

## Help Your Colleagues:

Laser Treatments & Cessation  
Union Reaction to Smoke Free Hospitals  
March 7, 2006

### Question #1: Laser Treatment & Cessation

*We are a cessation center and are frequently asked how successful the laser treatment conducted by a physician is for cessation. A local physician charges \$250 for this. Does anyone know about this treatment and its effectiveness or where can I go to find out more?*

#### Summary

- Several respondents noted that the Clinical Practice Guideline states that there is no solid evidence for the use of acupuncture. Respondents pointed out that laser therapy is based on the same principles as acupuncture and should not be considered an evidence-based treatment for smoking cessation.
- Cochrane Review abstract titled, *“Acupuncture and related interventions for smoking cessation”*, concludes: “There is no consistent evidence that acupuncture, acupressure, laser therapy or electrostimulation are effective for smoking cessation, but methodological problems mean that no firm conclusions can be drawn. Further research using frequent or continuous stimulation is justified.” In sum, the majority of respondents think that current evidence indicates that laser therapy is not yet proven to be effective despite some very strong claims from practitioners.

#### Case Examples

##### ***NCI Cancer Information Service’s Response to Callers***

The NCI Cancer Information Service has received phone inquiries about the effectiveness of laser therapy in smoking cessation. They explain to their callers that there is no evidence available from formal clinical trials that laser therapy can aid in smoking cessation. Laser therapy is based on the same theory as acupuncture, but instead of needles, laser beams are used. Proponents of the treatment claim that laser beams relieve symptoms of physical craving for nicotine by triggering a release of the brain's natural opiates or endorphins. Until there is further information available, this is NCI's response to this question.

##### ***Center for Tobacco Independence, ME***

“What we tell people at our trainings about therapies such as acupuncture and hypnosis is that they have not yet met the strict criteria to be included in the PHS best practices but that is not to say that they won't at some point be found to be effective; there just are not enough valid studies at this point. We try to avoid getting into debates about methods about which people often have very positive stories to tell and have a great deal of passion - but about which there is no current evidence. We also would not actively discourage someone from trying a method they are very invested in trying unless we had grounds to believe it would be harmful for them. Belief, as we know, is a powerful treatment in itself. We would simply also recommend what has been proven to be effective.”

## Resources

### Publications

Cochrane Review: <http://www.cochrane.org/reviews/en/ab000009.html> or [http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list\\_uids=16437420&dopt=Citation](http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=16437420&dopt=Citation)

### Websites

Laser Points Inc.: <http://stop-smoking-now.biz/stop-smoking-faq.htm>  
Medical News Today: <http://www.medicalnewstoday.com/medicalnews.php?newsid=35623>  
Stop Smoking, Philadelphia: <http://www.stopsmokingphiladelphia.com/>

## Question #2: Union Reaction to Smoke Free Hospitals

*The hospital next door to our clinic is considering going smoke free at the same time we are. They have a union environment and wish to know from a medical center perspective if there are any medical centers with unions that have gone smoke-free. They also wish to know what, if any, fall-out occurred. Does anyone have any information about this or know who to talk to?*

### Summary

- Several respondents have suggested that it is critical for employers to meet with union representatives early on and plan the transition to a smoke free campus together to facilitate successful implementation.
- Other respondents noted that the transition to a smoke free environment constitutes a change in the terms and conditions of employment; therefore, all affected unions need to be contacted at the very beginning of the process and invited to participate in the planning stages.
- It is also important to involve the union early since this issue may need to go through union negotiations. For example, CDC unions had negotiated smoking huts on campus and these then had to be negotiated out of the contracts.
- Respondents noted that there can be initial concerns from unions. These concerns can be turned into a pro-union worker issue taking the position that workers deserve reduced exposure to secondhand smoke just like asbestos, and other known carcinogens.
- One respondent suggested that it should be framed as a health care issue, not a moral issue.
- Unions should also be alerted to the fact that external forces will eventually lead the facility to be smoke free as more and more communities, states and countries are becoming smoke free.
- On the issue of a worker's right to smoke, union leaders should be made aware that the workers are allowed to smoke, just not on campus.
- Finally, it is important to ask the union what they would like to see happen to help their members who smoke.

