



# HOW TO MAKE YOUR CAMPUS SMOKE-FREE

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# PART 01

## Why smoke-free campuses?





## Did you know?



### **Workers who smoke call in sick more often**

There is a 60% higher risk of lost workdays for men and 15% higher risk of lost workdays for women<sup>(1)</sup>



### **Nonsmoking workers are at risk of diseases caused by second-hand smoke**

Workers in restaurants and bars that allow smoking have a 50% higher rate of lung cancer than the general population<sup>(2)</sup>



### **Industrial accidents, fires, and occupational injuries occur more frequently<sup>(3,4)</sup> in environments that are not smoke-free**



### **Legal risk exists from potential litigation by nonsmoking workers affected by second-hand smoke**



### **Smoking breaks take away from the real work**

Research from the United Kingdom found that smokers spend 40 minutes of each work day on smoking breaks<sup>(5)</sup>. This equates to 20 days each year spent smoking instead of working



### **Cleaning costs are higher**

Businesses that allow smoking have cleaning bills that can be as much as 10% higher<sup>(6)</sup>

# When a campus becomes smoke-free, everyone wins

## Benefits to employers

1. Smoke-free workplaces create a healthier, more productive workforce.
2. The annual health-care costs for employee health premiums are lower.
3. The risk of fire damage, accidents and occupational injuries is reduced.
4. This leads to lower fire and accident insurance premiums.
5. Cleaning and maintenance costs also go down.
6. There is less risk of legal action by nonsmoking employees due to the adverse health effects of second-hand smoke.
7. The image of a UN organization that is committed to a healthier workplace is enhanced.
8. It sets a precedent and good example for the community, especially in areas where smoke-free public policies have yet to be enacted.

## Benefits to visitors and staff

1. Their exposure to second-hand smoke is reduced. This lowers their risk of adverse health effects resulting from exposure to second-hand smoke.
2. Visitors (including children) in a smoke-free workplace enjoy a fresher and cleaner atmosphere, making for a more positive visit.
3. When the smoke-free signage clearly states that the smoke-free policy stems from a concern for health, visitors and guests perceive a more empathic and caring management.







### Benefits to workers

1. For smokers, smoke-free workplaces help persuade them to quit entirely, protecting their health.
2. For nonsmokers, the risk of health hazards from second-hand smoke is eliminated.
3. For both smoking and nonsmoking employees, respiratory and allergic symptoms from tobacco smoke are markedly reduced.
4. Other health hazards from exposure to tobacco smoke, such as cancer and heart disease, are also significantly reduced.
5. Early retirement due to ill health caused by tobacco use – either from direct smoking or second-hand smoke exposure – is less likely.
6. With a healthier workplace and increased productivity, business prospers and job security is strengthened.
7. Smoke-free workplaces report improved overall morale.
8. Workers in smoke-free workplaces lower their risk of exporting “third-hand smoke” – residue from tobacco smoke that clings to clothing, bags, skin and hair – to their homes. This reduces their children’s exposure to third-hand smoke – and their own clothes will smell fresher and cleaner too!

