

## CPT1100: PHC SMOKE FREE PREMISES POLICY

Approved Date: April 2008

Revised Date: \_\_\_\_\_

### POLICY

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#### REASONS FOR THE POLICY

- To protect patients, residents, staff, physicians, volunteers and the general public from the harmful effects of smoking and exposure to environmental tobacco smoke while in or on all PHC owned and/or operated premises, facilities, grounds, and vehicles.
- Tobacco use is an addictive behavior<sup>(1)</sup> and is the leading cause of preventable death in Canada.
- In Canada, society costs attributable to smoking have been estimated at \$18.5 billion, 4.4 billion of which are direct health care costs. The acute care hospital days attributable to tobacco are 2.2 million representing 10.3% of all acute care hospital days in Canada<sup>(2)</sup>.
- The health care burden caused by tobacco use is not limited to the negative health effects on the smoker, but also includes the risk to non-smokers of being exposed to environmental tobacco smoke – a carcinogen for which there is no safe level of exposure<sup>(3)</sup>. Establishing smoke-free environments are an important strategy to protect non-smokers from non-consensual exposure to environment tobacco smoke<sup>(4,5)</sup>.
- Smoking bans in public places are recognized as the most effective means for reducing exposure to second-hand smoke; and they have been shown to decrease tobacco consumption, reduce serious health-related hospital admissions, increase quit attempts, lengthen the time between periods of relapse, and boost quit rates. A variety of strategies have been shown to be effective in assisting individuals to overcome tobacco addiction<sup>(6)</sup>.

#### UNDERLYING PRINCIPLES

1. Commitment to health promotion and disease prevention  
PHC is committed to supporting healthy lives in healthy communities.
2. Commitment to ensuring healthy working environment  
PHC is committed to ensuring a safe and healthy environment for patients, residents, staff, physicians, volunteers and the general public
3. Duty to provide leadership in health-oriented policy  
PHC provides leadership in health-oriented policy and practice that supports the achievement of high health standards

#### POLICY STATEMENT

1. Tobacco use is prohibited in or on all PHC owned and/or operated premises, facilities and grounds with the following considerations:
  - Culturally related ceremonial use of tobacco will be permitted
  - Special consideration will be given to identified groups that may include mental health, residential care, palliative care and addictions care.

2. Policies and strategies will be developed to minimize employee exposure to environmental tobacco smoke.
3. In order to help people adapt to a smoke-free premise, PHC will provide preventative and supportive measures to assist patients/residents, patient/resident families, staff, physicians, students, volunteers, friends and visitors in adapting to smoke-free premises.
4. Any person acting for or on behalf of PHC will not facilitate smoking on PHC property.
5. To decrease tobacco use for those who wish to decrease tobacco use, PHC will provide educational assistance to PHC patients/residents, patient/resident families, staff, physicians, students and volunteers.
6. All future agreements with agencies or facilities funded primarily by PHC, where possible, will require the agency or facility to have a similar non-smoking policy.
7. PHC shall not accept funding or monies in any form from a tobacco company.

**APPLICABILITY**

This policy applies to all persons on all PHC owned and/or operated premises, facilities, grounds, and vehicles.

**REFERENCES**

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1. The Royal Society of Canada. Tobacco, Nicotine and Addiction. Ottawa. 1989.
2. Canadian Centre on Substance Abuse (2006) The Cost of Smoking in Canada, 2002. Ottawa.
3. Surgeon General's Report on Environmental Tobacco Use, 1989
4. United States Environmental Protection Agency. Respiratory health effects of passive smoking: Lung cancer and other disorders. Washington. 1992
5. Maskin, A., Connolly, A., & Noonan, E.A. Environmental tobacco smoke: Implication for the workplace. Occupational Safety and Health Reporter, 1993.
6. Centres for Addiction Research of BC (2006). Core components of effective tobacco control.
7. VCH Smoke-Free Premises Regional Policy