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ORIGINAL ARTICLE

NO SMOKING IN THE WORKPLACE: IMPLEMENTING TOBACCO CONTROL STRATEGIES IN A LARGE HEALTHCARE ORGANIZATION IN NORTHERN ITALY

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ABSTRACT: cigarette smoking remains a major public health issue, contributing to numerous oncological, cardiovascular, and neurological diseases. Despite extensive scientific evidence demonstrating the harmful effects of tobacco use and increasing regulatory restrictions at local and national levels, smoking prevalence remains high.
This study describes the actions implemented by a large healthcare organization in Northern Italy to reduce smoking among employees and the general public. Over two years, a multidisciplinary working group introduced various training, awareness, and enforcement, including public campaigns, social media initiatives, health promotion events, and smoking cessation support. A key innovation was the integration of smoking bans and enforcement strategies not only within hospitals but across all healthcare facilities, such as vaccination centers and diagnostic units. Additionally, standardized smoking cessation messages were incorporated into hospital discharge summaries and outpatient reports, and enforcement officers were trained to apply sanctions to individuals violating smoking regulations. These interventions have led to increased awareness, broad public engagement, and reported reductions in smoking from 34 to 20% in our province. Although primary prevention outcomes are difficult to measure, a comprehensive approach involving healthcare professionals, patients, and the community may contribute to long-term behavioral change and a healthier environment.

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Impact statement: cigarette smoking remains a major public health problem. The Local Health Authority of Reggio Emilia has launched a massive campaign to reduce smoking habits among its employees.

Key words: *tobacco control; smoking cessation; healthcare policy; workplace smoking ban; public health intervention.*

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INTRODUCTION

Tobacco smoke exposure is a well-established risk factor for morbidity and mortality. According to the World Health Organization (WHO) (1), exposure to tobacco smoke is causally linked to various diseases, disabilities, and premature death. Passive smoking has been identified as a significant risk factor for respiratory diseases (2, 3) and for malignancies (4), including but not limited to lung cancer (5), with occupational exposure further contributing to these risks (6, 7).

Despite the known health hazards associated with second hand smoke, data on recent trends in passive smoking exposure remain limited. Various preventive measures, particularly smoking bans in public places, have been implemented across several European countries, potentially influencing these trends (8-10). Evidence suggests that stringent anti-smoking have contributed to a reduction in biomarkers of tobacco exposure, such as cotinine levels in urine (11) and saliva (12). However, while such improvements have been observed in occupational settings, they appear less pronounced in lower socioeconomic groups (13). A study conducted in China (14) reported that, despite restrictions on smoking in bars and restaurants, ambient nicotine concentrations remained elevated. Similarly, a multi-country European study showed that passive smoking prevalence was higher in domestic environments (ranging from 13% to 40%), compared to workplaces (3% to 32%) (15).

Although workplace smoking bans have led to reduced cotinine levels in children from disadvantaged backgrounds (16), there is concern that these measures may inadvertently shift smoking behavior from workplaces to homes (17). Notably, exposure to second hand smoke in occupational settings has significantly declined over the past decade, decreasing from 31.9% of employed individuals in 1990-1995, to 17.5% in 1998-2003, and further to 2.5% in 2010-2014. Male gender and lower educational attainments have been identified as key risk factors for workplace exposure to passive smoking (18).

In Italy, data from the Progressi delle Aziende Sanitarie per la Salute in Italia (PASSI) study indicates that approximately 24% of the population smokes (19), a prevalence comparable to the European average. Northern European countries report the lowest smoking rates, with Sweden at 8%, the Netherlands at 11%; and Denmark at 14% (20). Additionally, alternative nicotine products are gaining traction, with 3% of the Danish population using electronic cigarettes and approximately 1% smoking heated tobacco products (21), while in Italy, the prevalence of heated tobacco product use is estimated at 2.4% (22). Second hand smoke, as defined by the WHO (23), includes both sidestream smoke from the burning end of tobacco products and mainstream smoke exhaled by smokers. Exposure to second-hand smoke has been strongly associated with an increased risk of lung cancer and cardiovascular disease (24, 25). Importantly, the WHO states that no safe level of exposure to passive smoking exists (26), and even outdoor exposure can reach significant levels, depending on environmental factors such as wind and proximity to active smokers (27).

