

# Integrating Tobacco-Free Environments in Behavioral Health Settings

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# Acknowledgements

This training is possible through partnerships with the Wisconsin Division of Care and Treatment Services (DCTS) and Tobacco Prevention and Control Program (TPCP)



# TODAY'S AGENDA

01

Understand context and outcomes of integrating a tobacco-free environment

02

Address common questions and concerns about tobacco-free environments

03

Review process of integrating a tobacco-free environment  
→ Identify opportunities to strengthen existing policies

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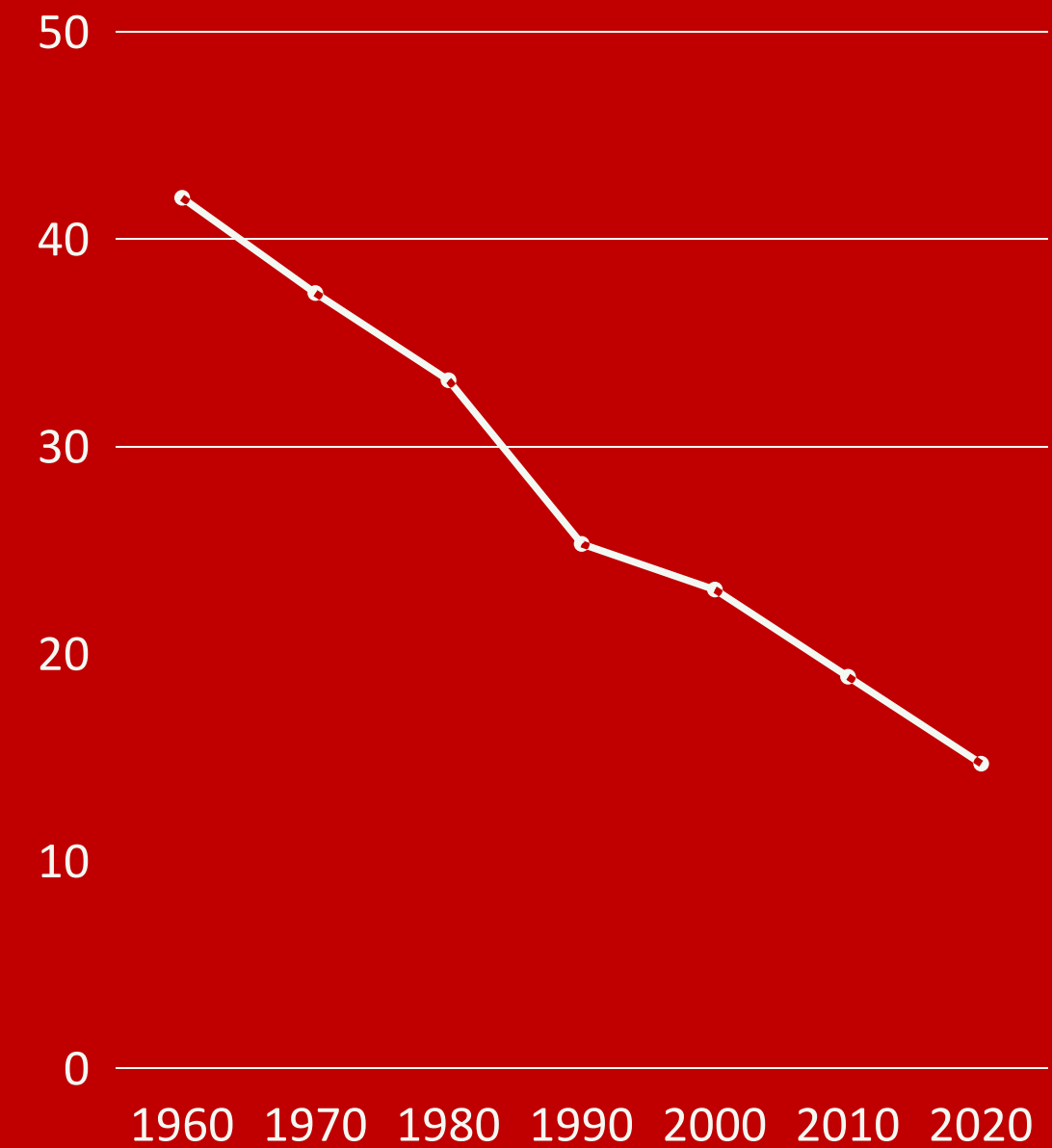
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# Tobacco is the #1 cause of preventable death and disease in the United States

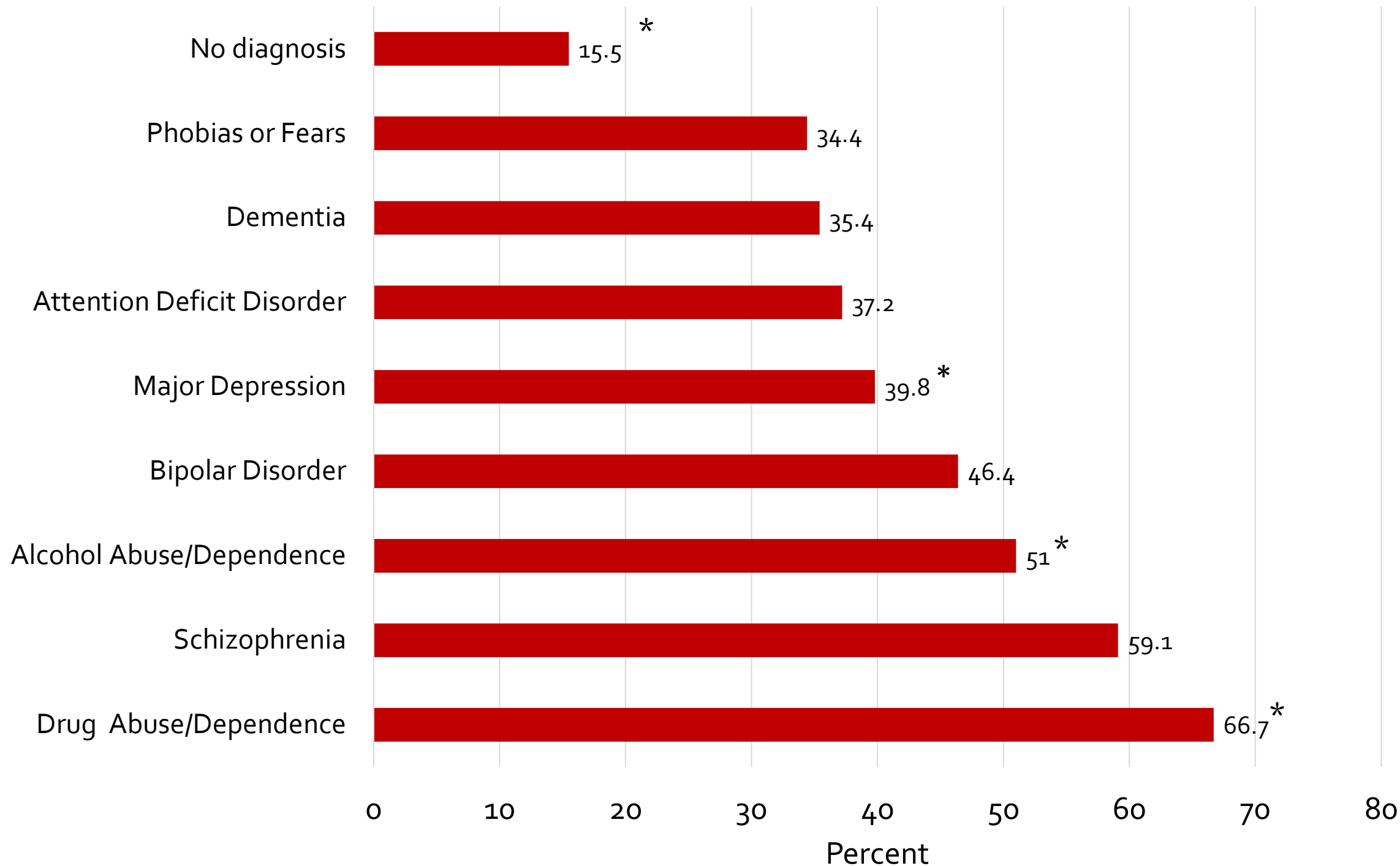
- Tobacco kills over 480,000 Americans each year
- One in five deaths directly caused by tobacco use
- Tobacco can harm every part of the body

