

- \* PHYSICAL DEPENDENCE CAN OCCUR, WHICH MEANS A WITHDRAWAL SYNDROME FOR THOSE WHO QUIT ...**
- \* AND -- AS WITH HEROIN, COCAINE, AND OTHER ADDICTIVE DRUGS -- THE USER WILL VERY LIKELY RELAPSE AND RETURN TO THE USE OF THE DRUG.**

**I FEEL VERY STRONGLY THAT THE PEOPLE OF AMERICA NEED TO BE WARNED REPEATEDLY ABOUT THE ADDICTIVE NATURE OF TOBACCO. AND THE NON-SMOKERS NEED TO DO ALL THEY CAN -- WITH COMPASSION AND UNDERSTANDING-- TO GET THE SMOKERS TO STOP.**

NOW, LET'S TALK SPECIFICALLY ABOUT WHAT WE CAN DO, first of all to clean up the air at the worksite, to use the worksite to help those americans addicted to nicotine to break the habit... for their health and for the health of the people who work with them.

**O**f the many programs to reduce smoking, <sup>THOSE</sup> ~~ones~~ at the worksite offer ~~strong~~ the strongest possibilities because of the number of hours per day people spend at work, and because of the opportunities for positive reinforcement by fellow workers.

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**T**here is a right way --and many wrong ways-- to establish a smoking policy at the worksite..... or really we mean a no-smoking policy.

First, give people plenty of time and plenty of involvement.

Announce the plan a long time in advance.

Appoint a committee of smokers and nonsmokers to implement the plan, expect them to meet frequently, and give them strong and frequent support from the top.

The charge to the committee should not be to decide whether or not ~~to~~ we have a smoking POLICY, BUT HOW SHOULD WE HAVE A SmOKING POLICY --a non-smoking policy.

Once a company has decided to have a smoking policy, the next questions, of course, are "Where?", and "When?".

I'll tell you the best answers, and the easiest answers to those questions:

"nowhere!" and "never!"

It's much easier to have no smoking than to have a some smoking or even a little smoking.

Those companies that restricted smoking instead of a banning smoking have regretted it, and many of them have gone to a ban.

Only a total ban really achieves the health benefits.

It is difficult to keep smokers and non-smokers apart in a worksite situation, and the surgeon general's <sup>on ETS</sup> report confirmed that keeping them apart in the same airspace, even at other ends of a large room, does not protect the nonsmoker from the ill-effects, the deadly effects, of tobacco smoke.

Technological solutions like changing the ventilation are usually both cost-prohibitive and ONLY partially effective.

**PEOPLE WHO RUN A BUSINESS CAN SIT DOWN WITH THEIR  
EMPLOYEES AND SET A TIME-TABLE TO MAKE THE WORKSITE  
SMOKE-FREE. THEY SHOULDN'T WORRY ABOUT THE IMPACT ON  
BUSINESS. ONLY GOOD THINGS WILL HAPPEN.**

Little things can mean a lot. when northwest pacific bell began its smoking ban, the company president announced that outside the doors, beyond the smoke-free air of the worksite, there would be coffee and danish, so those who felt they had to have a morning cigarette with coffee and danish still could.

Smoking bans can be emotional issues, and ceo's should be ready for a few nasty letters either signed or anonymous. Later, more often than not, the people who wrote the letters end up among the strongest supporters of the non-smoking program.

One of the most helpful tactics has been to offer to any employee and member of immediate the employee's household enrollment in any anti-smoking program THEY CHOOSE: physician consultation, the seventh-day adventist cessation program, the american lung program, hypnosis, acupuncture, whatever. these are all helpful crutches during the transition from smoking to non sMoking. and its much easier to quit if family smokers quit with you.

Northwest pacific bell said this cost less than \$160 per employee, and it

added real benefits for morale.

That's important. **Keep morale high. Make it a team effort, with no exceptions.** People with private offices cannot be allowed to break the ban. bans must be universal, and they must be enforced.

**M**ost executives institute smoking bans out of purely altruistic, health-centered motivation. but they discover good news on the bottom line.