## Case Examples

### **New York State**

The state of New York is in the midst of smoke free hospital campaigns. They are conducting conference calls on this subject with speakers who have accomplished hospital smoke free facility campaigns and who have dealt with union issues. These calls are statewide and targeted towards the health care community. One of the NY cessation centers, Seton Health, is working with 19 hospitals. During this process, they have come up against union issues. For more information about this cessation center's efforts, contact Peggy Keigley, Director of Seton Health Cessation Center ([pkeigley@setonhealth.org](mailto:pkeigley@setonhealth.org)). For more information about the statewide conference calls, contact Annie Beigel, Director of Cessation Programs, ([amb12@health.state.ny.us](mailto:amb12@health.state.ny.us)).

### ***University of Michigan Hospital, Smokefree Hospitals Project***

The University of Michigan Health System took all of their campuses smoke free several years ago and they have produced a very helpful implementation CD, complete with sample policies, suggested make-up of an implementation taskforce, FAQs, communication strategies, etc., including information about unions. This was a state funded project to support hospitals going smoke free in Michigan. Please contact Linda Thomas, at University of Michigan Hospital to obtain the CD at no charge, [lathomas@umich.edu](mailto:lathomas@umich.edu). Additional contacts: Orlando Todd ([toddo@michigan.gov](mailto:toddo@michigan.gov)) & Janet Kiley ([kileyj@michigan.gov](mailto:kileyj@michigan.gov)).

### ***Minnesota's Smoke Free Medical Centers***

Several medical centers in Minnesota have adopted smoke free campus policies that apply to their medical centers, including Health Partners, BlueCross BlueShield of Minnesota, and Regions Hospital in St. Paul, MN. So far there has been very little, if any, fallout, in the Minnesota medical centers since these policies took effect. For more information, please contact Darla Havlicek, at Center for Prevention, BlueCross BlueShield of Minnesota. She has considerable relevant experience with this issue and can supply contact information for others involved in implementing smoke free campus policies in Minnesota ([Darla J Havlicek@bluecrossmn.com](mailto:Darla_J_Havlicek@bluecrossmn.com)). Darla also has a power point presentation on this topic and implementation materials.

## **Resources**

**Smokefree Hospitals Talk Listserv:** <http://www.smokefree.net/> ("Jump to a Mailing List" drop-down menu)

### **Publications**

**Union Leaders Support Smokefree Workplaces (July 2005):** <http://www.no-smoke.org/document.php?id=225>. Americans for Nonsmokers' Rights.

### **The Business Case for a Smoke-free Workplace is Clear:**

[http://www.ctri.wisc.edu/Employers/employers\\_business.case.htm](http://www.ctri.wisc.edu/Employers/employers_business.case.htm). Center for Tobacco Research and Independence, University of Wisconsin.

### **Union leaders speak out in favor of smoke-free workplaces (2005):**

<http://www.wmitchell.edu/tobaccolaw/resources/Speakout.pdf>. WorkSHIFTS.

### **An Employer Guide to Smoke-Free Workplace Policies:**

<http://www.healthyohioans.org/ASSETS/C1929E5830E24B75833AF5ACBF5636CF/WorkSHIFSSmokeFreeWorkplace.pdf>. WorkSHIFTS.

**Tobacco Facts for Unions (2002):** <http://www.ashaust.org.au/pdfs/TFacUnions0209.pdf>. ASH Australia.

### **Websites**

BREATH: [http://www.breath-ala.org/html/work\\_sfhotelandreststatement.htm](http://www.breath-ala.org/html/work_sfhotelandreststatement.htm)

Organized Labor and Tobacco Control Network: <http://www.laborandtobacco.org/>

WorkSHIFTS: <http://www.workshifts.org/>

### **Contacts**

WorkSHIFTS: Susan Weisman ([sweisman@wmitchell.edu](mailto:sweisman@wmitchell.edu))

Organized Labor and Tobacco Control Network: Deborah McLellan ([deborah\\_mclellan@dfci.harvard.edu](mailto:deborah_mclellan@dfci.harvard.edu))

**Thanks to everyone who responded!**