## Smoking Prevalence Among Adults

18 and Older, United States, 1960-2018



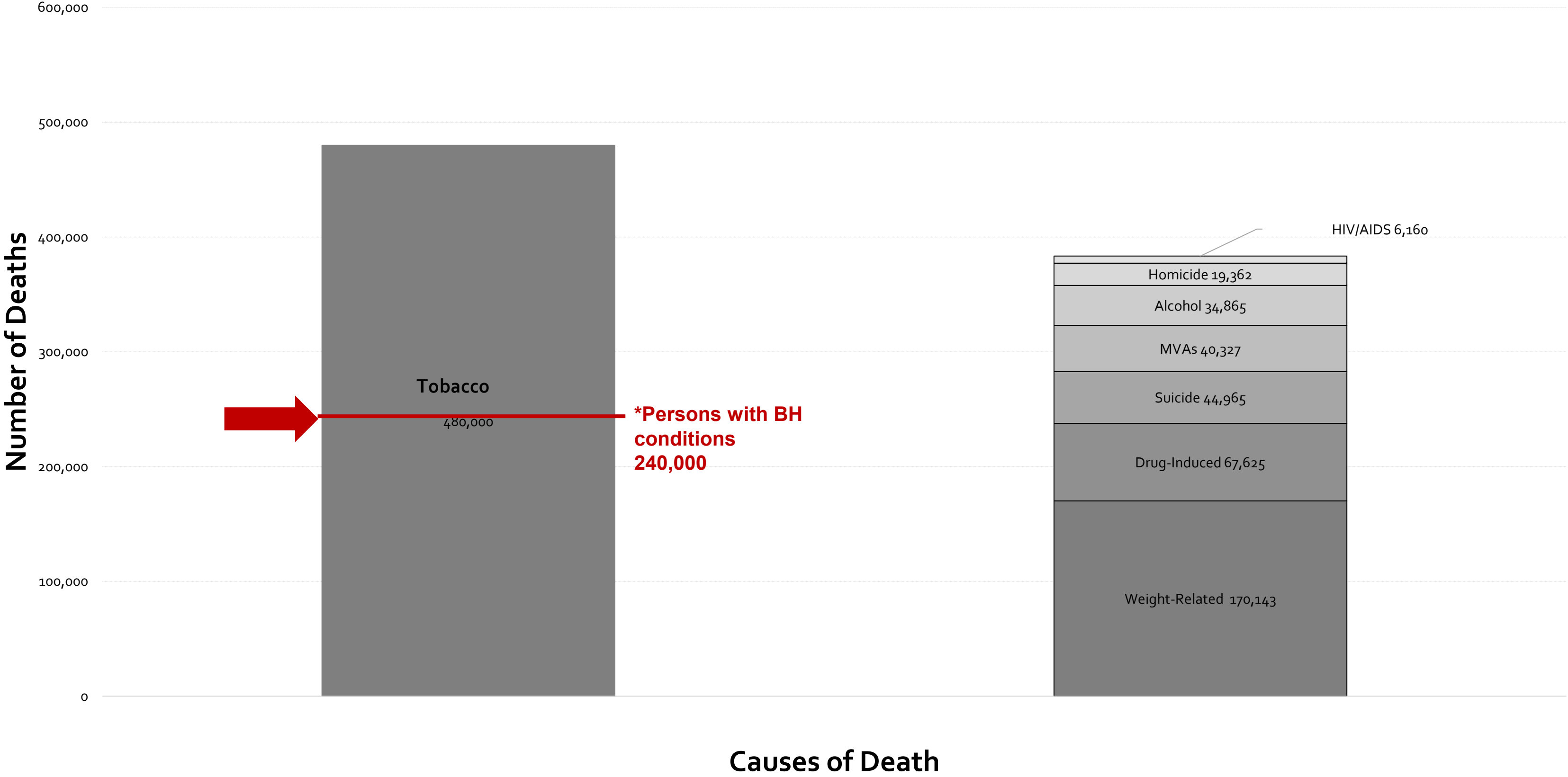
# TOBACCO USE & BEHAVIORAL HEALTH CONDITIONS



- 25% of US adults live with a BH condition
- Those with a BH condition consume 40% of all cigarettes
- Tobacco causes more deaths than the primary behavioral health disorder

# Behavioral Causes of Mortality

18 and Older, United States, 2016



National Vital Statistics Report, [https://www.cdc.gov/nchs/data/nvsr/nvsr67/nvsr67\\_05.pdf](https://www.cdc.gov/nchs/data/nvsr/nvsr67/nvsr67_05.pdf)



# What Caused This Disparity?

- Nicotine is highly addictive
- High rates of trauma
- Tobacco Industry
  - Financial contributions
  - Free or discounted product
  - Funded research perpetuating myths
  - Supported efforts to block smoke-free policies
- Cultural practices in recovery settings
  - Smoke breaks
  - Tobacco used as a reward/punishment
- Unintended consequences of tobacco prevention and control
  - Price minimizing strategies
  - New advertising strategies

IT'S A PSYCHOLOGICAL FACT: **PLEASURE HELPS YOUR DISPOSITION**



*How's your disposition today?*

**EVER FEEL MEAN AS A MULE?** It's only human, when stubborn annoyances bother you. But remember this psychological fact: pleasure helps your disposition. Everyday pleasures, like smoking for instance, are important. So if you're a smoker, smoke for the *most* pleasure. That means: smoke Camels!