# Myths and facts

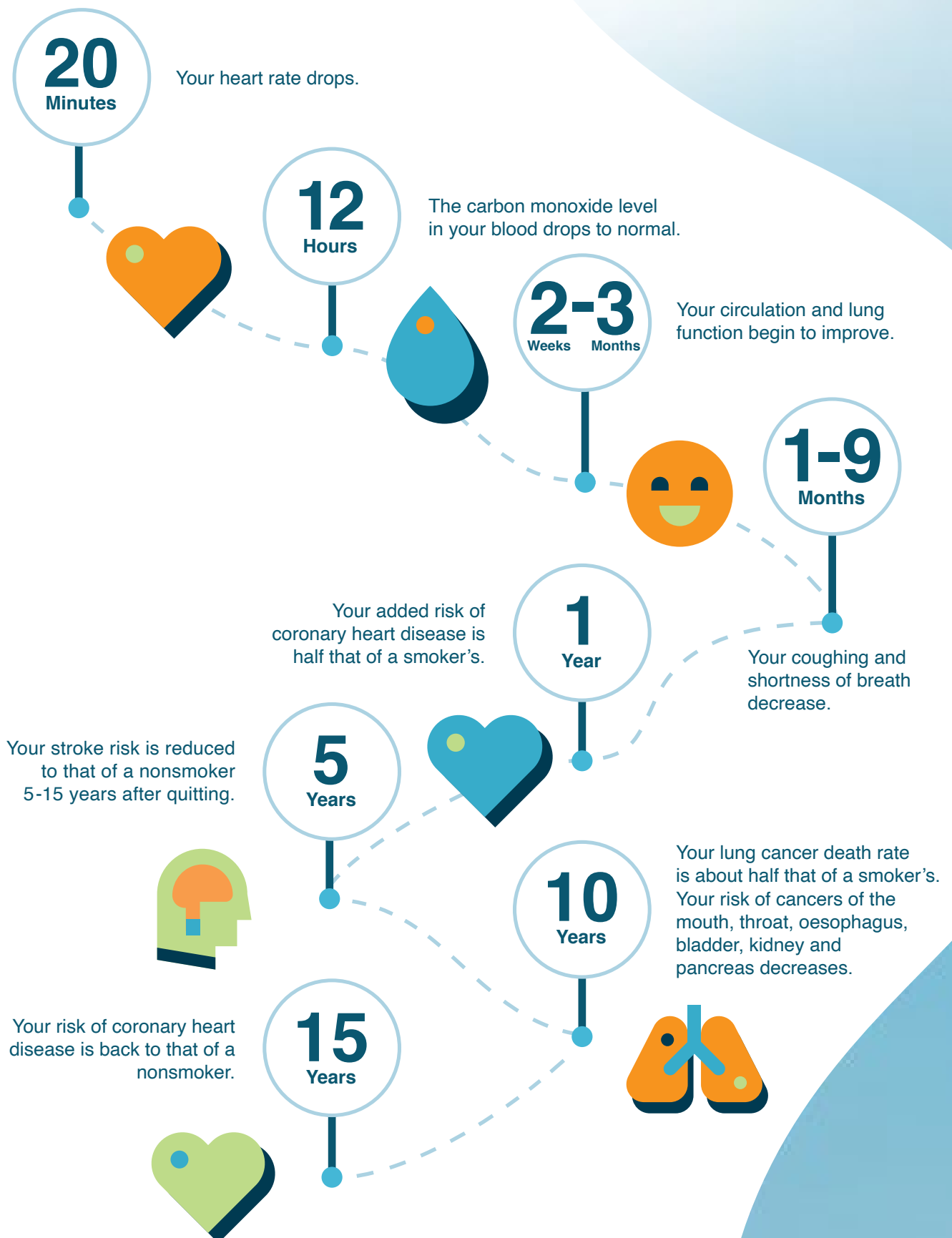
about smoke-free workplaces

Myths	Facts
You do not need to make a workplace 100% smoke-free; just designate a smoking area.	Smoking areas imply that workers and visitors are still exposed to second-hand smoke, and that fire and accident risks remain. The only way to eliminate the hazards of tobacco smoke is through a 100% smoke-free policy.
You do not need to make a workplace 100% smoke-free; just create ventilated smoking rooms. Ventilation systems can get rid of tobacco smoke indoors.	Even the most advanced ventilation system cannot eliminate tobacco smoke or exposure to second-hand smoke. The American Society of Heating, Refrigerating and Air-Conditioning Engineers states that currently the only way to effectively eliminate the health risk associated with indoor exposure to second-hand smoke is to ban smoking(7).
Smoke-free policies are unpopular with workers.	Most smokers support smoke-free policies once they've experienced its benefits.
Smoke-free workplace policies are only needed if there is a national smoke-free law.	All countries mandate employers to provide a safe workplace for their workers, and tobacco smoke is a major health hazard. In several countries, smoke-free workplaces have preceded national law and led the way for healthier policies.



# Within 20 minutes of quitting smoking...

your body begins a series of changes that continue for years.



# PART 02

## Eight steps to creating a smoke-free campus



1

Convene a planning committee



2

Conduct a staff survey



3

Create a supportive environment



4

Establish and offer a free cessation service



5

Train staff on your smoke-free policy and compliance



6

Announce your smoke-free campus policy



7

Implement, enforce, monitor, evaluate



8

Sustain the smoke-free campus



# Background and the need for a smoke-free United Nations

## About smoke-free workplaces

Tobacco use is one of the main risk factors for the most prominent noncommunicable diseases, including cancer, heart disease and chronic obstructive pulmonary disease. At the second session of the WHO Framework Convention on Tobacco Control (WHO FCTC) Conference of the Parties (COP) in July 2007, Parties to the WHO FCTC adopted Guidelines for the implementation of Article 8 of the Convention. These guidelines identify the measures necessary to achieve effective protection from the hazards of second-hand tobacco smoke.

