



# United States Department of the Interior

OFFICE OF THE SECRETARY  
Washington, D.C. 20240

January 4, 1999

PERSONNEL BULLETIN 99-1 (792)

SUBJECT: Smoking Cessation Guidance


The attached document from the Office of Personnel Management (OPM) contains guidance on establishing and enhancing smoking cessation programs for Federal employees and establishing a smoke-free environment in Federal facilities. The purpose of this bulletin is to remind Bureaus and offices of existing authorities to utilize appropriated funds for such programs and to provide information on establishing and/or locating smoking cessation programs and resources.

The OPM guidance, along with the Executive Order 13508, explains agency authority to pay for various services related to smoking cessation. These services include educational and counseling programs designed to curb smoking and the use of nicotine replacement therapy (nicotine patch or nicotine gum). A Comptroller General decision (B-231543 dated February 3, 1989) allows for the use of appropriated funds in agency-sponsored smoking cessation programs.

Bureaus may establish or enhance smoking cessation programs as needed in accordance with the OPM guidance. Any labor management consultation obligations should be met at the appropriate level.

DISTRIBUTION: This guidance will be incorporated in a revised 370 DM 792.

INQUIRIES: John Rogers, PPM, (202) 208-2154.

  
Carolyn Cohen  
Director, Office of Personnel Policy

Attachments

# INTERAGENCY ADVISORY GROUP

UNITED STATES  
OFFICE OF PERSONNEL MANAGEMENT  
WASHINGTON, DC 20415

Secretariat  
1900 E St., NW

OCT - 1 1997

MEMORANDUM FOR DIRECTORS OF PERSONNEL

FROM: STEVEN R. COHEN  
ACTING ASSOCIATE DIRECTOR  
HUMAN RESOURCES SYSTEMS SERVICE



SUBJECT Smoking Cessation Guidance

On August 9, 1997, the President issued Executive Order 13058 establishing a smoke-free environment for Federal employees and members of the public visiting or using Federal facilities. In Section 4 of the Executive Order, the President encouraged agencies "to use existing authority to establish programs designed to help employees stop smoking." A copy of the Executive Order is attached.

The purpose of this letter is to remind agencies of existing authority to utilize appropriated funds for such programs and to provide information to assist in establishing and/or locating programs designed to help employees stop smoking.

A decision by the Comptroller General of the United States (B-231543 dated February 3, 1989) held that under 5 USC §7901, Federal agencies have the authority to utilize appropriated funds to pay the costs incurred by employees participating in agency-authorized smoking cessation programs. The decision held that because smoking is a major contributing cause of illnesses such as cancer, coronary disease and emphysema, smoking cessation programs are "preventive" in nature and authorized under 5 USC §7901(c)(4). This authority can also include payment for nicotine replacement therapy (use of the nicotine patch or nicotine gum) when purchased as part of an agency's smoking cessation program.

Attached are: (1) the Executive Order; and (2) guidelines on establishing programs designed to help employees stop smoking. Agencies may also contact OPM's Employee Health Services Policy Center at (202) 606-2920 for assistance in establishing and/or locating programs.

Attachments - 2

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**Presidential Documents**

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Title 3—

Executive Order 13058 of August 9, 1997

The President

**Protecting Federal Employees and the Public From Exposure to Tobacco Smoke in the Federal Workplace**

By the authority vested in me as President by the Constitution and the laws of the United States of America and in order to protect Federal Government employees and members of the public from exposure to tobacco smoke in the Federal workplace, it is hereby ordered as follows:

**Section 1. Policy.** It is the policy of the executive branch to establish a smoke-free environment for Federal employees and members of the public visiting or using Federal facilities. The smoking of tobacco products is thus prohibited in all interior space owned, rented, or leased by the executive branch of the Federal Government, and in any outdoor areas under executive branch control in front of air intake ducts.

**Sec. 2. Exceptions.** The general policy established by this order is subject to the following exceptions: (a) The order does not apply in designated smoking areas that are enclosed and exhausted directly to the outside and away from air intake ducts, and are maintained under negative pressure (with respect to surrounding spaces) sufficient to contain tobacco smoke within the designated area. Agency officials shall not require workers to enter such areas during business hours while smoking is ongoing.

(b) The order does not extend to any residential accommodation for persons voluntarily or involuntarily residing, on a temporary or long-term basis, in a building owned, leased, or rented by the Federal Government.

(c) The order does not extend to those portions of federally owned buildings leased, rented, or otherwise provided in their entirety to nonfederal parties.