This study aims to describe some initiatives undertaken to eliminate tobacco smoking in all healthcare settings, including hospital and community health facilities, within a province of northern Italy.

MATERIALS AND METHODS

The study examined all the initiatives implemented following the establishment of a dedicated working group aimed at identifying and addressing areas for intervention to reduce or eliminate tobacco smoking in the workplace. The multidisciplinary team overseeing these interventions comprises pulmonologists, oncologists, cardiologists, biologists, psychologists, hygienists, nurses, and other health professionals. The initiatives undertaken by the Local Health Authority of Reggio Emilia have been supported by the Lega italiana per la Lotta ai Tumori, a major patient association. Through this collaboration, the organization manages one of Italy's most important centers for primary cancer prevention, known as Luoghi di Prevenzione (28).

The activities carried out in 2023-2024 encompassed a range of measures, including training courses, awareness campaigns, modifications to signage, legislation changes, conferences, and media outreach through television and newspaper interviews. The Local Health Authority of Reggio Emilia is responsible for healthcare provision across the province of Reggio Emilia, situated in the central Emilia-Romagna region, one of the most industrialized areas of Italy, with a resident population of 528,401 inhabitants and is organized into six districts, each with its hospital. Notably, the Arcispedale Santa Maria Nuova-IRCCS in the Reggio Emilia district is a recognized center of excellence for advanced technologies and innovative

oncology care models. The Local Health Authority of Reggio Emilia is one of the largest employers in the province, with 7,296 employees as of December 31, 2022. The workforce is predominantly female (76%), with males comprising 24%. Healthcare professionals constitute the majority (72%) of the workforce, while the remaining employees hold technical-administrative roles. The organization plays a critical role in public health by providing services across the spectrum of cancer prevention, including primary prevention (28), secondary prevention through oncological screening programs (29), and tertiary prevention via an extensive regional oncology network (30).

In Italy the first smoking regulations were introduced in 1975, prohibiting smoking in specific indoor spaces, including hospital wards, school classrooms, waiting rooms, closed rooms used for public meetings, cinemas, and ballrooms (31). Subsequent legislation in 1995 extended the smoking ban to additional public service areas (32). However, these early measures had limited impact on smoking behaviors, as they did not impose comprehensive restrictions on smoking in all enclosed spaces.

A significant milestone was reached in 2003 when Italy enacted legislation prohibiting smoking in all public and private workplaces, commercial establishments, restaurants, recreational venues, gyms, and sports centres. The only exceptions of premises reserved for smokers and strictly private areas (civil homes) to this regulation were designated smoking areas and private residences (33).

RESULTS

Actions implemented in 2023 (Table 1)

In March 2023, a *formal resolution* was adopted to establish a dedicated working group consisting of 23 healthcare professionals. The group convenes every two months to coordinate and implement tobacco control interventions.

In May, coinciding with *World No Tobacco Day*, the Local Health Authority of Reggio Emilia organized the event *Only Life, No Smoke* in the city's largest square that aimed to raise awareness regarding the health consequences of tobacco use.

In addition, a *Smoke-Free Walk* was conducted with the participation of 30 people, and testimonies from healthcare professionals and citizens were featured on local television and newspapers. Simultaneously, information points were set up at the entrance of the six hospitals, there was an information point on the Smoking Cessation Centers, where healthcare personnel and peer-educator students involved in the *Smoke-Free Schools* project distributed informational materials and promotional items.

