"SMOKIN IN THE BOYS (GIRLS) ROOM" – REGULATING EMPLOYEE LIFESTYLE: LEGAL, POLICY, AND EMPLOYEE RELATIONS ISSUES FOR EMPLOYERS

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ABSTRACT

"Smokin in the Boys Room", the 1973 Brownsville Station pop hit that was about high school students attempting to evade their school's no-smoking policy, is now being played out in workplaces across the United States as employers ramp up their efforts to reign in health care costs. This time though, in addition to policy that prohibits smoking on the job (even in the bathrooms), employers are looking to extend the prohibition off the job. A number of organizations in both the private and public sector around the United States are reported to have created "smoker-free" policies (Deschenaux, 2011). These policies, in effect, are now making not smoking a condition of employment. These policies are not without controversy, and have sparked debate regarding a number of issues. In this paper the legal, policy, and employee relations issues associated with employer efforts to regulate this aspect of employees' lifestyle are examined.

INTRODUCTION

In recent years, employers have made numerous efforts to control the cost of providing their employees with health care insurance. Employees that smoke, drink or engage in other types of high risk behavior have been identified as the type of employee that adds to these costs. Smoking in particular has been identified as a driver of higher health benefit cost for employers. According to published reports, "the average smoker cost companies more than $12,000 a year in

health and disability related costs and takes four 15 minute breaks a day" (Deschenaux, 2011). The Center for Disease Control (CDC) reports that "tobacco use is responsible for at least $96 billion per year in direct medical costs and an estimated $96.8 billion per year in lost productivity due to sickness and premature death" (CDC, 2011). As more organizations in the United States put policies in place to prohibit smoking both on and off the job and make not smoking a condition of employment, a number of legal and employee relations issues have emerged. In this paper the legal, policy, and employee relations issues related to organizations' efforts to regulate this aspect of employees' lifestyle are examined.

LEGAL ISSUES

A number of legal issues associated with employer policies associated with smoking have been identified. Claims alleging violation of state lifestyle discrimination laws, invasion of privacy claims, and federal and state disability discrimination laws are the most common (Alvarez, Lazzarotti, & Soltis, 2011). Unionized employers have had to deal with claims alleging violation of the National Labor Relations Act (NLRA) and contract rights (Daley, 2011).

The fact is that smoking is still the consumption of a legal product in the United States and 29 states protect employees from discrimination when they consume lawful products or participate in lawful conduct off-duty and off the employer's premises (see table 1). Seventeen jurisdictions have enacted "tobacco only" statues, with eight states protecting the use of lawful products and four offering statutory protection for employees who engage in lawful activities. Arizona was another state that had previously prohibited discrimination on the basis of the use or nonuse of tobacco products until repealing their statue in 2004. The repeal became effective May 1, 2007 (NCSL, 2011, A). These statutes also "have the potential to extend protection against discrimination beyond the federal protections for protected group status to categories, which include individual habits and personalities" (Roche, 2011).

Table 1: State Statutes Protecting Smokers

States with Tobacco Only Statutes	
Connecticut	District of Columbia
Indiana	Kentucky
Louisiana	Maine
Mississippi	New Hampshire
New Jersey	New Mexico
Oklahoma	Oregon
South Carolina	South Dakota
Virginia	West Virginia
Wyoming	
States with Lawful products Statutes	
Illinois	Minnesota
Missouri	Montana
Nevada	North Carolina
Tennessee	Wisconsin
States with Engage in Lawful Activities Statutes	
California	Colorado
New York	North Dakota

Source: National Conference of State Legislatures (NCSL), (2011) A.

At the same time states are protecting employees from discrimination for smoking off the job, the number of states and municipalities that require 100 percent smoke-free workplaces and/or restaurants and/or bars continues to increase. According to the American Nonsmokers Rights Foundation, 35 states, U.S. territories, and the District of Columbia have local laws in effect that requires non-hospitality workplaces and/or restaurants and/or bars to be 100% smoke free (ANRF, 2011).