For more  
pure pleasure  
— have a  
**Camel**

Today more people smoke Camels than any other cigarette because Camels give them more pure pleasure! So — choose *your* cigarette for pleasure. Pleasure helps your disposition. And you need only to *try* Camels to agree: no other cigarette is so *rich-tasting*, yet so *mild* as Camel!

**No other cigarette is so rich-tasting, yet so mild!**



# Individual Benefits of TUD Recovery

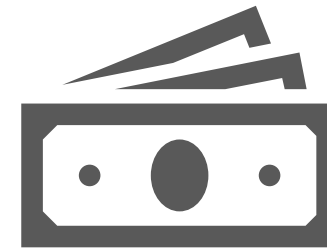
01

PHYSICAL



02

FINANCIAL



03

EMOTIONAL



04

MENTAL  
HEALTH



05

RECOVERY



06

WELLNESS



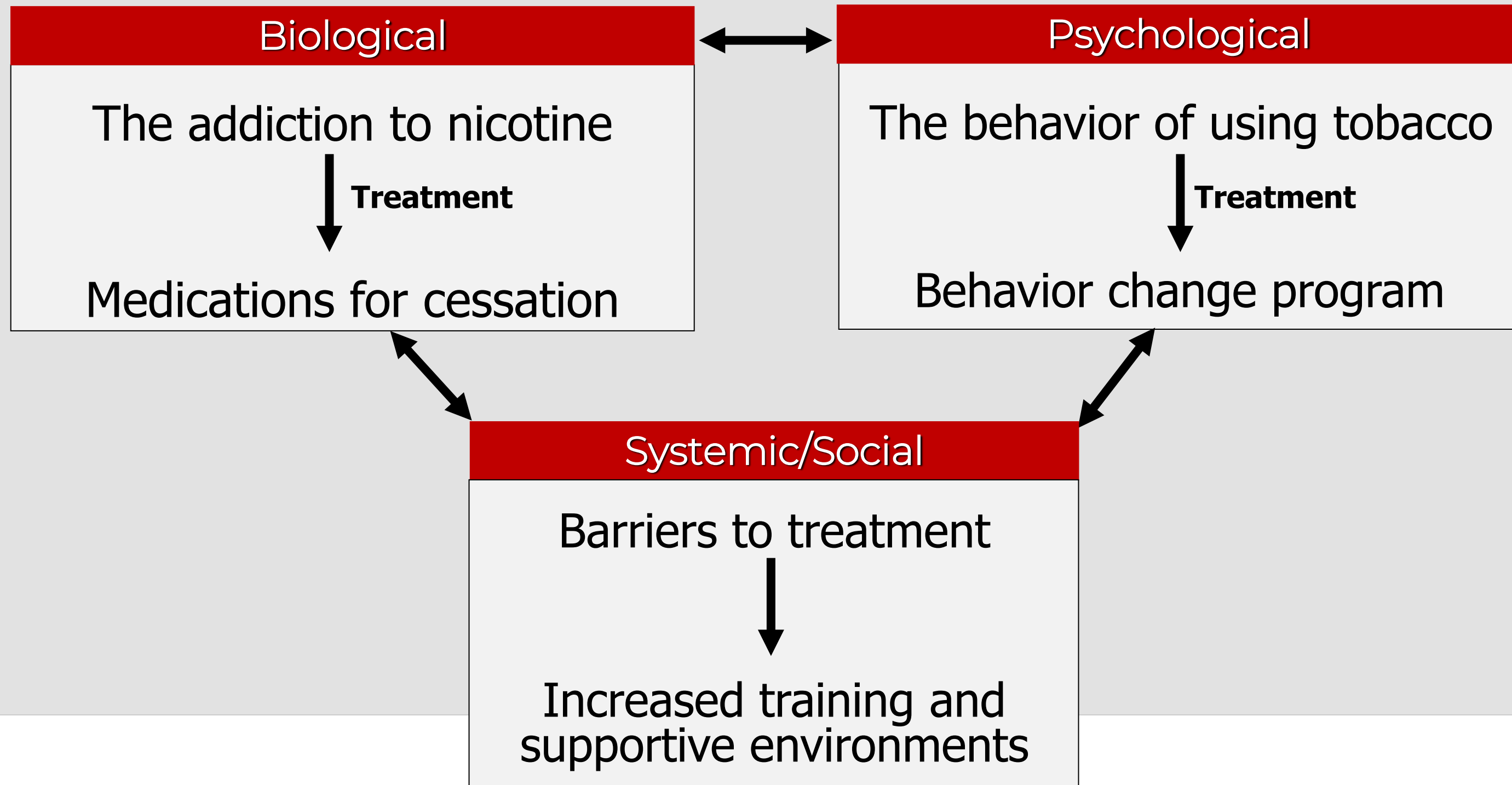
# Smoking and Recovery

Co-treatment of nicotine with other SUD is associated with a **25%** greater likelihood of long-term abstinence from all substances

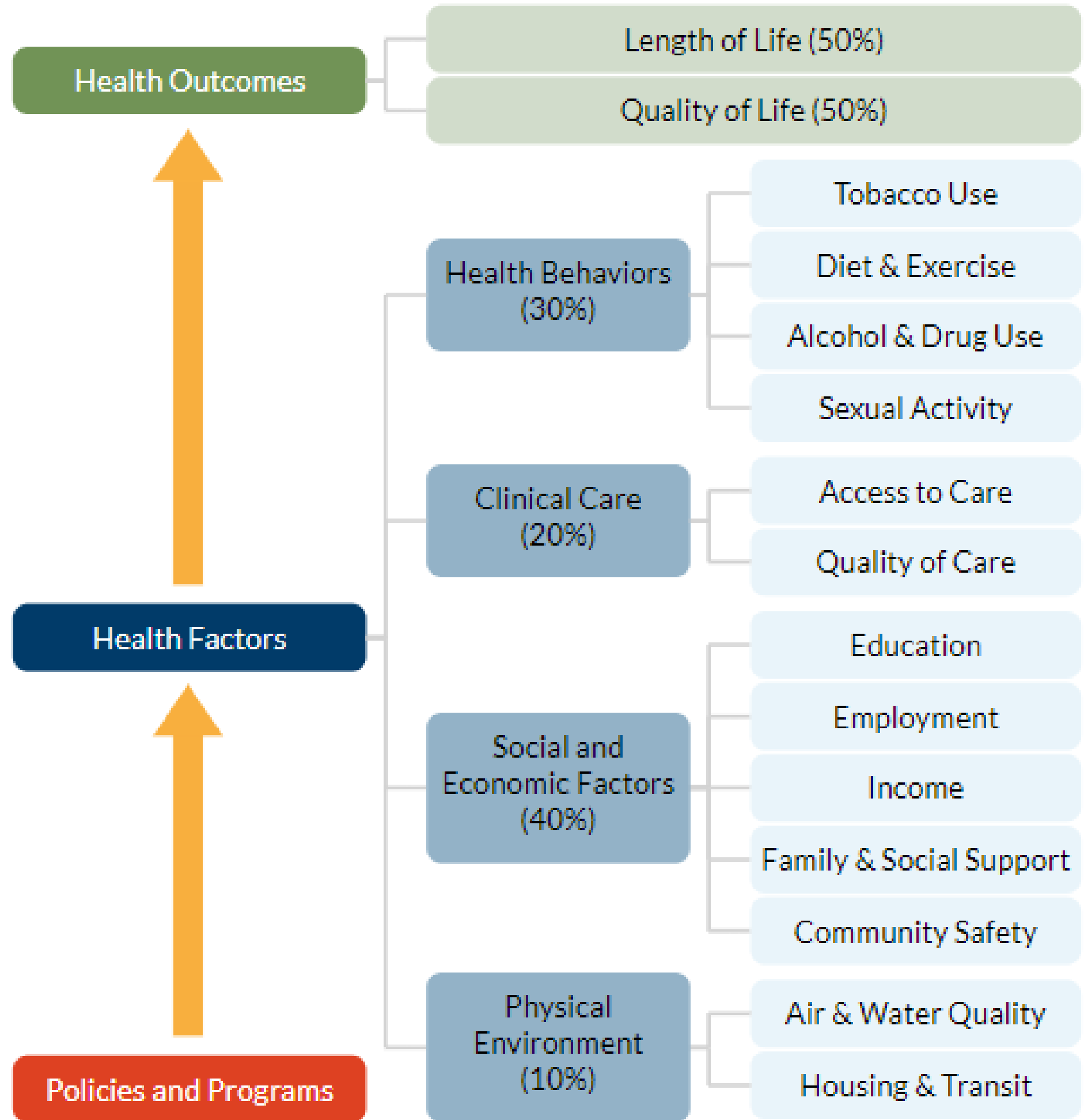
Weinberger, et al (2017) found:

- Continued smoking was associated with **1.56** greater odds of substance use and **2.02** times greater odds of SUD relapse
- New-onset smoking was associated with substance use and **4.86 times greater odds** of SUD relapse

# Tobacco Use Disorder Treatment: A \*three-part treatment



# Determinants of Health





# Agency Benefits of Tobacco-Free Recovery



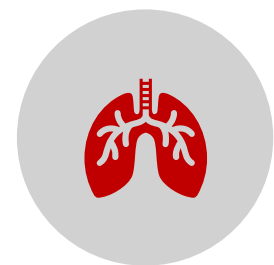
Reduce tobacco use



Improve health and wellness



Cleaner facilities



Improve air quality



Decrease risk of fire



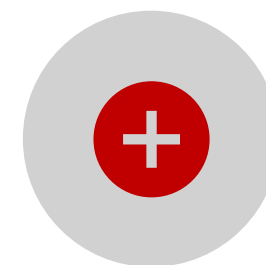
Decrease cleaning costs



Improve community dynamics



Reduce stigma



Other benefits?

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# Concern 1: A tobacco-free environment will negatively impact client recovery.

- Tobacco-free policies reduce tobacco use and encourage recovery
- Smoking cessation **does not** lead to an increase in use of other substances
- Concurrent treatment of smoking **enhances** recovery outcomes
  - Co-treatment of nicotine with other SUD was associated with a 25% greater likelihood of long-term abstinence from all substances
  - One study found people who quit smoking in the first year of AUD treatment were 2-3 times more likely to be sober 9 years later

# Concern 2: People don't come to treatment to address tobacco.

- About 75% of dual users report wanting to quit both
  - Almost 25% preferred quitting tobacco to alcohol at baseline and follow-up
- Treating tobacco is a key part of recovery from all substances
  - It is important to recognize behaviors, triggers, patterns that lead to substance use or relapse
- Recovery – “a process of change through which individuals improve their health and wellness, live self-directed lives, and strive to reach their full potential”

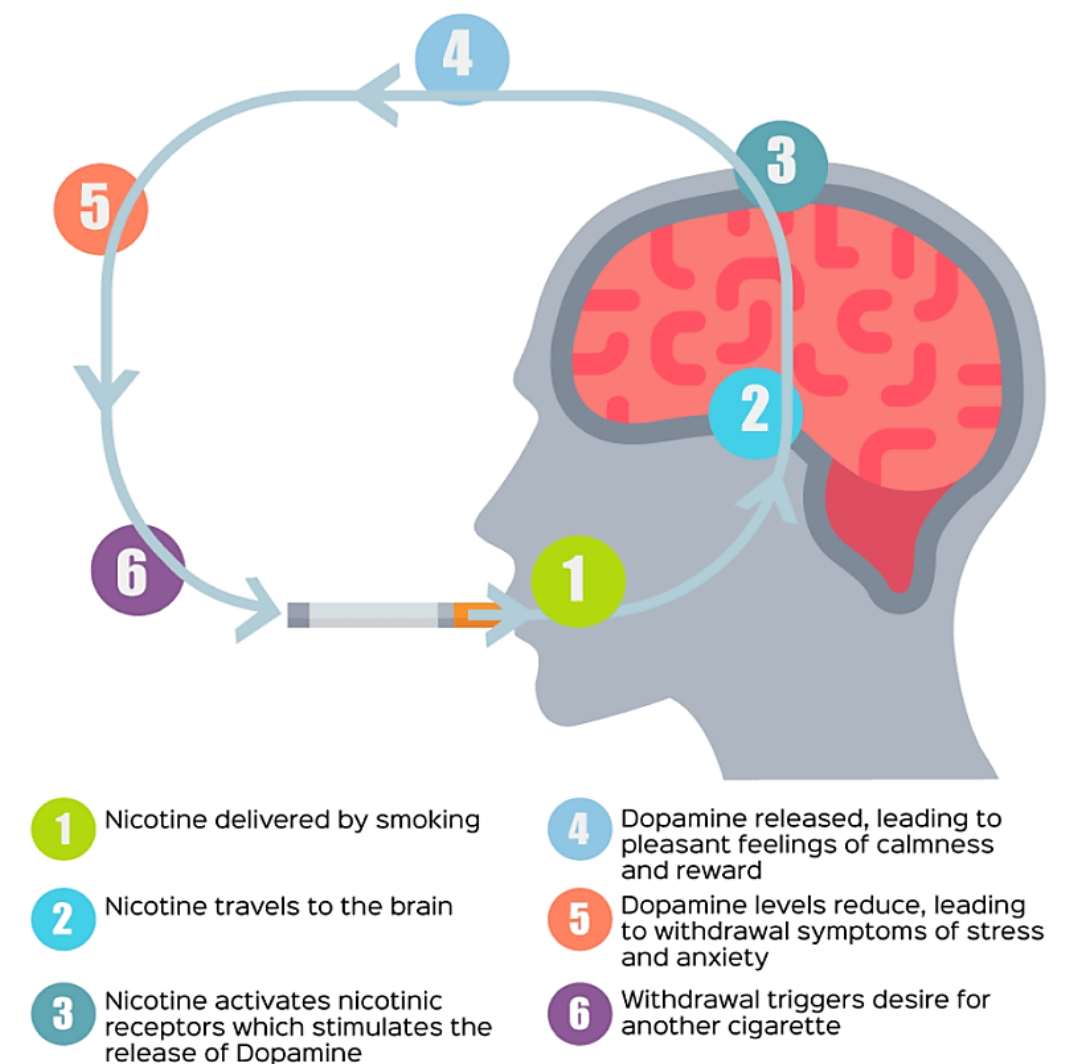
SAMHSA's Working Definition of Recovery  
10 Guiding Principles of Recovery