This document supports UN agencies in implementing:

1. Resolution 63/8 adopted in 2008 by the General Assembly on Smoke-free United Nations premises, which recommends the implementation of a complete ban on smoking at all United Nations indoor premises, including regional and country offices throughout the United Nations system, and the implementation of a complete ban on sales of tobacco products at all United Nations premises.
2. Resolution E/RES/2012/4 adopted in 2012 by the Economic and Social Council, which calls for “United Nations system-wide coherence on tobacco control”.

On 31 May 2013, the World Health Organization Headquarters in Geneva became a smoke-free campus, going beyond the Smoke-free United Nations premises resolution which only recommends smoke-free indoor spaces. Recognizing the efforts of the UN Inter-Agency Task Force (UNIATF) on NCDs, the meeting of the Task Force in 2018 led to an agreement that all UN agencies would assess their respective implementation of both Resolutions.

In this regard, WHO would like to extend support to UN agencies implementing the Resolution on Smoke-free UN premises, and encourage them to go beyond this Resolution by making UN campuses smoke-free. The emergence and availability of novel and emerging nicotine and tobacco products also present challenges for tobacco control policies, such as smoke-free legislation. Examples of these products include Electronic Nicotine Delivery Systems (ENDS), Electronic Non-Nicotine Delivery System (ENNDS) and Heated Tobacco Products (HTPs), and in recent times have undermined and continue to undermine tobacco control efforts as they are often promoted by the tobacco and nicotine industries as “smoke-free”. Each of these three products are distinct categories of products and differ from one another in terms of their characteristics, toxicological profile and potential health effects. Following the seventh session of the WHO FCTC Conference of the Parties in November 2016, WHO’s report on ENDS and ENNDS invited Parties that have not banned the importation, sale and distribution of ENDS/ENNDS to consider options to minimize health risks to non-users, including prohibiting by law the use of ENDS/ENNDS in indoor spaces or at least where smoking is not permitted.

To this end, the Resolution on Smoke-free UN premises will put into practice the United Nations smoke-free workplace policy, which aims to protect approximately 100 000 UN staff members from exposure to second-hand smoke. Studies have shown that implementing smoke-free policies not only improves the health of workers, but can also improve productivity and prevent premature death.<sup>1,2,3</sup>

The Secretariat of the WHO FCTC and the Protocol to Eliminate Illicit Trade joins WHO in this initiative both by supporting the members of the UNIATF on Prevention and Control of NCDs with their initiatives and by providing valuable inputs in the development of this guide.

This toolkit outlines eight recommended steps for creating smoke-free UN campuses. These steps were adapted from the US Centers for Disease Control toolkit for implementing a tobacco-free initiative. The toolkit was based on the experience of the World Health Organization Headquarters in going smoke-free.

**1 Resolution 63/8:** [https://www.who.int/tobacco/global\\_interaction/un\\_taskforce/Resolution\\_GA\\_SmokFree\\_2008.pdf?ua=1](https://www.who.int/tobacco/global_interaction/un_taskforce/Resolution_GA_SmokFree_2008.pdf?ua=1)

**2 Resolution E/RES/2012/4:** [https://www.un.org/ga/search/view\\_doc.asp?symbol=E/RES/2012/4](https://www.un.org/ga/search/view_doc.asp?symbol=E/RES/2012/4)

## 1

## Convene a planning committee



**Why:** A planning committee can generate support and buy-in from different departments for effective implementation of the policy.

A planning committee can also identify the range of perspectives and challenges that may need to be addressed, as well as the roles and responsibilities of each focal person.

**The roles and responsibilities of a planning committee are to:**

- a.** Set up subcommittees/working groups with specific tasks (e.g. policy development and implementation; cessation services; policy evaluation)
- b.** Engage key stakeholders such as staff associations and senior management
- c.** Develop strong implementation measures
- d.** Establish a non-discriminatory complaints procedure

**How:** The planning committee should include employees and representatives from various departments including communications, employee benefits, facilities and operations, health and safety, human resources, labour unions, management, occupational health and safety, policy/legal, and security/enforcement. The Committee's first steps should include selecting a Planning Committee chairperson, clearly defining the mission and goals of the Committee, developing an estimated budget, drafting a smoke-free policy and creating a tentative timeline (for example, 12 to 18 months) for implementation of the smoke-free policy.