In September, during *Head and Neck Cancer Prevention Week*, an outreach event took place in the city square engaging six specialists from the Otolaryngology Department of the Local Health Authority of Reggio Emilia. That same month, the working group participated in the *Health Festival*, an event attracting approximately 1,000 attendees with activities

Table 1. *Type of interventions performed by the Hospital and Smoke-Free Territory Working Group in 2023.*

MONTH	INTERVENTION	ACTION	RESULTS
March	*Resolution Adoption*	Establishment of the Working Group	23 professionals involved
	All-Life No Smoking Day	Pulmonologists and Cardiologists in the Square	79 spirometry tests performed; information on the dangers of smoking provided; 500 informational flyers distributed
	Smoke-Free walk	10 health workers leading the initiative	Over 30 citizens participated in a 5 km walk
	Smoke-free schools Initiative	Health personnel stationed at the hospital entrance	Distribution of informational leaflets and promotional materials to support smoking cessation
September	*Head and Neck Cancer Prevention Week*	6 professionals involved	200 citizens received consultations and underwent rhinofibrolaryngoscopy
	Health Festival	Public engagement in health-promoting activities	Approximately 1,000 citizens participated in workshops on cooking, wellness, movement, and other activities
October	*Cardiovascular Prevention Initiative – Keep Your Heart in Shape*	Cardiologists, sports doctors, prevention specialists	200 citizens screened through blood tests; 260 citizens screened for atrial fibrillation; 500 apples distributed along with health maps promoting healthy lifestyles

included health promotion initiatives such as cooking and wellness workshops.
In October, as part of a regional initiative for cardiovascular disease prevention titled *Keep Your Heart in Shape* a mobile clinic was set up where cardiologists conducted blood screening tests. Additionally, sports medicine specialists, dieticians, public health professionals, and Smoking Cessation Center staff provided education on cardiovascular prevention, emphasizing physical activity, healthy eating, and smoking cessation strategies.

Actions implemented in 2024 (Table 2)

In February, an updated *Sanctioning Protocol* was introduced for individuals violating smoking prohibitions within Local Health Authority premises.
In May, the event Week of *Only Life, No Smoke* was organized, featuring a public event involving 12 healthcare professionals.
A seminar was held titled "Fighting Smoking and Digital Smoking" for health workers, educators, and the general public was also planned (**Figure 1**).
In August, a standardized message in medical records was inserted into the outpatient specialist reports of the departments, encouraging smoking cessation. In September, during *Head and Neck Cancer Prevention Week*, a city event was held with the participation of six ENT specialists from the Local Health Authority of Reggio Emilia, and over 200 citizens. The working group also participated in the *Health Festival* for a second consecutive year. Approximately 1200 participants engaged in activities, including children's games, animal-assisted therapy, cooking workshops, yoga, gymnastics sessions, and health promotion initiatives.
In October, a knowledge questionnaire assessing awareness and habits related to traditional and electronic cigarette use was developed and was sent to 7000 employees.
In December, two specialized *Training Courses* were conducted for enforcement officers and educators. Over the past decade, our healthcare organization has implemented numerous anti-smoking campaigns aimed at reducing tobacco consumption among both employees and the general population. While the impact of such initiatives is not immediately quantifiable, a progressive increase in the utilization of our Anti-Smoking Center has been observed with the number of individuals seeking support rising from 134 in 2022 to 215 in 2024. Concurrently, a decline in smoking prevalence has been documented within the region, with the proportion of smokers decreasing from 30% to 24% in the Emilia-Romagna region, and from 34% to 20% in the province of Reggio Emilia, for the period 2008-2023.