# Concern 3: Smoking is a right/personal choice.

- Smoking may be a choice initially, over time nicotine changes the structure of the brain
  - Dependence can happen after just a few cigarettes
- TUD is included in the DSM-V
- Most people in SUD treatment want to quit smoking
  - Recovery from TUD is another choice
- A tobacco-free environment enables people to choose recovery from tobacco



# Concern 4: Tobacco-free recovery will challenge our clients.

- Recovery is challenging
- Evidence-based treatments and support necessary for ALL recovery
  - Medication reduces withdrawal symptoms
  - Skills-based counseling
  - Motivational interventions strengthen motivations
- Allows the individual to develop healthy coping skills
- A tobacco-free environment introduces fewer triggers
- People are resilient
  - “We bring a relationship, and we bring hope”



# Concern 5: Facilities with tobacco-free policies will lose clients.

- People who use tobacco are just as likely to seek SUD treatment
- There is no evidence that tobacco-free environments decrease census or admissions
- One study looking at state of New York found:
  - Patients who complete treatment were more likely to have quit smoking at discharge (39.4% vs 18.1%)<sup>3</sup>
  - No noticeable effects on admissions or treatment completion

# Concern 6: Clients will smoke when they leave our care.

- Treatment for other substances is not refused, even when clients don't appear motivated to maintain abstinence
- TUD recovery is hard, especially in tobacco-tolerant environments
  - Incorporating tobacco treatment into recovery helps clients gain control over their tobacco use in a supportive environment
  - Reinforce the relevance of tobacco in recovery while in treatment





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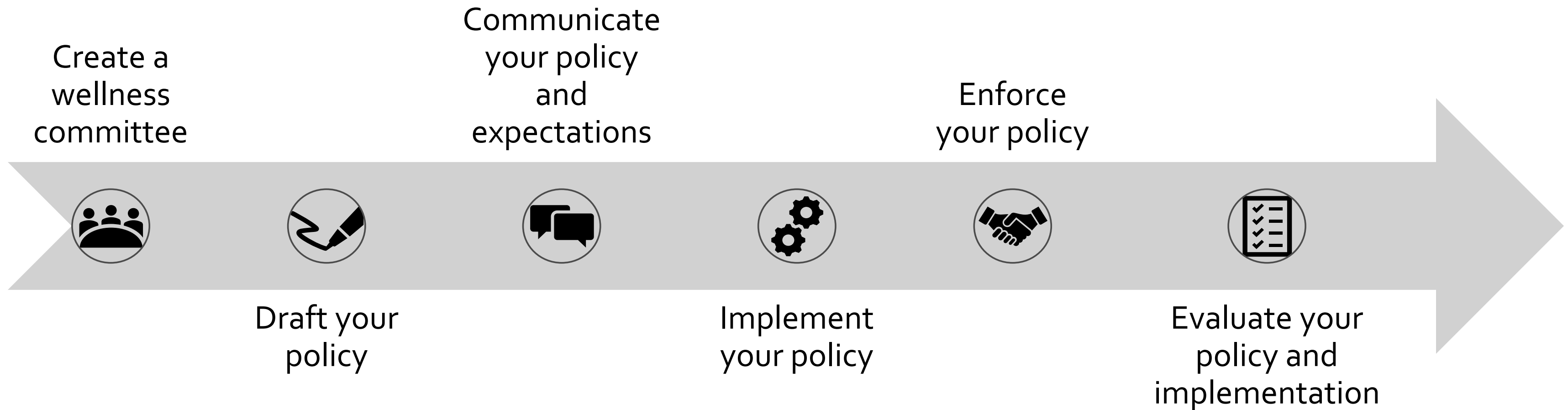
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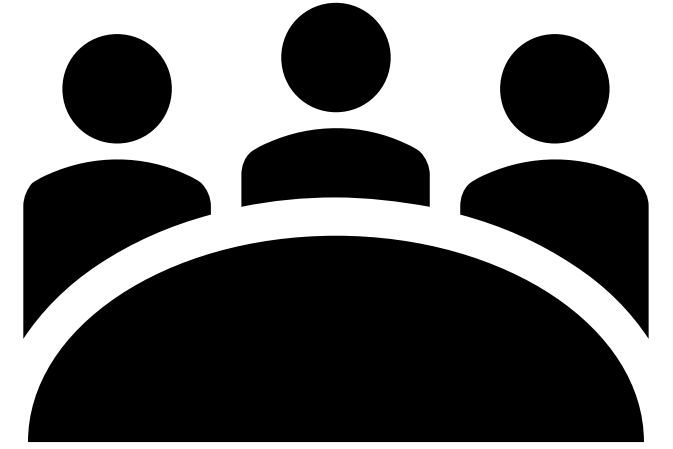
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# POLICY IMPLEMENTATION PROCESS



# 1

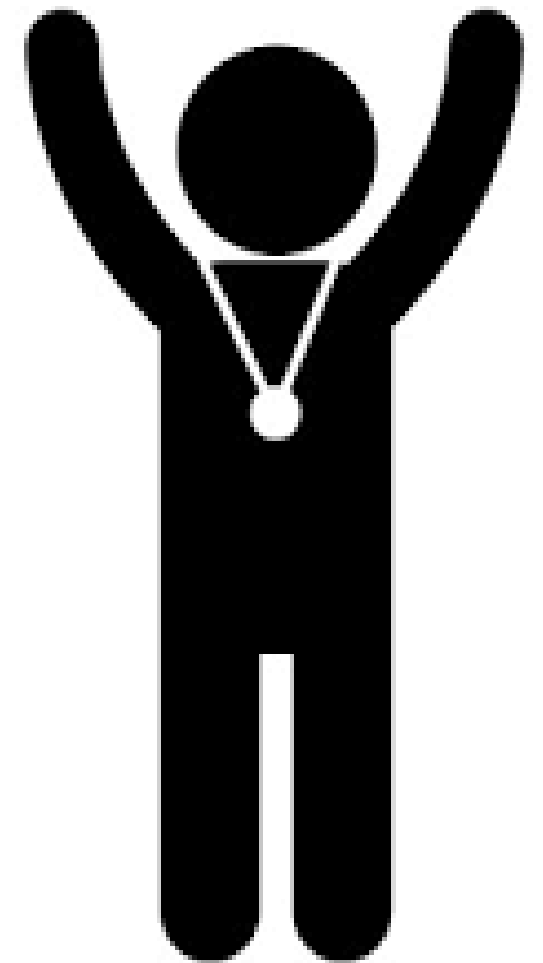
# Create a Wellness Committee



- Multidisciplinary team responsible for developing, implementing, and evaluating wellness initiatives
  - Meet on a regular schedule to move initiative forward
  - Receive and respond to input
- Include tobacco as part of the broader wellness committee and initiatives