The establishment of subcommittees or workgroups to address different policy components could be considered (e.g., policy development, policy implementation, cessation services, policy evaluation) as these components might need to be planned simultaneously. The draft smoke-free campus policy should include objectives, a timeframe/implementation plan, links between the policy and the organization's values, integration with other health and safety-related programmes (if applicable), details of available support for employees who smoke, rules around noncompliance, and contact details for cessation support. (See Annex 1, Convening and communicating the work of the Planning Committee.)

## 2

## Conduct a staff survey



**Why:** A survey can help deepen understanding of campus behaviours and views related to use of novel and emerging nicotine and tobacco products, as well as tobacco smoking and exposure to second-hand smoke, and can raise awareness about the organization's intention to develop and implement a smoke-free campus policy. After roll-out of the policy, a second survey should be conducted to allow the campus community to share their experiences and provide input on the policy. These inputs are essential for improvement of the policy as well as for overcoming implementation challenges.

**How:** The survey should be distributed to all staff, consultants and interns, and should be designed to gauge their level of support for a smoke-free campus policy. The follow-up survey should determine the effectiveness of the policy and its level of impact on the campus, and obtain additional insights into ongoing needs and challenges. (See Annex 2 for sample staff survey).



## 3

## Create a supportive environment



**Why:** According to the Guidelines for implementation of Article 8 of the WHO FCTC, it is crucial to educate and mobilize staff in order to gain support of this internal policy.

There should be an information campaign among staff to raise awareness and facilitate enforcement by those tasked with enforcing the policy.

Staff should be informed that by introducing this policy, the UN acts in the spirit of an international treaty negotiated under the auspices of one of the specialized UN agencies, the World Health Organization.

Furthermore, by enacting such a policy, the UN demonstrates an advanced example of good practice to all other UN entities and agencies, and policy coherence with a global legal instrument to which 181 UN Member States are legally bound Parties.

- a. Put up signs (see Annex 3)
- b. Provide continuous communication before and after the launch date (e.g. campaigns, IEC materials, lunch seminars – see Annex 1)

**How:** Before the policy comes into effect, signs should be placed at all vehicle and pedestrian entrances in order to notify employees and visitors that they are entering a smoke-free campus. If signs cannot be installed in time, banners can be used temporarily. Place stickers on building doors stating that buildings are smoke-free. Smoking shelters and ashtrays should be removed, and cigarette butt receptacles installed. It is crucial to have continuous communication through conducting communication campaigns, launching lunch seminars or sharing the flyers (digital or hard copies), before and after the launch date. This will help increase the awareness of the policy and enhance compliance.

## 4

## Establish and offer a free cessation service



**Why:** The purpose of a smoke-free campus is to provide a healthy working environment for all staff. Every worker has a right to breathe clean air. Further, it is important to support tobacco users, as well as users of novel nicotine and emerging tobacco products, who are willing to quit and provide them with access to appropriate cessation services. According to the *Circulaire de l'ONUG sur interdiction de fumer*, treatments designed to eliminate tobacco dependence are covered by the United Nations Staff Insurance Society against Sickness and Accidents.

**How:** The approach to implementing the cessation service will vary depending on the types of service that are planned, and the channels through which these services are made available (e.g., on-site clinic, health plans, existing quit line or web/mobile service offered by the UN agency or the country). The communication plan should reflect all available services. It is important to note that not everyone is successful in quitting at their first attempt, so the planning process should consider supporting at least two quit attempts per year. Records on the number of employees who access the service should be kept, as well as the number of employees who have actually tried to quit and those who have succeeded in quitting after 6 months. (Links to WHO guidelines for tobacco users to quit and training for quit-line counsellors can be found in Annex 5.)



## 5

Train staff on your smoke-free policy and compliance



**Why:** Staff training can ensure correct implementation of the policy and promote compliance. All staff should have access to training on the policy and how to approach those who breach it.

The goal of such training is to create a culture of policy compliance so that enforcement of the smoke-free policy is everyone's responsibility. Engaging the support of the community and encouraging members of staff to monitor compliance and report violations greatly extends the reach of any enforcement agency and reduces the resources needed to achieve compliance.