**ABOUT TEN YEARS AGO MR. WILBUR MCPHERSON, THE OWNER OF RADAR ELECTRIC CO. OF SEATTLE DECIDED TO RID HIS BUSINESS OF SMOKERS. HE KNEW THAT SMOKERS WERE LESS EFFICIENT, LOST MORE TIME IN ABSENTEEISM, COST MORE IN HEALTH BENEFITS.**

**SO HE SIMPLY SAID, "NO SMOKING".**

**MOST OF HIS SMOKING EMPLOYEES QUIT SMOKING.**

**Like other firms that ban smoking, he saw a dramatic drop in absenteeism..**

**Accidents also were cut sharply (3 of 4 accidents involve smokers)**

**MAINTENANCE COSTS DROPPED**, as cleaning became much easier and as the damage to furniture and carpets from burning cigarettes and matches came to an end.

**F**ire insurance cost went down, as did workmen's compensation.

and **PRODUCTIVITY WENT UP**.

**YOU ALL PROBABLY KNOW THE SUCCESS STORY OF THE NON-SMOKERS INN, LOCATED IN DALLAS, ON THE WAY INTO TOWN FROM THE DALLAS-FORT WORTH AIRPORT.**

**ALTHOUGH SCOFFERS PREDICTED BANKRUPTCY FOR A NON-SMOKERS INN, WITHIN SIX WEEKS THE OWNER USED ONLY BLACK INK.**

**THE SUPPORTING FIGURES SHOW WHY.**

**BUSINESS ECONOMISTS HAVE CALCULATED THAT A SMOKING EMPLOYEE COSTS A FIRM ABOUT \$4,600 PER YEAR MORE THAN A NON-SMOKING WORKER.**

**AND THE SAVINGS ON MAINTENANCE, CLEANING, ETC. CAN AMOUNT TO 41 PERCENT A YEAR.**

**Above all, one of the most rapidly rising business expenses --healthcare costs-- actually go down when the worksite goes smoke-free. and that's good for all of us.**

**THOSE OF US IN THE ANTI-SMOKING MOVEMENT, THOSE WHO ARE DOING ALL THEY CAN IN CESSATION PROGRAMS SEE THE YEAR 2000 IS A GOAL FOR MANY OF US.**

**I first called for a smoke-free society by the year 2000 when i spoke IN 1984 AT THE MEETING OF THE AMERICAN LUNG ASSOCIATION AND THE AMERICAN THORACIC SOCIETY IN MIAMI.**

**BACK THEN, ONLY 6 YEARS AGO, A SMOKE-FREE SOCIETY BY THE YEAR 2000 SEEMED LIKE A RADICAL IDEA.**

**I EVEN TOOK THE PRECAUTIONARY STEP OF HAVING MY SPEECH TYPED OUTSIDE OF GOVERNMENT OFFICES, AND OF AVOIDING THE NORMAL CLEARANCE PROCESS, SO CERTAIN WAS I THAT SOME OFFICIAL BEHOLDEN TO THE TOBACCO INTERESTS WOULD ATTEMPT TO SNUFF OUT THE IDEA.**

**BUT NOW IT IS VERY MUCH AN IDEA WHOSE TIME HAS COME.**

**AND WE HAVE A DECADE --JUST ENOUGH TIME TO SEE IT**

**HAPPEN,**

**JUST ENOUGH TIME TO MAKE IT HAPPEN.**

**AND YOU ARE PEOPLE WHO CAN MAKE IT HAPPEN.**

**WHEN I FIRST CALLED FOR A SMOKE-FREE SOCIETY BY 2000, I SAID VERY CLEARLY THAT I WASN'T PROPOSING ANOTHER GOVERNMENT PROGRAM. THIS WAS NOT GOING TO BE A PUBLIC HEALTH SERVICE INITIATIVE...NOR WAS THIS GOING TO BE ANOTHER PET PROJECT OF THE U.S. SURGEON GENERAL.**