## Find a Wellness Champion

- Leads efforts and advocates for initiative and policy
  - Engages in dialogue
  - Assists with planning and implementing
  - Navigates challenges as they arise
- Often hold a clinical role
- May emerge naturally
- Identify additional champions over time



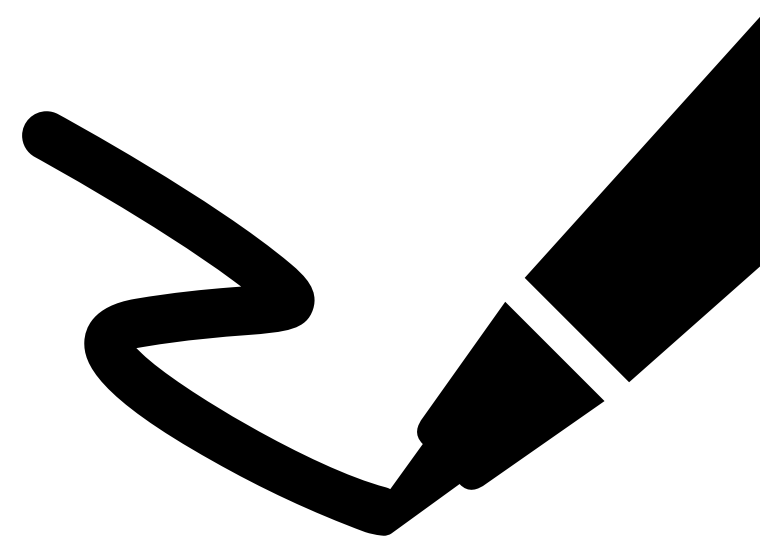


# Build a Diverse Wellness Committee

- Demonstrated inclusion of all perspectives
- Strengthens policy and reinforces efforts
- Better prepares for challenges



# 2 DRAFT YOUR POLICY



- Start by creating your plan
  - Logic model, timeline, budget
- Discuss why this policy is important at your agency
  - Agency mission, values, structure, culture
- Define your agency goals
  - This will inform decision making when writing the policy
- Review existing policies on tobacco and smoking

# TOBACCO-FREE LOGIC MODEL

<b>Goal Statement</b>	To improve health, wellness, and recovery outcomes through tobacco-free policy implementation.
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Inputs	Activities	Outputs	Outcomes		
			Initial	Intermediate	Long-term
<p><i>Describe the various resources available to support the program</i></p> <ul style="list-style-type: none"> <li>• Staff</li> <li>• Existing curricula</li> <li>• Money</li> <li>• Time</li> <li>• Partners</li> </ul>	<p><i>Describe what the agency will do with inputs to reach outcomes</i></p> <ul style="list-style-type: none"> <li>• Drafting policy</li> <li>• Meetings</li> <li>• Trainings</li> <li>• Print materials</li> <li>• Developing and distributing educational materials</li> <li>• Hanging signage</li> </ul>	<p><i>Describe the direct products of each of your activities</i></p> <ul style="list-style-type: none"> <li>• Tobacco-free policy</li> <li>• Number of staff trained</li> <li>• Number of print materials distributed</li> <li>• Alternative activities organized or purchased</li> </ul>	<p><i>Describe initial outcomes or changes in learning</i></p> <ul style="list-style-type: none"> <li>• Changes in knowledge of benefits to tobacco recovery</li> <li>• Changes in knowledge of tobacco-free policy</li> <li>• Changes in attitudes about tobacco recovery</li> </ul>	<p><i>Describe intermediate outcomes or changes in actions</i></p> <ul style="list-style-type: none"> <li>• Changes in number of clients who use tobacco</li> <li>• Changes in number of staff who use tobacco</li> <li>• Changes in tobacco use on property</li> <li>• Changes in cleaning costs</li> </ul>	<p><i>Describe long-term outcomes or changes in conditions</i></p> <ul style="list-style-type: none"> <li>• Changes in mental health symptoms for clients in recovery</li> <li>• Changes in number of staff absence days</li> <li>• Changes in number of staff and clients who use tobacco</li> </ul>

<b>Assumptions</b>	
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# TOBACCO-FREE ENVIRONMENT TIMELINE

	Create a wellness committee	Draft your policy	Communicate your policy	Implement your policy	Enforce your policy	Evaluate your policy
<i>Month 1</i>	Find committee members	Review current policy; Complete logic model, determine goals	Craft your message	Select launch date	Review current enforcement policies and procedures	Collect baseline data; design survey
<i>Month 2</i>	Set regular meeting schedule	Make decisions on what to include and write policy	Inform clients, staff, visitors, volunteers about upcoming policy	Train staff on treating tobacco	Write enforcement guidelines	Assess baseline data
<i>Month 3</i>	Monthly meeting, respond to questions	Receive feedback from leadership, clinical staff, clients	Include policy communications in orientation	Plan launch celebration	Inform staff and clients of expectations	Identify goals and measures
<i>Month 4</i>	Monthly meeting, respond to questions	Finalize draft and distribute policy to staff, clients, visitors	Receive feedback and input from clients and staff	Host a practice day	Provide staff and clients with language to support the policy	Develop structured measures
<i>Month 5</i>	Monthly meeting, respond to questions	Update other policies and procedures	Tell neighbors and referring providers	Post tobacco-free signage; update "tobacco" spaces	Practice using language and responding to potential scenarios	Develop measures
<b>Launch Day</b>						
<i>Month 6</i>	Monthly meeting, respond to questions	Evaluate policy for necessary changes	Maintain tobacco-free signage and informational materials	Support tobacco-free environment; provide tobacco treatment	Implement enforcement protocols	Collect and review data
<i>Month 7</i>	Monthly meeting, receive feedback	Evaluate policy for necessary changes	Continue to communicate on policy	Support tobacco-free environment; provide tobacco treatment	Implement enforcement protocols	Share results