Table 2. *Type of interventions performed by the Hospital and Smoke-Free Territory Working Group in 2024.*

MONTH	INTERVENTION	ACTION	RESULTS
February	*Updated Sanctions Report*	Review and discussion within the Working Group	Implementation of revised sanctioning measures for smoking violations in AUSL premises
May	*Week of Only Life, No smoke*	Public awareness events in city squares	Engagement of journalists and local television networks in tobacco control initiatives
	Seminar on Tobacco Control	*Fighting Smoking and Digital Smoking*	120 healthcare professionals and citizens participated
August	*Standardized Message in Medical reports*	Inclusion of a smoking cessation advisory statement	The wording "If you smoke and want help to quit smoking, you can call 0522320655 to request an appointment at the anti-smoking centre nearest to your residence. access is free" appears on discharge letters
September	*Head and Neck Cancer Prevention Week*	Public screening event in the city square	7 healthcare professionals were involved; approximately 200 ENT consultations and videoendoscopic examinations performed
	Health Festival	Public health event at Parco San Lazzaro (USL of Reggio Emilia	Approximately 1,200 citizens participated in activities, promoting physical exercise, healthy eating, and smoking cessation
October	*Employee Survey on Smoking Habits*	Distribution of a questionnaire to 7,200 employees	Approximately 1,600 responses received to date
December	*Training Courses for Inspection Agents*	Educational sessions on tobacco control regulations	7 instructors and 72 students participated

Figure 1. *Reggio Emilia. Initiatives of the working group with citizens in the main square of the city.*

A key strength of these interventions is their potential long-term impact on tobacco-related diseases. Notably, data from the Reggio Emilia Cancer Registry indicate a reduction in the incidence of lung cancer among women under the age of 50 (**Figure 2**), suggesting that sustained awareness campaigns and prevention strategies may be contributing to this decline.

DISCUSSION

The primary objective of this study was to describe the implementation of smoking reduction initiatives across healthcare settings, both hospital-based and community-based locally in a province of Northern Italy. During 2024 there were numerous events aimed at both the public and Local Health Authority professionals. In particular, four public events which saw the participation of thousands of citizens. Furthermore, an absolute novelty was introduced for patients and users of healthcare facilities, one of the first ever in Italy, which is a message in discharge letters in specialist reports with the words: "If you want to stop smoking, contact this centre". For employees, however, an absolute novelty was the updating of a protocol that contains sanctions for people who smoke in non-dedicated areas. A course was held for inspectors which saw the participation of 70 employees who were given information on the damage to health caused by smoking. Therefore, the first objective must be awareness-raising and then sanctions. Another absolute novelty is that a questionnaire was sent to the 7,200 employees, the answers to which are being evaluated.

Previous studies have demonstrated that an increasing number of hospitals worldwide have adopted comprehensive smoke-free policies, prohibiting smoking both indoors and outdoors (34). However, international research has shown that, despite these regulations, studies in hospitals with smoking behaviour persists among visitors, staff, and patients in outdoor areas (35-37). Nonetheless, institutional

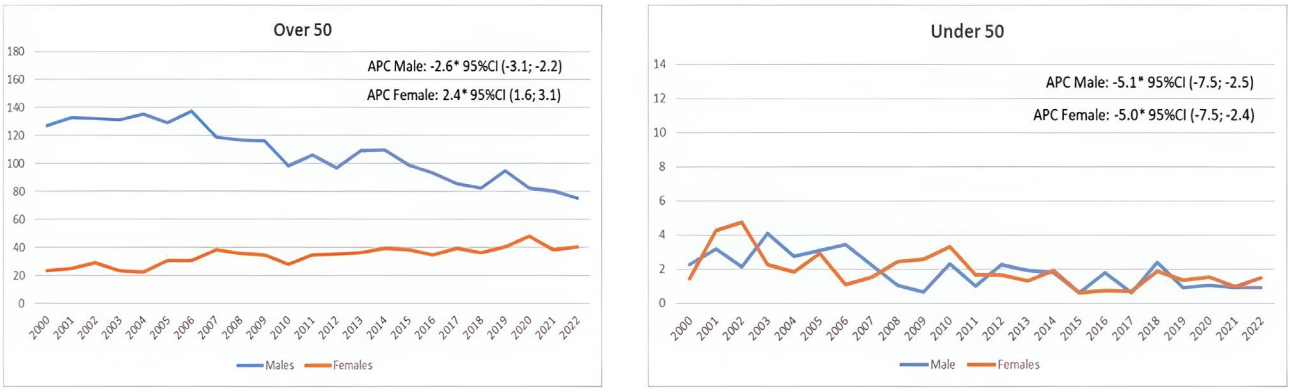

Figure 2. *Reggio Emilia Cancer Registry. Years 2000-2023. Lung cancer incidence by sex and age group (over 50 and under 50).*