(d) The order does not extend to places of employment in the private sector or in other nonfederal governmental units that serve as the permanent or intermittent duty station of one or more Federal employees.

(e) The head of any agency may establish limited and narrow exceptions that are necessary to accomplish agency missions. Such exception shall be in writing, approved by the agency head, and to the fullest extent possible provide protection of nonsmokers from exposure to environmental tobacco smoke. Authority to establish such exceptions may not be delegated.

**Sec. 3. Other Locations.** The heads of agencies shall evaluate the need to restrict smoking at doorways and in courtyards under executive branch control in order to protect workers and visitors from environmental tobacco smoke, and may restrict smoking in these areas in light of this evaluation.

**Sec. 4. Smoking Cessation Programs.** The heads of agencies are encouraged to use existing authority to establish programs designed to help employees stop smoking.

**Sec. 5. Responsibility for Implementation.** The heads of agencies are responsible for implementing and ensuring compliance with the provisions of this order. "Agency" as used in this order means an Executive agency, as defined in 5 U.S.C. 105, and includes any employing unit or authority of the Federal Government, other than those of the legislative and judicial branches. Independent agencies are encouraged to comply with the provisions of this order.

**Sec. 6. Phase-In of Implementation.** Implementation of the policy set forth in this order shall be achieved no later than 1 year after the date of this

order. This 1 year phase-in period is designed to establish a fixed but reasonable time for implementing this policy. Agency heads are directed during this period to inform all employees and visitors to executive branch facilities about the requirements of this order, inform their employees of the health risks of exposure to environmental tobacco smoke, and undertake related activities as necessary.

*Sec. 7. Consistency with Other Laws.* The provisions of this order shall be implemented consistent with applicable law, including the Federal Service Labor-Management Relations Act (5 U.S.C. 7101 *et seq.*) and the National Labor Relations Act (29 U.S.C. 151 *et seq.*) Provisions of existing collective bargaining agreements shall be honored and agencies shall consult with employee labor representatives about the implementation of this order. Nothing herein shall be construed to impair or alter the powers and duties of Federal agencies established under law. Nothing herein shall be construed to replace any agency policy currently in effect, if such policy is legally established, in writing, and consistent with the terms of this order. Agencies shall review their current policy to confirm that agency policy comports with this order, and policy found not in compliance shall be revised to comply with the terms of this order.

*Sec. 8. Cause of Action.* This order does not create any right to administrative or judicial review, or any other right or benefit, substantive or procedural, enforceable by a party against the United States, its agencies or instrumentalities, its officers or employees, or any other person or affect in any way the liability of the executive branch under the Federal Tort Claims Act.

*Sec. 9. Construction.* Nothing in this order shall limit an agency head from establishing more protective policies on smoking in the Federal workplace for employees and members of the public visiting or using Federal facilities.



THE WHITE HOUSE,  
August 9, 1997.

# **Smoking Cessation Programs**

## ***Guidance on Establishing Programs Designed to Help Employees Stop Smoking***

### **I. FUNDING SMOKING CESSATION PROGRAMS**

#### **INTRODUCTION**

The U.S. Office of Personnel Management supports and encourages agency authorized programs aimed at health promotion and disease prevention, including smoking cessation programs. According to reports issued by the Surgeon General, smoking is the chief avoidable cause of death in our society. Programs designed to help employees stop smoking are in the best health interests of those Federal employees who smoke and those who do not smoke. These programs may also contribute to improved organizational performance and productivity

The purpose of these guidelines is to assist agencies in the development of smoking cessation programs, including those which provide, as one element, pharmacologic therapy (such as a nicotine replacement therapy (NRT), i.e., the nicotine patch or nicotine gum).

#### **USE OF APPROPRIATED FUNDS FOR SMOKING CESSATION PROGRAMS**

A decision by the Comptroller General of the United States (B-231543 dated February 3, 1989) held that under 5 U.S.C. §7901, Federal agencies have the authority to utilize appropriated funds to pay the costs incurred by employees participating in agency-sponsored smoking cessation programs. The decision held that because smoking is a major contributing cause of illnesses such as cancer, coronary disease and emphysema, smoking cessation programs are “preventive” in nature and authorized under 5 USC §7901(c)(4).

Agencies may wish to develop their own in-house programs or contract with program providers (see section B, **A CHECKLIST FOR ASSESSING A GROUP CESSATION PROGRAM**). Such programs usually include: (1) educational materials; (2) classroom training; (3) individual and/or group counseling; and/or (4) pharmacologic therapy (such as nicotine replacement therapy).