Table 2. States Requiring Smoke-free Workplaces

American Samoa: Restaurants
Arizona: Workplaces, Restaurants, and Bars
California: Restaurants and Bars
Colorado: Restaurants and Bars
Connecticut: Restaurants and Bars
Delaware: Workplaces, Restaurants, and Bars
District of Columbia: Workplaces, Restaurants, and Bars
Florida: Workplaces and Restaurants
Hawaii: Workplaces, Restaurants, and Bars
Idaho: Restaurants
Illinois: Workplaces, Restaurants, and Bars
Iowa: Workplaces, Restaurants, and Bars
Kansas: Workplaces, Restaurants, and Bars
Louisiana: Workplaces and Restaurants
Maine: Workplaces, Restaurants, and Bars
Maryland: Workplaces, Restaurants, and Bars
Massachusetts: Workplaces, Restaurants, and Bars
Michigan: Workplaces, Restaurants, and Bars
Minnesota: Workplaces, Restaurants, and Bars
Montana: Workplaces, Restaurants, and Bars
Nebraska: Workplaces, Restaurants, and Bars
Nevada: Workplaces and Restaurants
New Hampshire: Restaurants and Bars
New Jersey: Workplaces, Restaurants, and Bars
New Mexico: Restaurants and Bars
New York: Workplaces, Restaurants, and Bars
North Carolina: Restaurants and Bars
North Dakota: Workplaces
Northern Mariana Islands: Workplaces
Ohio: Workplaces, Restaurants, and Bars
Oregon: Workplaces, Restaurants, and Bars
Pennsylvania: Workplaces
Puerto Rico: Workplaces, Restaurants, and Bars
Rhode Island: Workplaces, Restaurants, and Bars
South Dakota: Workplaces, Restaurants, and Bars
U.S. Virgin Islands: Workplaces, Restaurants, and Bars
Utah: Workplaces, Restaurants, and Bars
Vermont: Workplaces, Restaurants, and Bars
Washington: Workplaces, Restaurants, and Bars
Wisconsin: Workplaces, Restaurants, and Bars

Source: American Nonsmokers' Rights Foundation (2011)

No-smoking policies may also create issues for organizations covered by the National Labor Relations Act. A recent 3rd circuit Court of Appeals decision, Armstrong County Memorial Hospital v. United Steel, focused on a unionized employer's implementation of a policy barring all smoking on the hospital's property (Daley, 2011). The hospital prevailed in this case "because of the clear authority granted to it by the CBA (Collective Bargaining Agreement).

Organized labor's position on this issue has not been entirely consistent over time. On one hand, "there is some evidence to suggest that organized labor has been reluctant to support workplace smoking policies" (Sorensen at. al, 1997). The union's opposition in the Armstrong County Memorial Hospital case may support Sorensen and her co-authors' conclusion that "union opposition to tobacco control policies may be aimed more directly at management's unilateral action than at the policy itself" (Sorensen, at.al, 1997).In their study reviewing published arbitration cases and charges of unfair labor practices filed with the National Labor Relations Board dealing with worksite tobacco control policies, the authors concluded that the major argument advanced by unions opposing these policies was "that management breached its duty to bargain with regard to working conditions" (Sorensen, at. al, 1997).

Unions have also opposed these policies on the grounds that "the health of smoking employees was not a legitimate business interest, and was an improper invasion of employees' right to privacy" (Sorensen, at. al, 1997). In a study published in 2008 examining unionized workers knowledge and attitudes about workplace tobacco use, their exposure to secondhand smoke, and the role of labor unions in addressing smoking and cessation coverage policies, the authors reported that a majority of their respondents viewed secondhand smoke exposure as an important workplace health and safety issue (Mitchell, Weisman, Jones, & Erickson, 2009). While the respondents viewed secondhand smoke exposure as an important workplace health and safety issue, "only 7% of respondents supported their unions taking the lead in tobacco control policy making"(Mitchell, Weisman, Jones, & Erickson, 2009).

Both union and non-union employers have had to fend off numerous invasion of right to privacy challenges over time. Drug testing policies in particular have been challenged on this basis with employers for the most part, successfully defending legal challenges to properly implemented and managed policies to promote drug free workplaces. Employers have also been very successful in defending claims specifically alleging that their workplace policy limiting the right to smoke is an invasion of privacy in employment. In one recently highly publicized case Rodrigues v. Scotts Co., the court rejected Rodrigues' claim that Scotts, policy violated a Massachusetts law protecting an individual's right to privacy and the Employee Retirement Income Security Act (ERISA) when Scotts unlawfully discharged him to avoid paying him denied benefits under the company's medical insurance plan (Rodrigues v. Scotts, 2009).