**INSTEAD, I RAISED THE IDEA AS A CALL...A CALL FROM THE SURGEON GENERAL TO THE PEOPLE OF THIS COUNTRY.**

**YOU MAY RECALL THAT I DESIGNATED CERTAIN GROUPS TO DO CERTAIN THINGS: THE BOY SCOUTS, THE CAMPFIRE GIRLS, RESPIRATORY THERAPISTS, THE COALITION ON SMOKING OR HEALTH.**

**IN THE YEARS SINCE, EACH GROUP HAS RESPONDED, AND RESPONDED GENEROUSLY.**

**now, MY CALL FOR A SMOKE-FREE SOCIETY BY THE YEAR 2000 HAS BEEN MATCHED BY THE NATIONAL CANCER INSTITUTE'S CALL FOR A 50 PERCENT REDUCTION IN CANCER MORTALITY RATES BY THE TURN OF THE CENTURY.**

**WE ARE ALREADY IN THE 1990s, SO WE HAVE A LOT TO DO, FAST.**

**NOW FOR SOME GOOD NEWS.**

**THE AIM OF OUR EDUCATIONAL EFFORTS HAS CHANGED  
RECENTLY.**

**FOR THE LAST 25 YEARS WE HAVE TRIED TO CONVINC  
AMERICANS TO STOP SMOKING --AND NEVER TO START.**

**NOW WE KNOW THAT MOST SMOKERS --PERHAPS AS HIGH AS 90  
PERCENT-- WANT TO STOP.**

**THEY DON'T NEED CONVINCING.**

**THEY NEED HELP IN SMOKING CESSATION.**

**SINCE 1982 THE NATIONAL CANCER INSTITUTE'S SMOKING,  
TOBACCO, AND CANCER PROGRAM HAS FOCUSED ITS RESEARCH  
ON METHODS OF INTERVENTION:**

**AMONG THEM ARE:**

**-SCHOOL-BASED PREVENTION:**

**WE KNOW THAT THE AVERAGE AGE FOR THE INITIAL SMOKING  
EXPERIENCE GETS LOWER EACH YEAR. ANTI-SMOKING  
EDUCATION MUST BEGIN IN THE ELEMENTARY GRADES.**

**-SELF-HELP METHODS:**

**SEVERAL NATIONAL MAGAZINES RECENTLY HAVE HIGHLIGHTED THESE UNIQUELY AMERICAN INSTITUTIONS.**

**THE ADDICTED SMOKERS NEED TO QUIT THEMSELVES.**

**BUT IT CAN TAKE ABOUT 5 TIMES TO QUIT, SO THEY NEED HELP.**

**THEY CAN GET IT IN**

**-COMMUNITY INTERVENTIONS:**

**AMONG THE MOST PROMISING ARE THOSE OF COMMIT  
(COMMUNITY INTERVENTION TRIAL FOR SMOKING CESSATION).**

**THIS IS A MULTI-FACETED EFFORT BASED ON 11 COMMUNITIES  
IN THE USA AND CANADA, USING EXISTING COMMUNITY  
ORGANIZATIONS LIKE ORKSITE GROUPS, HEALTHCARE  
FACILITIES, CIVIC GROUPS, LOCAL MEDIA, AND SCHOOLS.**

**ALL THESE GROUPS COOPERATE IN CESSATION EFFORTS AIMED ESPECIALLY AT PEOPLE WHO SMOKE 25 OR MORE CIGARETTES A DAY, THOSE WITH THE GREATEST CANCER RISK, THOSE WHO HAVE THE TOUGHEST TIME QUITTING.**

**THE IDEA IS TO SURROUND THEM, EVERYWHERE THEY GO, WITH REMINDERS --AND ASSISTANCE-- TO TAKE CHARGE OF THEIR LIVES BY CEASING TO SMOKE.**