#### **NICOTINE PATCH/GUM AS PART OF AN AGENCY'S PROGRAM**

As part of an agency's program, appropriated funds may be used to pay for the provision of pharmacologic treatment such as nicotine replacement therapy. With regard to paying the costs of over-the-counter nicotine replacement therapy (such as the nicotine patch or nicotine gum), the following guidance is provided to assist program administrators:

**Agency Purchase:** Agencies that desire to provide their employees with over-the-counter nicotine replacement therapy (such as nicotine patches or nicotine gum), as part of an agency's smoking cessation program, should acquire those items in accordance with the regulatory and statutory provisions contained in the Federal Acquisition Regulation and all internal agency guidelines for the expenditure of appropriated funds. Agencies may also wish to contract with smoking cessation program providers which include, as part of their program, nicotine replacement therapy. Agencies may also purchase nicotine replacement therapy for employees who wish to quit smoking but who do not wish to attend formal classroom sessions sponsored by the agency. In this instance, agencies should offer employees on-site or telephone counseling services. Such counseling services, however, should not be made mandatory. Employees requesting agency purchase of the nicotine patch or nicotine gum in such circumstances should be considered as participating in the agency's smoking cessation program

**Employee Requests:** When requesting the agency to purchase the nicotine patch or nicotine gum, which is to be purchased as part of an agency's program, employees should provide program administrators (e.g., health unit physician, nurse, or Employee Assistance Program counselor) with a written request. Such a request would be appropriate regardless of whether the employee is participating in an on-site classroom program or in a self-initiated process.

## **RELATIONSHIP TO HEALTH INSURANCE REIMBURSEMENTS**

The following information is provided for the benefit of employees who elect to participate in smoking cessation programs other than agency-sponsored programs on-site. While agencies would not pay for the cost of registration for such programs, employees should be aware that they can seek insurance plan reimbursement (up to the amount covered in their health benefits plan). In these instances, however, employees may request agency purchase of pharmacologic treatment such as nicotine replacement therapy if such therapy were in addition to the program registration cost. These employees would be considered as participating in the agency's program.

Under the Federal Employee Health Benefits programs, a number of insurance plans cover some costs associated with smoking cessation. Federal employees need to refer to their plan brochure for specific coverage information. Generally, fee-for-service (FFS) plans cover up to \$100 towards the cost of enrollment in one smoking cessation program per member per lifetime after the calendar year deductible has been met. Many FFS plans also cover the cost of smoking cessation drugs that require a prescription; some cover the cost of non-prescription drugs as part of the \$100 lifetime benefit to aid in smoking cessation. **NOTE:** although some drugs for smoking cessation are over-the-counter products, others require a prescription.

Benefits in HMOs vary greatly; the Prescription Drugs Benefits section of each plan's brochure specifies whether drugs to aid in smoking cessation are covered or excluded. **Generally, members must contact their HMO to find out whether classes are offered for smoking**

**cessation and whether they require any payment by the member.** Following is a summary of coverage **currently** available under fee-for-service plans:

**Alliance** - After the \$300 non-PPO calendar year deductible has been met, the Plan pays up to \$100 for enrollment in one smoking cessation program per member per lifetime.

**APWU**- After satisfaction of the \$250 calendar year deductible, the Plan will pay up to \$100 for enrollment in one smoking cessation program per member per lifetime.

**BC/BS Service Benefit Plan** - After satisfaction of the calendar year deductible, the Plan will pay 100% of billed charges up to a maximum payment of \$100 for enrollment in one smoking cessation per member per lifetime. Services may be rendered by any covered provider or by a smoking cessation clinic. Drugs that require a prescription are covered under prescription drug benefits.

**GEHA** - After satisfaction of the calendar year deductible, up to \$100 for enrollment in one smoking cessation program per member per lifetime. Drugs to aid in smoking cessation are covered under this benefit subject to the calendar year deductible and subject to the \$100 lifetime maximum. You must purchase these drugs and file the receipt from the pharmacy including the name of the drug, patient's name, date and amount of purchase with the GEHA claim office. Prescription drugs for smoking cessation are excluded from the prescription drug benefit.

**NALC** - After satisfaction of the calendar year deductible, the Plan will pay up to \$100 for enrollment in one smoking cessation program per member per lifetime. Related prescription drugs are covered under Prescription Drug Benefits.