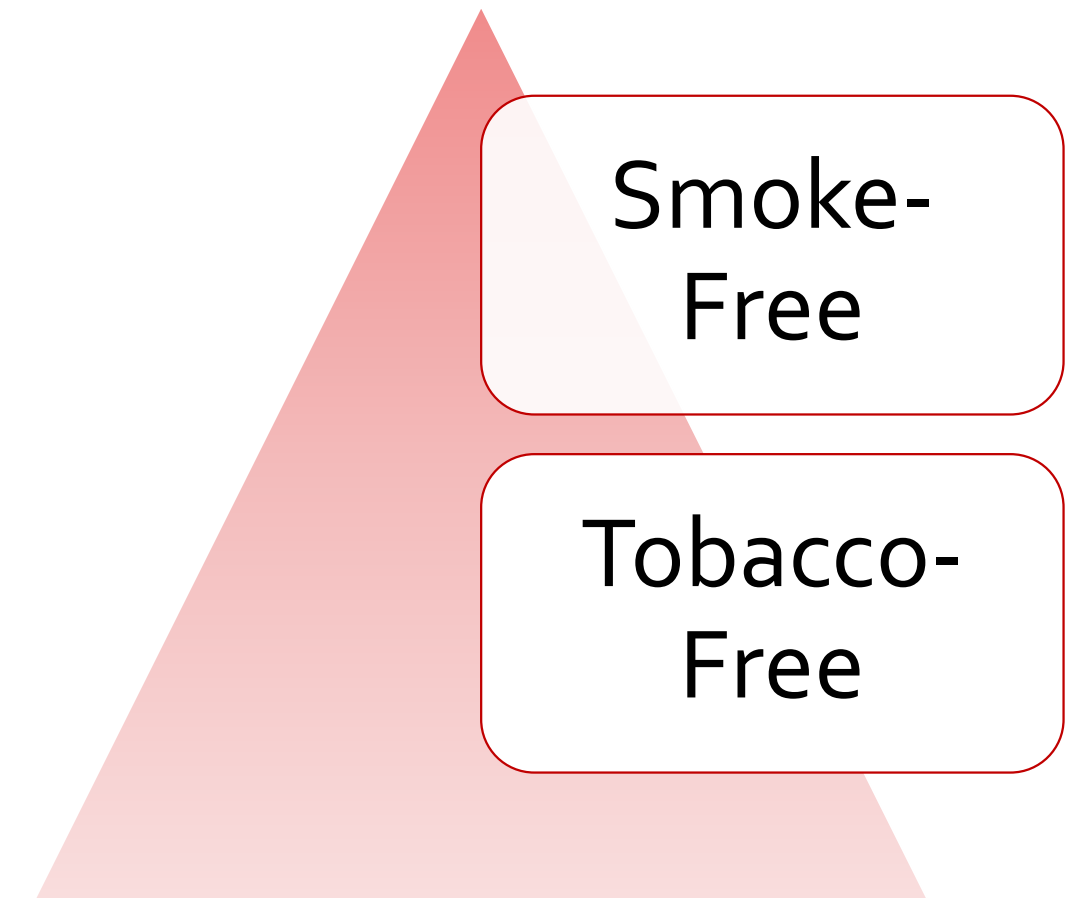
# Writing the policy

Include, at a minimum:

- Rationale for policy
- Restricted products and behaviors
- Agency boundaries
- Who the policy applies to
- Enforcement guidelines

→ Get feedback from leadership, staff, clients

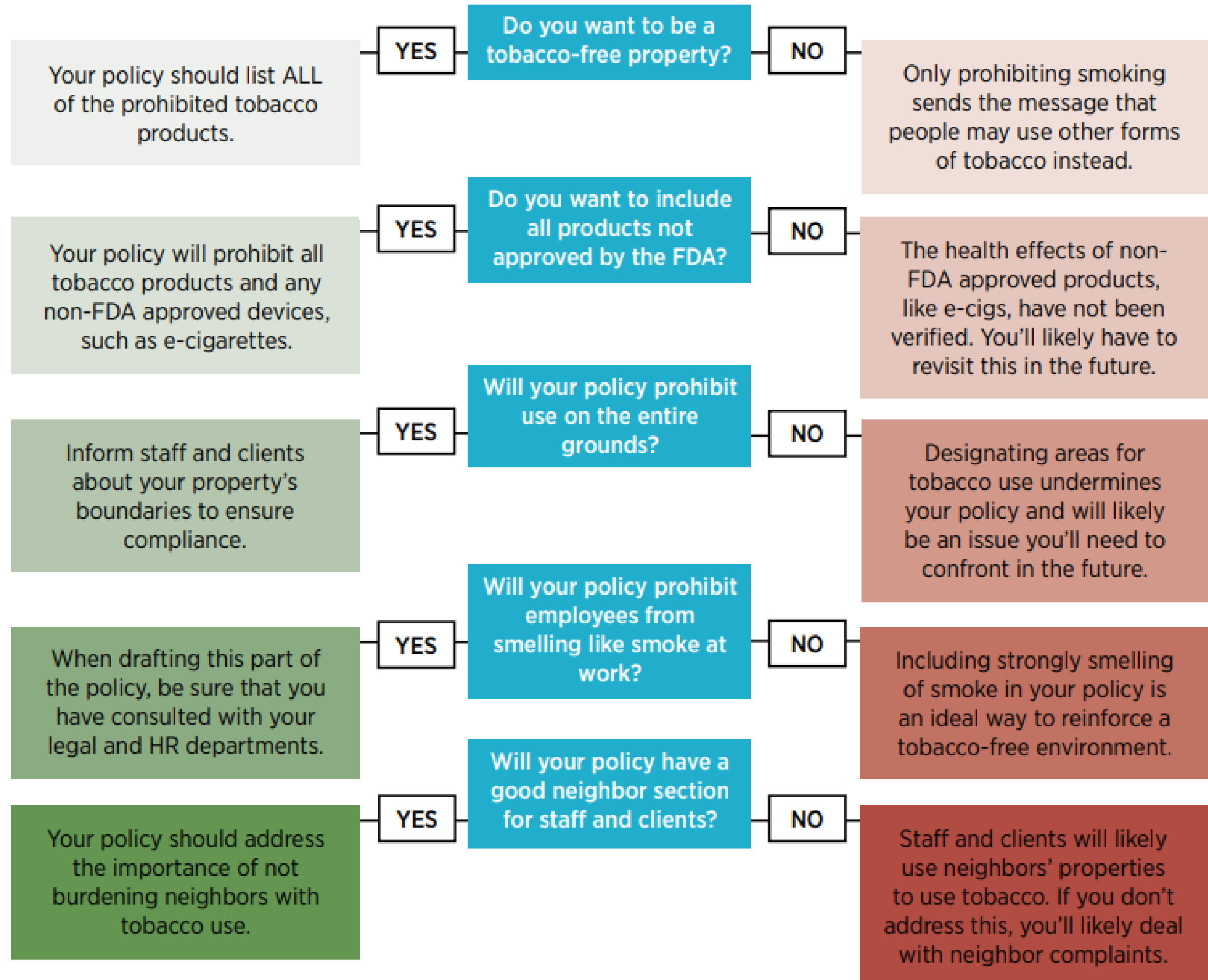
→ Review inconsistencies with other policies





