

# Health

## The benefits of butting out



BY CARLY FOSTER

**E**mployers can see bottom-line benefits to helping their employees butt out — if they implement the right smoking cessation program.

For decades, businesses included smoking cessation in their drug benefit plans, offering yearly or lifetime maximums for aids such as the nicotine patch or Zyban. A more forward-thinking company might have some sort of occupational, health-related cessation program, says Wendy Poirier, a managing principal with Towers Perrin.

“These days, they still have the drug therapy piece, but are asking, ‘Is it the right amount of drug? And how does behaviour therapy fit into things?’” she says. “In order to have a truly successful program, you have to have the behavioural management side.”

### Smokers cost more

According to the Conference Board of Canada report, “Smoking and the bottom line: Updating the costs of smoking in the workplace,” smoking has an astronomical impact in the office, causing increased absenteeism, decreased productivity and higher facilities costs:

- Smokers take two more sick-leave days a year than nonsmoking employees. Annual cost: \$323/employee.
- Employees who smoke take additional breaks, averaging 40 minutes a day (on top of allocated lunch or other breaks). Annual cost: \$3,053/employee.
- Employers often provide ashtrays outdoors for smoker, and pay for their maintenance and cleaning. Annual cost: \$20/employee.

That’s a whopping \$3,396 in additional costs to employ a smoker, equal to 8.7% of payroll.

“There are drug and disability costs, too, and the extra work for employees when smokers take breaks,” says Karen Seward, senior VP of business development and marketing for Sheppell.fgi. “But

the bigger issue for employers is the cost.”

And as the social stigma surrounding smoking continues to spiral, governments aren’t making it any easier to puff in public. Smoking is banned in essentially all public buildings and restaurants in Canada, while Nova Scotia became the first province to prohibit lighting up in cars — to protect children — in December 2007. Similar legislation has been tabled in Ontario, and British Columbia has promised the same move in a recent throne speech. New Brunswick and Manitoba are considering a similar ban.

### Plenty of programs

These moves have contributed to the increase in quit programs offered by insurance companies and employee assistance programs, and their uptake, says Seward.

“It’s [now] built in to all our programs,” she says. “We align our services to deal with issues.”

Rick Weston, founder and CEO of Addiction Management Systems, prefers the words “control” and “management” around helping employees quit smoking.

“We never use the word cessation ... and never promise employees will quit,” he says of his program, The Choice is Yours, which employers such as IBM, the Royal Bank of Canada and the Canadian Medical Association have used. “Failure is positive and part of the process. When smokers learn that the more times they fail, the closer they are to becoming former smokers, then everything changes.”

What Weston does predict is that most employees who attend the one-day, on site seminar, will smoke 40%-50% less, and in a year — after taking the self-help guide at the conclusion — 20%-25% will have quit.

The Michelin tire plan in Bridgewater, N.S., instituted a complete smoking ban on company property in the summer of 2007 after several smoldering fires and concern for employee health. Despite 18 months’ notice, employees still rebelled, sneaking cigarettes both in and out of the building and com-

plaining to management.

“Rick was the one person who could articulate what quitting smoking was like,” says Harry Hughes, training coordinator at the plant. “A lot of our management are young and had never been smokers. I don’t think a lot of people appreciate the difficulty in quitting. Now we had a coping system for our new environment.”

At Concordia University in Montreal, there is absolutely no smoking indoors, and bright yellow paint outlines 9-metre smoke-free zones around entrances where fines abound. The school offers an eight-week IQuit program for staff, administered through its EAP.

“Any habit worth changing requires effort and a plan,” says Owen Moran, a registered nurse and health educator at Concordia’s health services. That’s why their program focuses on values, strengths, attitude, coping strategies and behaviour. “I think every organization should offer smoking cessation and evidence-based therapy.”

Poirier points to Health Canada’s free quit smoking guide employers can offer smokers, which comes with support phone numbers for each province.

“It doesn’t have to be a large investment” for small companies or if a program is not available via an EAP.

### No penalties here

Some American companies are taking a more hard-line approach to dealing with employees who smoke: higher premiums and pay cuts for those who puff, and even bans on hiring smokers.

Seward is skeptical that could ever happen in Canada because of human rights and privacy laws. “Here, we’re more likely to see incentives for employees not to smoke,” she says. “That’s the more Canadian way of doing things.”

Poirier had a few national clients, with American counterparts or parent companies, look at higher premiums for smokers, but they quickly came to the conclusion it wouldn’t work north of the border.

“Who pays for health care is another big difference, and that tie-in is not here,” she says. “Their cost for smokers is far greater, but Canadian employers will take the path of least resistance. The return is just not there for the employee relations ... or legal issues [higher premiums] would create.”

However, optional group life insurance — which Poirier stresses is an employer’s choice to carry — does have the long-standing practice of premiums based on age, gender and smoking.

One option employers do have to increase the success of employees quitting is to remove yearly or lifetime limits for treatment options, says a booklet put together by pharmaceutical giant Pfizer, called “Butting out to raise the bottom line.”

“This approach does not recognize the relapsing nature of smoking cessation and is not designed to maximize the number of successful quitters,” it reads. “The most successful approach to smoking cessation makes room for a range of treatments that address all aspects of the addiction — usually pharmacological therapy along with counseling and behavioural support.” — C.M.F.