**Postmasters** - After satisfaction of the calendar year deductible, the Plan will pay up to \$100 for enrollment in one smoking cessation program, including any related prescription drugs, per member per lifetime. Smoking cessation drugs and medications, including nicotine patches, are not available under any other Plan provisions. Benefits will be paid directly to the enrollee upon submission of a completed claim form and bill.

**Foreign Service Benefit Plan** - After satisfaction of the calendar year deductible, the plan will pay up to \$100 for enrollment in one smoking cessation program per member per lifetime. A statement from the provider certifying completion of the program is required to obtain this benefit.

**Panama Canal Area Benefit Plan** - The Plan will pay up to \$100 for enrollment in one smoking cessation program per member per lifetime. This benefit will not be subject to the Outpatient benefit maximums (\$650/\$1,500 per calendar year). This benefit must be approved by the Plan prior to the member enrolling.

**Rural Carrier Benefit Plan** - The Plan will pay up to \$100 for enrollment in one smoking cessation program, including any related prescription drugs, per member per lifetime. Charges applied to satisfy the deductible are counted toward the benefit limit. Smoking cessation drugs and medications, including nicotine patches, are not available under any other Plan provisions.

**SAMBA** - after satisfaction of the calendar year deductible, the Plan will pay up to \$100 for enrollment in one smoking cessation program, including cost of any related prescription drugs, per member per lifetime.

**Association** - after satisfaction of the \$250 calendar year deductible, the plan will pay up to \$100 for enrollment in one smoking cessation program per person per lifetime. This benefit includes FDA-approved prescription drugs and medicines (including generic drugs) that are intended to aid in smoking cessation.

**BACE**- After satisfaction of the \$250 calendar year deductible, the plan will pay up to \$100 for enrollment in one smoking cessation program per member per lifetime.

**SSEHA** - After satisfaction of the \$200 CYD, the plan will pay up to \$100 for enrollment in one smoking cessation program per member per lifetime.

**Mailhandlers** - up to \$100 for enrollment in one smoking cessation program per member per lifetime. All claims will be paid directly to you. Prescription drugs for smoking cessation are paid under the Prescription Drug Benefit and their cost does not count toward the \$100 limit.

## **II. GUIDELINES FOR THE DEVELOPMENT OF EFFECTIVE AGENCY SMOKING CESSATION PROGRAMS**

**BACKGROUND:** The leading agency in the area of smoking cessation is the Agency for Health Care Policy and Research (AHCPR) of the U.S. Department of Health and Human Services. The following recommendations were developed by the AHCPR as part of a “*Quick Reference Guide for Smoking Cessation Specialists*,” and can be used by agency planners in the development of their smoking cessation programs or in assessing the effectiveness of potential program providers. The *Quick Reference Guide for Smoking Cessation Specialists* resulted from the findings of a private-sector panel convened by AHCPR and the Centers for Disease Control and Prevention (CDC). The panel employed an explicit science-based methodology and expert clinical judgement to develop specific statements on smoking cessation. Whether agency-developed programs are administered internally (e.g., by a coordinated effort involving the agency’s Health Unit and the Employee Assistance Program Counselor) or externally (by contracting with a smoking cessation program provider), agencies are urged to follow these recommendations in the development of their programs:

### **A. PROGRAM DEVELOPMENT RECOMMENDATIONS**

#### **Assess the Smoker who has Entered a Program**

Assess whether participants in smoking cessation programs are motivated to quit smoking using an intensive program. Specialists may also conduct other assessments that can provide information useful in counseling. For example, such assessments may reveal the presence of high stress levels caused by other issues in a smoker’s life or may reveal the presence of other psychological or medical conditions that will affect success in quitting.

#### **Use a Variety of Clinicians**

Multiple types of clinicians should be used in intensive smoking cessation programs. One strategy would be to have a medical/health care clinician deliver messages about health risks and benefits, and nonmedical clinicians deliver psychological or behavioral interventions.



## **Ensure that the Program is Intensive Enough**

Individual or group counseling programs are helpful. The AHCPR guidelines panel found a direct relationship between the intensity of treatment and the likelihood for success. Because of evidence of a strong dose-response relation, the program should include the following elements:

- Session length - at least 20-30 minutes in length.
- Number of sessions - at least 4-7 sessions
- Length in weeks - at least 2 weeks, but preferably up to 8 weeks.

## **Use a Variety of Program Formats**

Either individual or group counseling should be used. Specialists may also use supplementary self-help materials.