**COMMIT ALSO URGES PHYSICIANS TO ASSUME THEIR NATURAL ROLE AS COMMUNITY LEADERS BY BECOMING PART OF THE LOCAL MEDIA.**

**COMMIT CALLS PHYSICIANS TO BECOME "SMOKING CONTROL MEDIA ADVOCATES".**

**COMMIT SPOKESMEN ASSERT THAT DOCTORS NEED TO APPEAR ON TV, ESPECIALLY LOCAL TV, TO CARRY THE ANTI-SMOKING MESSAGE, TO URGE PEOPLE TO QUIT.**

**PEOPLE BELIEVE DOCS ON TV.**

**(REMEMBER HOW WHEN ROBERT YOUNG TOOK THE JOB OF  
PLUGGING SANKA, MOST AMERICANS THOUGHT IT WAS DR.  
WELBY, AND THEY PAID ATTENTION.)**

**TELEVISION AND RADIO ARE WHAT SHAPE THE AMERICAN MIND.**

**SMOKING ADS MAY HAVE LEFT THE AIRWAYS, BUT AGGRESSIVE  
ANTI-SMOKING MESSAGES NEED TO TAKE THEIR PLACE.**

**MEDIA ADVOCACY IS ACTIVIST, SURMOUNTING THE THRESHOLD  
OF MEDIA RESISTANCE OR INDIFFERENCE, SURMOUNTING THE  
OBSTACLES OF PHYSICIAN RELUCTANCE OR INDIFFERENCE.**

**THE NATIONAL CANCER INSTITUTE ASSIST PROGRAM --  
AMERICAN STOP SMOKING INTERVENTION STUDY FOR CANCER  
PREVENTION-- FOCUSES ON COMMUNITY-BASED COALITIONS  
DEALING WITH ENTIRE STATES OR LARGE METROPOLITAN  
AREAS.**

**THESE CENTERS ARE FUNDED IN EXCESS OF \$100 MILLION TO  
ENSURE A SUSTAINED IMPACT ON THE LIVES OF MORE THAN 50  
MILLION AMERICANS.**

**ASSIST AMOUNTS TO THE LARGEST INTERVENTION EFFORT EVER  
UNDERTAKEN BY AN AGENCY OF THE US PUBLIC HEALTH  
SERVICE.**

**THERE IS HELP OUT THERE FOR THE SMOKER WHO WANTS TO  
STOP.**

**AND FINALLY,**

**-PHYSICIAN/DENTIST INTERVENTIONS.**

**THAT LAST-MENTIONED METHOD SHOULD BE OF SPECIAL  
INTEREST TO ALL THE PHYSICIANS HERE THIS MORNING.**

**WE KNOW THAT NOTHING IS AS EFFECTIVE IN STOPPING  
SMOKING AS WHEN A DOCTOR LOOKS A PATIENT STRAIGHT IN  
THE EYE AND SAYS,**

**"IF YOU CONTINUE TO SMOKE, YOU'RE GOING TO KILL  
YOURSELF. YOU NEED TO STOP...NOW."**

**THAT CAN WORK WHEN ALL ELSE SEEMS TO FAIL.**

**THERE ARE NEW METHODS TO ASSIST QUITTERS, RANGING FROM  
AVERSION THERAPY USING ELECTRIC SHOCKS TO  
EXPERIMENTAL PHARMACEUTICAL AGENTS.**

**BUT, STILL, 85 PERCENT OF THOSE WHO QUIT. . .JUST DO IT!**

**I CALL UPON THE PHYSICIANS WHO ARE HERE TODAY TO CARRY  
THAT MESSAGE TO EACH OF YOUR PATIENTS WHO STILL SMOKE.**

**FINALLY, THERE ARE A NUMBER OF PUBLIC POLICY ISSUES THAT DEMAND OUR RESOLUTE ATTENTION AND ACTION.**

**ONE OF THEM IS CIGARETTE ADVERTISING.**

**THE ADS HAVE GONE FROM TELEVISION, THANK GOD, --**

**ALTHOUGH THEY ARE SNEAKING BACK THROUGH VIDEOS-- BUT**

**CIGARETTE ADVERTISING STILL ASSAULTS OUR SOCIETY IN**

**PRINT AND BILLBOARDS.**