Approaching rule-breakers can be intimidating, so providing appropriate tools and training can increase enforcement and compliance with the policy.

**How:** Depending on the nature of the UN agency, it is advised to regularly train staff/compliance personnel. After initial face-to-face training, it can be offered online. The first few training sessions should include the following:

- Information on the UN Smoke-free Resolution, circular or information note
- Health impact of smoking
- Impact of second-hand smoke
- How to quit smoking
  - Why should I quit smoking?
  - What benefits do I get by quitting smoking?
  - I have already tried and it did not work! Why should I try again?
  - I want to take the first step, what should I do?
  - Do I get any support at my workplace?

- How to support smokers who want to quit
- Roles and responsibilities of compliance personnel
- Enforcement plan

The enforcement plan should include:

- Designation of enforcement authorities
- Who has/will have the power to enforce?
- Have enforcement authorities been informed of their responsibility?  
If not, how will they be informed of their responsibility?

## 6

## Announce your smoke-free campus policy



**Why:** Sufficient lead time allows for staff to be made aware that a smoke-free policy is coming their way. A formal launch is essential to highlight the importance of the policy and enhance awareness by providing face-to-face engagement with all departments, thereby improving the potential impact of the policy.

- a. Schedule the launch of the policy
- b. Plan a formal launch

**How:** When scheduling the roll-out of the policy, the date when the policy will take effect should be decided, allowing for sufficient lead time (at least 9 months) to carry out the communication plan(s). If possible, the policy can take effect at a time when the weather is warm, as studies indicate that people's mood tends to be better in nice weather. Senior management should make the announcement.

Scheduling the policy implementation can take advantage of publicity opportunities such as World No Tobacco Day (31 May) or another significant day for the organization. Ideally, the new policy should be well promoted before it takes effect (e.g. periodic

reminders sent out to employees in the period leading up to the date the policy takes effect, and one final announcement, from senior management, immediately before the policy takes effect).

On the day that the smoke-free policy takes effect, it is useful to hold one or more high-profile events featuring senior management. These events should emphasize the policy's benefits for employee health and publicize the expanded cessation services that are being made available. The content of the launch can also be published on social media to attract the attention of a wider audience, to build a social media following and to promote best practices.

## 7

## Implement, enforce, monitor, evaluate



**Why:** Implementing the smoke-free campus policy meets the UN Resolution to provide its staff with a safe and healthy working environment and protect them from exposure to second-hand smoke in the workplace, in line with Article 8 of the WHO FCTC and its guidelines. In addition, implementation of the policy may raise awareness of the potential health impacts attributed to tobacco use, as well as use of novel nicotine and emerging tobacco products, and may positively impact staff members' attempts to quit. Enforcing, monitoring and evaluating the impact of the policy can help track the policy's success, and build the evidence base for further actions and improvements.

**How:** In the weeks before the policy takes effect, senior managers should clearly communicate to supervisors and security officials their role in enforcing the policy, including specific guidance on how to deal with noncompliance. Enforcement should be monitored to make sure that the policy is being applied in an equitable manner that does not single out or exempt any particular groups of employees.

Evaluation activities (which should be ongoing) need to be planned early to clarify what data needs to be collected in order to evaluate the policy's impact. Remember to keep it fairly simple to ensure that the evaluation will be conducted.

A pre- and post-implementation employee survey can be conducted to assess awareness and knowledge of the policy and available tobacco and nicotine use cessation services. Evaluating quit rates after 6 months among those who have received tobacco and nicotine use cessation services through the employee health service can also be considered. For example, tracking how many employees have called or come in for assistance, read the policy announcement webpage, or tried to quit smoking as a result of the policy. Evaluation results need to be reported to the planning team and senior management. (Sample assessment sheet can be found in Annex 4.)

## 8

Sustain the  
smoke-free campus

**Why:** After the initial implementation and evaluation, periodic follow-up assessments should be conducted to determine whether the smoke-free policy continues to be implemented as planned and to identify any necessary modifications.

**How:** It is recommended to have continuous enforcement, monitoring, evaluation of the policy as in Step 7. Evaluation as mentioned above should be done continuously as a record and to ascertain the policy's long-term impact. If initial experiences are positive, there might be impetus to make other UN campuses completely smoke-free, as in the case of WHO.