## **Include Effective Counseling Techniques**

Interventions should include problem solving/skill training content as well as clinician-delivered social support for quitting. For example, common elements of problem solving/skills-training treatments would be: (1) recognition of danger situations (e.g., being around other smokers, being under time pressure, getting into an argument, experiencing urges or negative moods, or drinking alcohol); (2) coping skills (e.g., learning to anticipate and avoid danger situations, learning cognitive strategies that will reduce negative moods, accomplishing lifestyle changes that reduce stress, improve quality of life, or produce pleasure); and (3) basic information (e.g., the nature/timecourse of withdrawal, the addictive nature of smoking, or the fact that any smoking (even a single puff) increases the likelihood of full relapse). Common elements of supportive smoking cessation treatments would be: (1) encourage the participant in the quit attempt; (2) communicate caring and concern; (3) encourage the participant to talk about the quitting process; and (4) provide basic information about smoking and successful quitting.

## **Provide Relapse Prevention Intervention**

Most relapses occur soon after a person quits smoking, although some people relapse months or years after the quit date. Therefore, specialists should work to prevent long-term risks of relapse. These interventions can occur during treatment sessions or during followup contacts and should: (1) reinforce the employee's decision to quit; (2) review the benefits of quitting; and (3) assist in resolving any problems related to quitting.

## Include Nicotine Replacement Therapy\*

Except in special circumstances (i.e., in the presence of serious medical precautions), every smoker should be offered nicotine replacement therapy (NRT). The nicotine patch and nicotine gum are particularly useful in helping smokers quit. In the instance of relapse, a careful assessment should be made to determine if incorrect use of NRT contributed to the relapse, and employees should be encouraged to try again.

**\*NOTE:** According to AHCPR guidelines on smoking cessation programs, nicotine replacement therapy is one of the elements in a cessation program that is particularly effective. The guidelines state that either a nicotine patch or nicotine gum doubles the rate of quitting success in a cessation program.

**Other treatments (findings of the AHCPR guidelines panel):** (1) *Acupuncture* (there was relatively little evidence available regarding acupuncture and the existing evidence was inconclusive); (2) hypnosis (because the studies were of poor quality and their results were inconsistent, the evidence was insufficient to assess the effectiveness of hypnosis); (3) *Clonidine* (there is little support for the use of clonidine either as a primary or as an adjunctive pharmacologic treatment for smoking cessation); (4) *antidepressants* (because of a paucity of data, the panel drew no conclusions about antidepressant therapy for smoking cessation); (5) *anxiolytics benzodiazepines* (because of a lack of data, no conclusion was drawn regarding the efficacy of anxiolytics in smoking cessation); and (6) *nicotine nasal sprays and nicotine inhalers* (although early studies appeared promising, there was limited data regarding the use of these products at the time the AHCPR guideline was produced, and no conclusions were drawn regarding the efficacy of these products).

## **B. A CHECKLIST FOR ASSESSING A GROUP CESSATION PROGRAM**

**NOTE:** Providers should be carefully screened before contracting for their services or referring employees. The following checklist, provided by the Office on Smoking and Health of the U.S. Department of Health and Human Services, can be used for screening such services.

1. How long has the organization been in existence? How long has it been providing smoking cessation programs?
2. How many people have gone through the program?
3. Will the approach be appropriate for the employee?
  - a. What methods are used to help smokers quit?
  - b. How is maintaining abstinence from smoking addressed?
  - c. What resources are provided to help promote the program among agency employees and stimulate participation?
4. Have others been satisfied with the program?
  - a. Will they provide a list of clients, especially other Federal agencies?
  - b. Will they provide references so that satisfaction and success rates can be checked?
5. What are the qualifications of the instructors? What training have they received? What is their cessation counseling experience?
6. Are printed materials appropriate for the educational level of the employees? Are they attractive and motivational?
7. Will the structure of the program accommodate the needs of employees? That is, can they:
  - a. accommodate all shifts?
  - b. provide on-site and off-site programs?
  - c. structure flexible program formats?
  - d. provide audio or visual equipment?
8. Is the program provider willing to provide ongoing assistance and follow-up once the formal program ends?
9. Does the program incorporate participants' support systems? For example, peers and family members?
10. Does the program offer any form of guarantee? For example, can employees repeat the program for free or at a lower cost?
11. Can the program provider provide evidence of six-month and one-year success rates of previous clients? (A range of 20-40% success rate is realistic.) Remember: if it sounds too good to be true, it probably is.
12. How much does the program cost per employee? Are group discounts available?