Allegations of violation of the Americans with Disability Act (ADA) have also been advanced against employers regarding smoking and nicotine addiction. The ADA prohibits employers, with at least 15 employees, from discriminating against workers with physical or mental disabilities. Smokers may also claim under the ADA that they are 'perceived as' having a disability that is a protected disability under the ADA (Deschenaux, 2011). Federal court

decisions to date have not supported claims alleging that smoking and nicotine addiction are disabilities under the ADA. In a case prior to the 2009 amendments to the ADA, the court dismissed a claim that smoking and nicotine addiction are disabilities and stated that the claim was "legally frivolous" (Alvarez, Lazzarotti, & Soltis, 2011). The 2009 amendments to the ADA overturned U.S. Supreme Court decisions "which narrowly defined disability" and directs courts to interpret disability to the broadest extent possible (Alvarez, Lazzarotti, & Soltis, 2011). With the holdings of many cases prior to the amended ADA "no longer compelling precedent", the issue of whether smokers or nicotine addicts are disabled under the ADA may be revisited (Alvarez, Lazzarotti, & Soltis, 2011). In the Equal Employment Opportunity Commission's (EEOC) revised regulations implementing the 2009 amendments to the ADA, the agency published three list containing examples of impairments that will consistently meet the definition of disability, impairments that may be disabling for some individuals but not for others, and impairments that are usually not disabilities. Smoking and nicotine addiction are not mentioned on any of the three lists (Alvarez, Lazzarotti, & Soltis, 2011).

Workers who do not smoke and that have a serious medical condition that is affected or caused by tobacco smoke may also be protected under the Americans with Disabilities Act (ADA) (FindLaw, 2011). Under the ADA's reasonable accommodation provisions, a worker defined as disabled under the ADA can request the employer provide a reasonable accommodation. Requesting that the employer create a smoke free work place is one possible accommodation that the employee could request. If that request were advanced the employer could attempt to accommodate the nonsmoker or attempt to establish that prohibiting smoking would cause an "undue hardship". If the employer could prove the undue hardship, they would not have to accommodate the non-smoker (FindLaw, 2011).

In addition to the ADA, three additional federal statutes may also complicate efforts to control health care cost via a smoking ban: The Health Insurance Portability and Accounting Act (HIPPA, 1996), the Patient Protection and Affordable Care Act (PPACA, 2010), and the Genetic Information Non-Discrimination Act (GINA, 2008). HIPPA impacts an employer's ability to charge employees who smoke higher health care premiums. If PPACA can survive judicial review, it may "allow employers and health insurance companies to potentially discriminate against individuals who fail to achieve health related targets" (Corlette, 2011). GINA, much like the ADA prohibitions on making medical inquiries in the pre-employment process, restricts employers questioning about family history when conducting health risks assessments (Corlette, 2011).

As part of their efforts to control health care costs, employers have implemented wellness programs. These programs are designed to encourage employees to make healthy lifestyle choices and one of the typical components of these programs is an option to help employees quit smoking. HIPPA regulations allow employers to establish health insurance premium discounts for employees who participate in wellness programs or meet certain health status standards (Corlette, 2011). Employers may be able to offer employees rewards of up to 20% of the cost of employee-only coverage under their plan. Under the PPACA, in addition to the potential to discriminate against smokers with respect to health insurance premium charges, in 2014

employers may be able to offer employees incentives of up to 50% of the cost of their coverage for meeting employer-defined health targets like quitting smoking (Corlette, 2011). One recent survey of 600 large U.S. employers found that 47% of respondents planned to impose financial penalties on employees who engage in "unhealthy behaviors" and 64% of them will target smokers (Schappel, 2010). A number of state and local governments are also charging higher premiums for employees who smoke (See table 3).

Table 3. States that have premium surcharges for smokers

Alabama	Missouri
Georgia	North Carolina
Indiana	South Carolina
Kansas	South Dakota
Kentucky	West Virginia

Source: National Conference of State Legislatures (NCSL), (2011) B.