### Some examples of Smoke-Free UN campuses

World Health Organization Headquarters in Geneva  
 World Health Organization Regional Office for Africa  
 World Health Organization Regional Office for the Americas  
 World Health Organization Regional Office for Eastern Mediterranean Region  
 World Health Organization Regional Office for Western-Pacific Region  
 World Health Organization Country Office, Afghanistan  
 World Health Organization Country Office, Egypt  
 World Health Organization Country Office, Jordan  
 World Health Organization Country Office, Lebanon  
 World Health Organization Country Office, Oman  
 World Health Organization Country Office, Yemen  
 World Health Organization Country Office, Fiji  
 World Health Organization Country Office, Kiribati  
 World Health Organization Country Office, Mongolia  
 World Health Organization Country Office, Papua New Guinea  
 World Health Organization Country Office, Philippines  
 World Health Organization Country Office, Solomon Islands  
 World Health Organization Country Office, Vanuatu  
 World Health Organization Country Office, Vietnam (UN Campus)

# ANNEX 1

## Convening and communicating the work of the Planning Committee

The Planning Committee should include employees and representatives from various departments, including communications, employee benefits, facilities and operations, health and safety, human resources, labour unions, management, occupational health and safety, policy/legal, and security/enforcement.

### Sample communication by Planning Committee of activities to be conducted to create a smoke-free campus

The Memo of the Planning Committee's Chairs [insert names of the chairs, and date] has decided the main actions needed to declare [insert name of UN agency] smoke-free, in line with the requirements of Article 8 of the WHO Framework Convention on Tobacco Control (WHO FCTC) and its guidelines for implementation, must include the following:

1. The implementation of an information campaign [name of the campaign, if available], starting [date], until [policy launch date].
2. Awareness raising of the available support mechanisms for smokers who want to quit.
3. A public declaration that [name of UN agency] will become smoke-free on – [date], and formally close all designated smoking areas.

# ANNEX 2

## Convening and communicating the work of the Planning Committee

[Name of the organization] is considering a smoke-free campus policy. Please take a moment to complete this survey and return to [responsible unit/person]. Please note that all your responses will remain confidential.

### 1a. Do you currently smoke tobacco?

☐ Yes ☐ No

### 1b. Do you currently use electronic nicotine delivery systems (ENDS), e.g. e-cigarettes or other vaping products?

☐ Yes ☐ No

### 2a. If you are a smoker, are you interested in quitting?

☐ I am not a smoker ☐ No ☐ Yes ☐ Don't know

If "yes", what kind of support would you need?

---

### 2b. If you are an ENDS user, are you interested in quitting?

☐ I am not a smoker ☐ No ☐ Yes ☐ Don't know

If "yes", what kind of support would you need?

---

### 3a. During the past 30 days, did you see anyone smoking in indoor areas within the premises of [name of organization]?

---



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**3b.** During the past 30 days, did you see anyone using ENDS in indoor areas within the premises of [name of organization]?

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**4a.** During the past 30 days, did you see anyone smoking in outdoor areas within the premises of [name of organization]?

---



---

**4b.** During the past 30 days, did you see anyone using ENDS in outdoor areas within the premises of [name of organization]?

---



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**5a.** Are you bothered by tobacco smoke in the workplace and on the campus?

☐ Yes ☐ No ☐ Don't know

**5b.** Are you bothered by ENDS use in the workplace and on campus?

☐ Yes ☐ No ☐ Don't know

**6a.** Based on what you know or believe, does breathing other people's smoke cause serious illness in nonsmokers?

☐ Yes ☐ No ☐ Don't know

**6b.** Based on what you know or believe, does breathing emissions from other people's e-cigarettes cause serious illness in nonusers?

☐ Yes ☐ No ☐ Don't know

**7a.** Based on what you know or believe, does tobacco smoke in the workplace affect productivity?

☐ Yes ☐ No ☐ Don't know

**7b.** Based on what you know or believe, do emissions from e-cigarettes in the workplace affect productivity?

☐ Yes ☐ No ☐ Don't know

**8a.** Do you support the implementation of a smoke-free campus policy in [name of organization]?

☐ Yes ☐ No ☐ Don't know

**8b.** Do you support the extension of smoke-free campus policies to cover ENDS?

☐ Yes ☐ No ☐ Don't know

**9.** Please provide any additional comments.

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Thank you for your participation.

# ANNEX 3

## Creating a supportive environment

It is advised that clear “no smoking” signs be placed at entrances and other appropriate locations. It is also advised that information on smoking cessation services is included.

