businessgrouphealth.org/tobacco

Partnership for Prevention
www.prevent.org

Americans for Non-Smokers' Rights
www.no-smoke.org

IN 2009, NEARLY 21,000 HOOSIERS CALLED THE QUITLINE FOR ASSISTANCE IN QUITTING TOBACCO FOR GOOD

REFERENCES

1. Centers for Disease Control and Prevention. MMWR Annual Smoking-Attributable Mortality, Years of Potential Life Lost, and Productivity Losses-United States, 2001-2004. MMWR Highlights. November 14, 2008. Vol. 57 (45).
2. U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Health Statistics. Vital and Health Statistics, Series 10, Number 242, December 2009. Summary Health Statistics for U.S. Adults: National Health Interview Survey, 2008.
3. Centers for Disease Control and Prevention. Sustaining State Programs for Tobacco Control: Data Highlights, 2006. Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health.
4. Substance Abuse and Mental Health Services Administration, Office of Applied Studies. (September 24, 2009). The NSDUH Report: Cigarette Use among Adults Employed Full Time, by Occupational Category. Rockville, MD.
5. Behavior Risk Factor Surveillance System (BRFSS), 2010.
6. Centers for Disease Control and Prevention. Smoking-Attributable Mortality, Morbidity, and Economic Costs (SAMMEC). Average Annual Age-Adjusted SAM Rate per 100,000 among adults aged 35 years and older. Does not include burn or secondhand smoke deaths. 1997-2001.
7. National Center for Chronic Disease Prevention and Health Promotion, 2004.
8. Centers for Disease Control and Prevention. Annual Smoking-Attributable Mortality, Years of Potential Life Lost, and Economic Costs United States, 1995-1999, US Public Health Service, Centers for Disease Control and Prevention, Morbidity and Mortality Weekly, April 12, 2002/ 51(14);300-3.
9. World Health Organization, International Agency for Research on Cancer, IARC Monographs on the Evaluation of Carcinogenic Risks to Humans, "Tobacco Smoke and Involuntary Smoking." Vol. 83.
10. Musich, S, Napier D, Edington DW "The association of health risks with workers' compensation costs". Journal of Occupational and Environmental Medicine. 43(6):534-41, June 2001.
11. Hall, John Jr, "The Smoking-Material Fire Problem," National Fire Protection Association, Fire Analysis and Research Division, March 2010.
12. Americans for Nonsmokers' Rights. "Business Costs in Smoke-filled Environments," August 2006. www.no-smoke.org. Accessed June 14, 2010.
13. The Cost of Smoking to Business. Article dated April 13, 2000 by American Cancer Society, <http://www.cancer.org>.
14. Halpern, MT et al. "Impact of smoking status on workplace absenteeism and productivity". Tobacco Control 10(3); 233-38, September 2001.
15. Warner, KE et al. "Health and economic implications of a work-site smoking cessation program: a simulation analysis." Journal of Occupational and Environmental Medicine. 38(10):981-92, 1996.
16. Center for Prevention and Health Services. National Business Group on Health, "Reducing the burden of smoking on employee health and productivity," Issue Brief, 1(5).
17. Maciosek MV, Edwards NM, Coffield AB, Flottemesch TJ, Nelson WW, Goodman MJ, Rickey DA, Butani AB, Solberg LI. Priorities among effective clinical preventive services: methods. American Journal of Preventative Medicine 2006; 31(1):90-96.
18. Marks J., Kaplan J., Hogue C. A cost-benefit/cost-effectiveness analysis of smoking cessation for pregnant women. American Journal of Preventative Medicine. 1990; 6: 282-291.
19. Centers for Disease Control and Prevention. Saves Lives, Saves Money: Make Your Business Tobacco-free. Atlanta, Georgia: US Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Promotion, Office on Smoking and Health, June 2006.
20. Partnership for Prevention. "Investing in Health. Proven Health Promotion Practices for Workplaces." May 2008.
21. 2009 Annual Report. Indiana Tobacco Prevention and Cessation.

FOR MORE INFORMATION ON TOBACCO CESSATION
AND TOBACCO-FREE WORKPLACE POLICIES,
CALL TPC 317-234-1787