RECENT LITIGATION

The cover of the February 26, 2007 edition of Business Week presented the picture of a young man with a cigarette dangling from his lips and the following words on his forehead "Get Healthy-Or Else – Inside One Company's All-Out Attack on Medical Costs" (Conlin, 2007). The Business Week article by Michelle Conlin detailed Scotts Miracle-Gro's efforts to control its health-care costs by encouraging employees to live healthier lifestyles. The company's program included weight loss, smoking cessation, exercise, a medical clinic, and a 24,000 square foot wellness center (Conlin, 2007). Scott Rodrigues was hired "contingent upon successful completion of a pre-hire screening required of all Scotts' associates which includes but is not limited to a drug screen (including nicotine test were applicable by law) and criminal history" (Rodrigues v. Scotts, 2009). After working for two weeks, the results of Rodrigues' drug screen came back as positive for nicotine and he was terminated. Rodrigues filed suit alleging four causes of action: (1) violation of his right to privacy under Massachusetts General Laws chapter 214, § 1B; (2) violation of his rights under the Massachusetts Civil Rights Act; (3) wrongful termination; (4) violation of ERISA Section 510 by interfering with attainment of benefits to which he was entitled (Rodrigues v. Scotts, 2009). On a motion by Scotts, the court dismissed counts two and three. Scotts then moved for summary judgment on the other counts. With respect to the violation of Rodrigues' privacy rights, because Rodrigues smoking was not a private matter since he smoked openly in public and never attempted to keep that fact private (Rodrigues v. Scotts, 2009). With respect to the ERISA claim, under Scotts' benefit plan, Rodrigues would have become eligible for benefits if he were a "regular, full-time associate" (Rodrigues v. Scotts, 2009). That coverage would have begun following 60 days of continuous full-time employment (Rodrigues v. Scotts, 2009). Since he only worked for two weeks, and his employment was "clearly made contingent on his successful passing of the background check and urinalysis screening" he was not eligible for coverage under the company's plan (Rodrigues v. Scotts, 2009).

In a recent case in Broward County, Florida, the employees alleged that their employer violated the ADA by imposing a $20 insurance surcharge if they refused to submit to a health risk assessment associated with the county's wellness program (Seff v. Broward County, 2011). The

wellness program is administered and paid by the County's health insurer and participation in the program is not required for health coverage. The assessment was designed in part to identify if the employee had one of five disease states including asthma and hypertension, conditions often associated with smokers. The primary allegation made by the employee was that the County's plan violated the ADA's prohibitions regarding medical inquiries. The ADA rule states the following: "[a] covered entity shall not require a medical examination and shall not make inquiries of an employee as to whether such employee is an individual with a disability or as to the nature or severity of the disability, unless such examination or inquiry is shown to be job-related and consistent with business necessity" (Seff v. Broward County, 2011). The court dismissed the suite finding that the county's plan is covered by the ADA's safe harbor provisions (Seff v. Broward County, 2011). The case has received a great deal of attention in the literature, with concerns regarding future litigation associated with wellness programs and the potential for more discrimination allegations (Fensholt, 2011). The concern with respect to discrimination is in part associated with the amended ADA (2008. According to EEOC publications, congressional intent with respect to the amended ADA "emphasizes that the definition of disability should be construed in favor of broad coverage of individuals to the maximum extent permitted by the terms of the ADA and generally shall not require extensive analysis"(EEOC, 2008). This expanded definition of what it means to be disabled could someday include addiction to nicotine.

POLICY AND PRACTICE ISSUES, AND RECOMMENDATIONS

There are a number of human resource practices that are related to an organization's effort to control benefit cost via no-smoking policies. The cost and complexity associated with these efforts can be "enormous" (Deschenaux, 2011). Making not smoking a prerequisite to employment necessitates that an employer's selection process have the necessary screening devices to enforce the hiring criteria. The selection process employed by most organizations at some point seeks to assess different types of risk associated with hiring individuals. Selection processes are also utilized to "discriminate" between who is the best applicant for a position. While it is not illegal per say to discriminate on the basis of smoking under statutes like Title VII of the 1964 Civil Rights act or the ADA, employers who draw from employment pools that have large numbers of smokers, (uneducated and minorities) may increase the possibility of an adverse impact type action under Title VII (Deschenaux, 2011). Smoking habits of African Americans has also been the subject of a great deal of research and while recent studies found that "smoking is less prevalent in communities of color", the study found that they "find it harder to quit" (The Partnership at Drugfree.org, 2011). With respect to tobacco-related illnesses, the Center for American Progress reported that African Americans are more likely to acquire and die from lung cancer and other tobacco related diseases than any other group of Americans (Moodie-Mills, 2011).