**Suggested “no smoking” signs should include:**

- “No smoking” graphic
- UN Regulation/Resolution Number
- Penalty (if any)
- Information on available smoking cessation services
- Logos of UN agency at the bottom


**Sample World Health Organization “no smoking” sign**






## ANNEX 3.1

### Sample advocacy material



**Tout notre site  
est un espace sain,  
sans fumée**

**Our entire campus  
is a healthy,  
smoke-free zone**



**How to make your campus smoke-free**

Counseling and medication can more than double the chance that a smoker who tries to quit will succeed.

If you have considered or tried quitting, but are not ready yet, the Health and Medical Services (staff), at WHO Headquarters may provide support.

They can answer your questions and help you through with counseling. We also work closely with Geneva-based facilities offering specialized services, including CIPRET (Centre d'Information pour la Prévention du Tabagisme, a local nongovernmental organization), and several hospital centres for smoking cessation.

WHO staff, interns and consultants can find more information on the intranet page of the Health and Medical Services:

[www.who.int/tobacco](http://www.who.int/tobacco)


Find out more ways to quit using tobacco at our multilingual web pages:

[www.who.int/tobacco](http://www.who.int/tobacco)

CIPRET's website can be found here:

[www.cipret.ch](http://www.cipret.ch)

**a healthy  
smoke-free zone**



Every part of WHO headquarters is completely smoke-free, as of 31 May 2013.

Introducing smoke-free zones prevents exposure to second-hand tobacco smoke and encourages smokers to quit.

Our smoke-free campus now includes:

- parking areas,
- gardens,
- all vehicles.

#### Tobacco smoking kills

Tobacco smoke contains more than 7000 chemicals, of which at least 250 are known to be harmful. At least 69 causes cancer. Tobacco smoking causes serious diseases such as cardiovascular and respiratory diseases, cancer in many locations, blindness, osteoporosis, infertility, impotence, etc.

#### Exposure to second-hand smoke kills, too

Even if you don't smoke yourself, exposure to second-hand smoke can lead to death and illness. It increases the risk of coronary heart diseases in non-smokers, causes cancer, and in infants causes sudden death.

There is no safe level of exposure to second-hand tobacco smoke. Approaches other than 100% smoke-free environments, including ventilation, air filtration and designation of smoking areas have repeatedly been shown to be ineffective. That's why smoking is not allowed in any of the indoor areas of the WHO premises.

#### Protecting staff and visitors

Our smoke-free policy protects staff and visitors' health.

When smokers work in smoke-free buildings, they often congregate outside. As a result, pollution level in those outdoors sports and concentrations of second-hand smoke are high.

In addition, residual tobacco smoke pollutants remain on clothing after tobacco has been smoked outdoors, and when the smoker comes back indoors these pollutants are re-emitted back into the air, or react with oxidants and other compounds in the environment to yield secondary pollutants.

To avoid exposure to second-hand smoke and encourage smokers to quit, the entire WHO campus is now becoming completely smoke-free, as of 31 May 2013.

#### What can you do

Staff and visitors – we can all contribute to the smoke-free environment while on the WHO compound. You can play your part by not smoking. Please inform any person who is seen smoking that the entire WHO campus is smoke-free. This would help to maintain a healthy environment for everyone.

# ANNEX 4

## Enforcement and evaluation

In the first few days after the no-smoking policy takes effect, it can be beneficial for senior management staff to walk through the various indoor places (offices, corridors, etc.) – especially those where employees have traditionally smoked in the past – to lend visible support for the policy.

### Sample assessment sheet

Outline of assessment sheet	Actions taken	Gaps	Actions needed
Designation of enforcement authorities, bodies, individuals			
Who has/will have the power to enforce (list)?			
Have enforcement authorities been informed of their responsibility? If not, how will they be informed of their responsibility?			
Enforcers' ability to issue fines (if any)			
Enforcers' training			
Protocol (system and tools) for inspections			
Mechanisms for the public and other staff to report a violation or to request assistance (website, telephone helpline etc.)			
Demonstration of the will to enforce (communication on fines, enforcement and compliance)			
Monitoring compliance, gathering information from different departments			



**Monitoring tobacco-free campuses:** Once all components of the policy have been implemented, they must be carefully monitored to identify any noncompliance, areas of confusion, or other problems. If necessary, the policy can be clarified, and implementation and enforcement procedures adjusted. It is also very useful to document lessons learned and monitor employee comments. This information can help identify broad issues that need to be addressed. Responding to employee comments, suggestions, and concerns in a timely, thoughtful manner shows that their comments are taken seriously.