policies contribute to an overall reduction in smoking prevalence and can catalyze broader tobacco control efforts. Given their position as trusted health institutions, hospitals play a major role in tobacco control, and healthcare professionals are uniquely positioned to lead by example (38, 39). An intriguing perspective comes from a study conducted among medical residents in the United States, which highlights a more nuanced approach to smoking cessation interventions. While physicians are expected to actively discourage smoking, the study suggests that a more comprehensive strategy - one that considers individual patient circumstances and incorporates harm reduction principles - may be more effective in supporting long-term smoking cessation (40). Historically, smoking was widely accepted in hospital settings, with physicians and nurses smoking in staff rooms and even cigarettes being sold in hospital shops (41). It was not until 1992 that a nationwide smoking ban in hospitals was implemented in the United States (42).

Today, one of the strongest arguments for banning smoking in outdoor hospital areas is to minimize public nuisance, including littering, fire hazards, and exposure to behaviors perceived as inappropriate in a healthcare setting (43). However, some public health experts, such as Simon Chapman, have cautioned against conflating community preferences with evidence-based public health priorities, arguing that tobacco control policies should be driven by rigorous scientific evidence rather than societal norms alone (44).

The impact of smoking bans in hospital settings remains a subject of ongoing debate, with some studies reporting mixed results (45). Nevertheless, hospitals hold a unique responsibility to establish and normalize smoke-free environments reinforcing their role as institutions that prioritize health and well-being (46). A persistent challenge is that, despite comprehensive smoking bans, individuals often find secluded areas, beyond designated non-smoking zones where they continue to smoke (47).

While strict enforcement of smoking bans is necessary to uphold hospital policies, a more patient-centered approach is required to effectively address nicotine dependence. Hospitals should aim to balance regulatory compliance with harm reduction strategies ensuring that nicotine withdrawal is managed appropriately while providing evidence-based smoking cessation support. This perspective aligns with principles derived from anthropology and harm reduction philosophy, which prioritize minimizing the negative consequences of substance while respecting individual autonomy (48, 49).

CONCLUSIONS

This work aims to share with other professionals an initiative undertaken in a large healthcare company in Northern Italy. The goal is to raise awareness among healthcare professionals about the risks of smoking while also strictly prohibiting smoking in healthcare environments. Despite previous failed attempts in recent years, it is important to persist this effort by engaging healthcare professionals, as well as citizens, patient associations, and stakeholders who can contribute through concrete actions.

COMPLIANCE WITH ETHICAL STANDARDS

Funding

There are no funding to declare.

Conflicts of interests

The authors declare no conflict of interest.

Availability of data and materials

The data presented in this study are available on request from the corresponding author. The data are not publicly available due to ethical and privacy issues; re-quests for data must be approved by the Ethics Committee after the presentation of a study pro-tocol.

Authors' contributions

Conceptualization, investigation, writing-original draft, visualization, supervision, AA; visualization, supervision CG; conceptualization, investigation, writing-original draft MT; supervision CB; supervision NF; supervision ML; supervision EM; supervision AN; supervision ER; supervision AG; supervision CS; writing-review and editing supervision IB; conceptualization, writing-original draft, investigation, supervision, LM. All authors have read and agreed to the published version of the manuscript.

Informed Consent Statement

N/A.

Ethical approval

There is no ethical approval.

Publication ethics

Plagiarism

Authors declare no potentially overlapping publications with the content of this manuscript and all original studies are cited as appropriate.

Data falsification and fabrication

All the data corresponds to the real.

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