Another smoking issue associated with African Americans, Hispanics, gay, and transgender Americans is smoking of menthol brand cigarettes. This controversy has gone on for a number of years and studies show that "more than 80% of all black youth who smoke use menthol"(Moodie-Mills, 2011). The U.S. Food and Drug Administration received a report on the use of menthol cigarettes and the impact on public health including use among children, African Americans, and Hispanics, and the committee that produced the report recommended removal of menthol cigarettes from the marketplace (FDA, 2011).

Enforcement of smoking bans can also be problematic. If an applicant passes the employers initial screening, "how do you guarantee that he or she does not then start or resume smoking?" (Deschenaux, 2011). Testing of current employees generates even more cost and legal concerns, with allegations of privacy and life style discrimination most prominent (Deschenaux, 2011, Burke & Roth, 2011). While employers have to date had a great deal of success in defending their drug testing practices for illegal drugs, testing for consumption of legal substances poses potentially different concerns.

As policies to ban smoking continue to evolve, the issues and concerns will only get more complex. One recent report of the expansion of an anti-tobacco policy at a children's hospital in Alexandria, Louisiana presents just such a situation. According to the published report, the hospital announced its intention to expand its anti-tobacco policy in women's and children's areas. The new "policy will prohibit the use of tobacco products by employees while on their shifts, including when they are on breaks. It also will not allow employees to work if their clothing smells like smoke" (Fox News, 2011). The report did not outline how the hospital will make the policy work, including who, what, when, or how the sniff test will be conducted.

The standard advice for employers attempting to utilize a smoking ban to help control their health care cost is to be sure to consult with competent legal counsel before proceeding. Another often overlooked activity before implementing something like a smoking ban is to develop objectives of the ban and how those objectives will be evaluated (CDC, 2011). Implementation of a smoking ban is "not a one-size-fits-all issue" (Deschenaux, 2011). State regulation that calls for smoke free work environments and at the same time prohibit life-style discrimination, including the consumption of legal products, must be reviewed and considered for their impact on an employer's ability to implement a smoking ban. While legal advice will certainly add to the cost of implementing these types of policies, there is also an abundant supply of free information that employers can obtain. The Centers for Disease Control and Prevention provide a wealth of information for organizations interested in utilizing a smoking ban as part of an overall effort to promote a healthier work environment. The following link (http://www.cdc.gov/workplacehealthpromotion/implementation/topics/tobacco-use.html) to the CDC provides links to education and social support programs and a wide range of tools and resources that employers and individuals can access to facilitate promotion of a workplace culture of good health. In addition, organizations like the American Cancer Society (http://www.cancer.org/Healthy/StayAwayfromTobacco/index?ssSourceSiteId=null) also have web resources that employers may access to facilitate development of programs to help their employees quit smoking.

CONCLUSIONS

A common refrain heard and noted in the literature is "quitting smoking is not easy". Employer efforts to promote healthy lifestyles and company cultures, and lower health care cost, requires much more than a simple policy statement banning smoking in the boys room or anywhere else. Legal and professional expertise, expertise that most members of management do not have, are necessary for any organization contemplating making not smoking a prerequisite to employment

and then banning smoking in the workplace. Utilizing that expertise to develop plans and evaluation criteria as to the effectiveness of those plans is also a must. Just as quitting smoking is an extremely difficult endeavor for many individuals, developing, implementing, and insuring that a no smoking policy will provide the requisite return on investment is just as difficult. Managers looking for quick fixes in this area will need to develop patience and perseverance if these policies are to be effective.

REFERENCES

Alvarez, Francis, Lazzarotti, Joseph, & Soltis, Michael (2011). Toward a Smoker Free Workplace, retrieved 9/14/2011 from http://clients.criticalimpact.com/newsletter/newslettercontentshow1.cfm?contentid=578&id=156 .

ANRF (2011). Overview List-How many Smokefree Laws?, American Nonsmokers Rights Foundation, retrieved 9/13/2011 from http://www.no-smoke.org/pdf/mediaordlist.pdf .

Burke, Christine and Roth, Barbara (2011). Lifestyle discrimination laws are becoming increasingly prevalent, retrieved 9/14/2011 from http://www.insidecounsel.com/2011/06/13/labor-lifestyle-discrimination-laws-are-becoming-i .

CDC (2011). Centers for Disease Control and Prevention, Tobacco-Use Cessation, retrieved 9/13/2011 from http://www.cdc.gov/workplacehealthpromotion/implementation/topics/tobacco-use.html .

Conlin, Michelle (2007). Get Healthy – Or Else, *Business Week*, February 26, pp.58-64, & 69.