A frequently asked questions document should be developed to respond to recurring questions. Attention and communication efforts need to be focused on the places where employees have been accustomed to using tobacco and nicotine products. The Planning Committee should be debriefed and the implementation process should be evaluated. Unconditional top management support for the policy is crucial and needs to be actively maintained. If free services concerning tobacco dependence and cessation are provided, a report on utilization could be a strategy for continuous promotion of these services.

## ANNEX 4.1

### Evaluating EU smoke-free legislation

More information on evaluating smoke-free legislation by the EU is available at:

[https://webgate.ec.europa.eu/chafea\\_pdb/assets/files/pdb/2007313/2007313\\_d3\\_oth\\_en\\_ps.pdf](https://webgate.ec.europa.eu/chafea_pdb/assets/files/pdb/2007313/2007313_d3_oth_en_ps.pdf)

# ANNEX 5

## Further reading and resources

### Sample smoke-free workplace policy (American Cancer Society).

Tobacco use in the workplace: a model policy (<https://www.cancer.org/healthy/stay-away-from-tobacco/smoke-free-communities/create-smoke-free-workplace/smoking-in-the-workplace-a-model-policy.html>, accessed 16 August 2019).

### Other advocacy materials:

- WHO Western Pacific Regional Office. Revolution Smoke-Free (<https://web.wpro.who.int/revolutionsmokefree/>, accessed 16 August 2019).
- CDC. Tobacco Free Social Media Toolkit (<https://www.cdc.gov/women/tobaccofreetoolkit/index.htm>, accessed 16 August 2019).
- American Lung Association. Making your worksite tobacco-free (<https://www.lung.org/local-content/minnesota/documents/worksite-wellness-toolkit.pdf>, accessed 16 August 2019).
- Department of Health, Western Australia. Supporting smoke-free workplaces – a policy implementation guide ([https://www.commerce.wa.gov.au/sites/default/files/atoms/files/supporting\\_smoke\\_free\\_workplaces.pdf](https://www.commerce.wa.gov.au/sites/default/files/atoms/files/supporting_smoke_free_workplaces.pdf), accessed 16 August 2019).
- World Health Organization. A guide for tobacco users to quit ([https://apps.who.int/iris/bitstream/handle/10665/112833/9789241506939\\_eng.pdf;jsessionid=AF193E2D5DC1FD5DC35CED03C4B3E96FF?sequence=1](https://apps.who.int/iris/bitstream/handle/10665/112833/9789241506939_eng.pdf;jsessionid=AF193E2D5DC1FD5DC35CED03C4B3E96FF?sequence=1), accessed 16 August 2019).
- World Health Organization. Training for tobacco quit line counsellors: telephone counselling ([https://apps.who.int/iris/bitstream/handle/10665/113145/9789241507264\\_eng.pdf?sequence=1](https://apps.who.int/iris/bitstream/handle/10665/113145/9789241507264_eng.pdf?sequence=1), accessed 16 August 2019).

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4. National Fire Protection Association. Smoking-material fire problem fact sheet. Quincy, MA: National Fire Protection Association; 2013 (<https://www.nfpa.org/-/media/Files/News-and-Research/Fire-statistics/Fact-sheets/smokingfactsheet.ashx>, accessed 24 February 2018).
5. Centre for Economics and Business Research. Smoking costs UK businesses £8.7bn. In: CEBR. com [website]. London, UK: Centre for Economics and Business Research; 2014 (<https://cebr.com/reports/smoking-costs-uk-businesses-8-7bn/>, accessed 28 February 2018).
6. United States Environmental Protection Agency. The costs and benefits of smoking restrictions: an assessment of the Smoke-Free Environment Act of 1993(H.R. 3434): executive summary. Washington, DC: United States Environmental Protection Agency; 1994 (<https://nepis.epa.gov/Exe/ZyPURL.cgi?Dockkey=100045VS.txt>, accessed 1 March 2018).
7. Hyland A, Cummings KM. Consumer response to the New York City Smoke-Free Air Act. *J Public Health Manag Pract*. 1999;5(1):28–36; p35, footnotes 4–11.