### III. RESOURCES AND INFORMATION ON SMOKING CESSATION PROGRAMS

#### FEDERAL GOVERNMENT ORGANIZATIONS

Agency for Health Care Policy and  
Research (AHCPR)  
Public Health Service  
2101 East Jefferson Street, Suite 501  
Rockville, MD 20852  
(301) 594-6662  
<http://www.ahcpr.gov>  
1-800-358-9295 (to request materials on  
all AHCPR Smoking Cessation Guidelines)

Office on Smoking and Health  
National Center for Chronic Disease  
Prevention and Health Promotion  
Centers for Disease Control and  
Prevention  
Mail Stop K-50, 4770 Buford Highway  
Atlanta, GA 30341-3724  
(770) 488-5705  
<http://www.cdc.gov/tobacco>  
1-800-CDC-1311

Real Property Policy Division  
Office of Real Property  
General Services Administration (GSA)  
18th and F Streets, N.W., Rm. 6203  
Washington, DC 20405  
(202) 501-1737  
[http://policyworks.gov/org/main/mp/pm  
r.htm](http://policyworks.gov/org/main/mp/pm<br/>r.htm)

Employee Health Services Policy Center  
U.S. Office of Personnel Management  
1900 E Street, N.W., Rm. 7425  
Washington, DC 20415  
(202) 606-2920

#### RESOURCES AVAILABLE

AHCPR is the lead agency charged with supporting research designed to improve the quality of health care, reduce its cost, and broaden access to essential services. AHCPR's broad programs of research, clinical guideline development, and technology assessment bring practical, science-based information to medical practitioners and to consumers and other health care purchasers.

The Federal focal point for activities on smoking and health. Serves as the national and world center for scientific and technical information. Produces the Surgeon General's annual report related to smoking and health, carries out a public education program, and a tobacco epidemiology program.

Responsible for regulations on smoking in GSA-controlled Federal buildings and facilities. Each Federal agency head is responsible for implementing and enforcing the GSA regulations and establishing designated smoking areas.

Responsible for Federal employee health and assistance-related personnel policy guidance and technical assistance.

Cancer Information Service (CIS)  
National Cancer Institute (NCI)  
31 Center Drive MSC2580  
Building 31, Room 10A07  
Bethesda, MD 20892-2580  
1-800-4-CANCER (1-800-442-6237)  
1-800-332-8615 - TTY  
<http://cancernet.nci.nih.gov>

The Cancer Information Service provides information on cancer to patients and their families, health professionals, and the general public. The CIS is a resource for state and regional organizations by providing expertise in program planning, use of NCI materials, media relations, networking and coalition building.

**OTHER ORGANIZATIONS**

American Cancer Society (ACA)  
National Headquarters  
1599 Clifton Road, N.E.  
Atlanta, GA 30329-4251  
(404) 320-3333 or call the local number listed in the telephone directory.  
<http://www.cancer.org>  
Washington, DC Area:  
1875 Conn. Ave., N.W., Suite 730  
Washington, DC 20009  
(202) 483-2600

The ACA is dedicated to eliminating cancer through research, education, advocacy and service. Offers the "Fresh Start" program designed to help participants stop smoking. Offers a variety of brochures, videos and other resources on smoking cessation.

American Heart Association (AHA)  
National Center  
7320 Greenville Avenue  
Dallas, TX 75231  
(214) 750-5300 or call the local number listed in the telephone directory  
<http://www.amhrt.org/aha.html>  
Washington DC Area:  
5335 Wisconsin Ave., N.W.  
Washington, DC 20015-2030  
(202) 686-6888

AHA provides research support, public and professional education, and community programs in the fight against cardiovascular diseases and stroke. Offers The Heart At Work health promotion program, including a module on smoking cessation. The program can be implemented with program support provided by a local AHA representative.

American Lung Association (ALA)  
Headquarters  
1740 Broadway  
New York, NY 10019  
(212) 315-8700 or call the local number listed in the telephone directory.  
<http://www.lungusa.org>  
Washington, DC Area:  
425 H Street, NW  
Washington, DC 20005  
(202) 682-LUNG

The ALA supports research and other efforts to better understand why smokers are addicted and how to help them. Offers a stop-smoking program (*Freedom From Smoking*) which gives ideas on how to quit. Also provides self-help options including guidebooks, videotapes and audiotapes.