Corlette, Sabrina (2011). Wellness Incentive Programs, retrieved 10/29/2011 from http://www.acscan.org/pdf/healthcare/implementation/background/WellnessIncentivePrograms.pdf .

Daley, David (2011). 3rd circuit: Hospital Could Unilaterally Ban Unionized Workforce from Smoking, retrieved 9/9/2011 from http://www.shrm.org/LegalIssues/FederalResources/Pages/3rdCircuit...

Deschenaux, Joanne (2011). Is a Smoker-free Workplace Right for you", *HRMagazine*, July, vol. 56, # 7, pp. 43-45.

EEOC (2008). Notice concerning the Americans with Disabilities Act (ADA) Amendments Act of 2008, retrieved 10/29/2011from http://www.eeoc.gov/laws/statutes/adaaa_notice.cfm

FDA (2011). Menthol Report: Overview retrieved 10/27/2011 from http://www.fda.gov/AdvisoryCommittees/CommitteesMeetingMaterials/TobaccoProductsScientificAdvisoryCommittee/ucm247605.htm .

Fensholt, Ed (2011). Federal Court: Employer's Surcharge on Employees Declining Biometric Screen is not an ADA Violation, retrieved 10/28/2011 from http://www.lockton.com/Resource_/InsightPublication/2170/Broward%20Alert.pdf

FindLaw (2011). Smoking Tobacco in the Workplace, retrieved 10/26/2011 from http://employment.findlaw.com/employment/workplace-health-safety/smoking-workplace.html .

Fox News (2011). Louisiana Hospital to Ban Odor of Smoke on Workers' Clothes, retrieved 10/2/2011 from http://www.foxnews.com/us/2011/10/03/louisiana-hospital-to-ban-odor-smoke-on-workers-clothes/.

Mitchell, Rebecca J., Weisman, Susan R., Jones, Resa M., & Erickson, Darin (2009). The Role of Labor Organizations in Tobacco Control: What Do Unionized Workers Think?. *American Journal of Health Promotion*, Vol. 23, No. 3, pp. 182-186.

Moodie-Mills, Aisha C. (2011). Flavored Disease and Death for Minorities Why the FDA Must Ban Menthol Cigarettes retrieved 10/27/2011 from http://www.americanprogress.org/issues/2011/05/menthol_ban.html/print.html .

NCSL (2011) A. National Council of State Legislatures Off-Duty Conduct, retrieved 9/14/2011 from http://www.ncsl.org/default.aspx?tabid=13369 .

NCSL (2011) B. National Conference of State Legislatures State Employee Health Benefits retrieved 10/29/2011 from http://www.ncsl.org/default.aspx?tabid=14345#Smoking .

Roche, Jean M. (2011). Why can't we be friends?; Why California needs a lifestyle discrimination statute to protect employees from employment actions based on their off-duty behavior, *Hastings Business Law Journal*, Winter, retrieved 9/7/2011 from https://www.lexisnexis.com .

Rodrigues v. Scotts (2009). 639 F. Supp. 2d 131; 2009 U.S. Dist. LEXIS 64184; 158 Lab. Cas. (CCH) P60, 841; 29 I.E.R. Cas. (BNA) 970.

Schappel, Christian (2010). Cost-cutting: here comes the 'Smoking Surcharge', retrieved 10/29/2011 from http://www.hrmorning.com/cost-cutting-here-comes-the-%E2%80%98smoking-surcharge%E2%80%99/ .

Seff v. Broward County (2011). Case No. 10-61437-CIV-MOORE/SIMONTON, U.S. District Court for the Southern District of Florida.

Sorensen, Glorian, Youngstrom, Richard, Maclachlan, Christopher, Gibson, Sarah J., Emmons, Karen, Johnston, Douglas, Levenstein, Charles (1997).Labor Positions on Worksite Tobacco Control Policies: A Review of Arbitration Cases, *Journal of Public Health Policy*, Vol. 18, No. 4 (1997), pp. 433-452Published by: Palgrave Macmillan Journals Stable URL: http://www.jstor.org/stable/3343523 .Accessed: 10/09/2011 15:11.

The Partnership at Drugfree.org (2011). Study Suggests Minorities Smoke Less, But Find Quitting Harder retrieved 10/27/2011 from http://www.drugfree.org/join-together/drugs/minorities-tend-to-be-lighter .