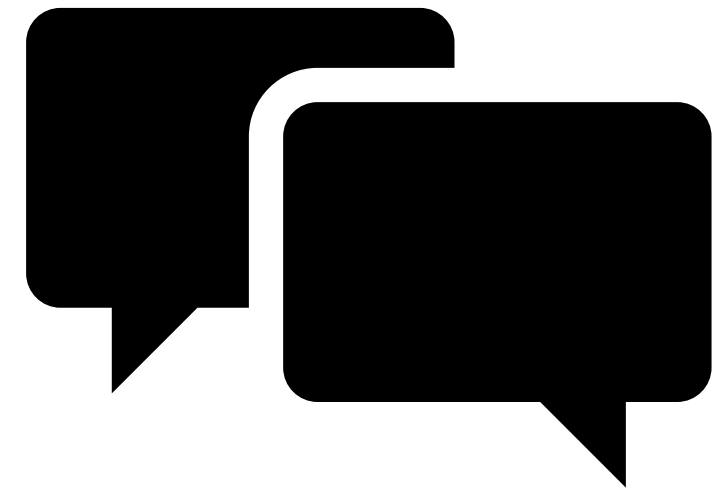
# Policy Decision Making

- Refer to goals and intended outcomes in decision making process



# 3 Communicate Your Policy and Expectations

- Share the message early
- Communicate directly with staff, clients, visitors, volunteers, neighbors, and referring providers
- Provide clear messaging on:
  - Rationale for the policy
  - Goals for the policy
  - Guidelines and expectations
  - Timeline
  - Resources for people who use tobacco
  - Opportunities for discussion and to answer questions
  - How to get involved



# SAMHSA's Dimensions of Wellness

→ Explore how tobacco can impact each of the dimensions to craft your message



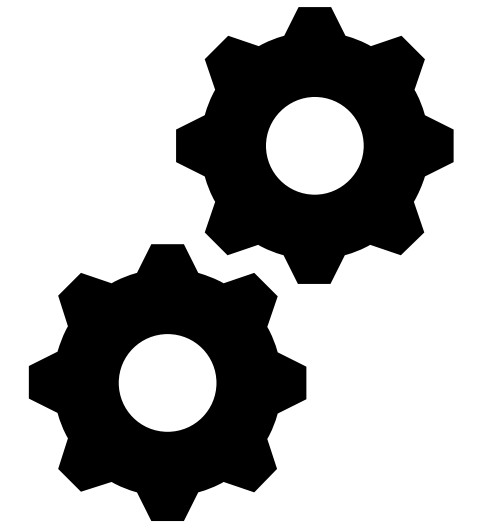
## Build buy-in through education

Provide educational opportunities on:

- History of targeted marketing
- Explore beliefs about tobacco use
- Explore common myths and misconceptions
- Availability of effective evidence-based treatments

→ Provide opportunities for dialogue

# 4 Implement Your Policy



- Plan for launch day celebration
  - Create a supportive, tobacco-free space
  - Educate staff, clients, visitors, volunteers
  - Offer cessation services and benefits
    - Train staff
    - Set up referral process to Wisconsin Tobacco Quitline
- Consider having a “practice day”



## Create a tobacco-free environment

- Post tobacco-free signage
- Remove ashtrays, cigarette receptacles, smoking area signage
- Redesign “tobacco” spaces
- Create additional wellness spaces and activities
- Change “smoke breaks” to “wellness breaks”

## Train staff

- TUD treatment
  - Medication
  - Behavioral Counseling – skills-based counseling
  - Support
- TUD assessment and treatment workflows
- Benefits of TUD treatment and recovery
- Benefits of tobacco-free recovery
- Train ALL staff
- Provide ongoing training opportunities

# Launch Day

## **Celebrate wellness and recovery**

- Share tobacco-free stories
- Invite community partners
- Provide food and wellness activities
- Preview changes to the facility



# 5 Enforce Your Policy



- Provide guidelines to respond to scenarios fairly and consistently
  - Have educational and cessation resources available
  - Train all staff on responses and procedures for violations
    - Enable staff to enforce the policy – use a team-based approach
- Have clients and staff sign agreements during orientation
- Reflect language and protocols for use of other substances

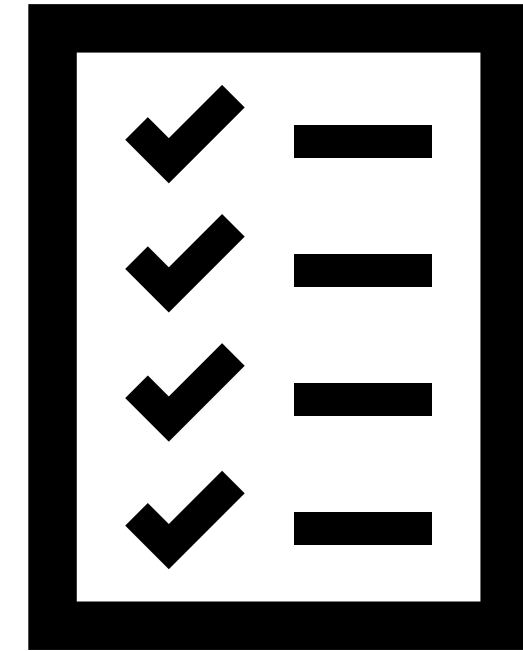
Client	Staff	Volunteer/Visitor
Revise treatment plan	Verbal warning; Provide Quitline resources	Verbal warning and education; Provide Quitline resources
Revise treatment plan; Transfer to different level of care	Written warning; Provide Quitline resources	Verbal warning and education; Provide Quitline resources
Discontinue services or transfer to another facility	Discontinue employment	Expulsion from premises

- Consequences should be escalating in nature
- Use of a tobacco product may indicate a need to adjust treatment plan
  - Increase medication dosage, identify new coping strategies, revisit motivations
  - Work with clients to build healthy changes
- Consistently follow through with protocols

**Enforcement  
Guidelines**

# 6 Evaluate Your Policy

- Begin evaluating early in the timeline
  - Process evaluation
  - Collect baseline data
- Assess effectiveness of policy
  - Outcome and Impact evaluation
- Complete qualitative and quantitative evaluation
- Include staff and clients in the evaluation process
- Create a structured method to submit feedback on evaluation
- Integrate evaluation into quality assurance measures and timelines





# Process Evaluation

Evaluate whether the program  
and activities have been  
implemented as intended

Review qualitative feedback on:

- What are the barriers to implementation?
- Were clients adequately aware of and prepared for the policy?
- Were the expectations clear?
- Were staff adequately prepared to provide treatment?
- Have violations been responded to consistently and fairly?
- Have violations been undetected?
- Has ongoing support been sufficient?
- Where are opportunities for improvement?

# Outcome Evaluation Measures

The degree to which the program is having an effect on the target population's behaviors

Measure	Data/Collection Methods
Changes in attitudes and beliefs	Pre and post surveys
Changes in support for the policy	Pre and post surveys
Changes in tobacco product use	Document tobacco use screening
Changes in number of staff and clients who use tobacco	Document tobacco use screening
Changes in employee absences	HR sick day requests
Changes in client census	Census data
Changes in rate of policy infractions	
Changes in number of clients who intend to maintain TUD recovery after treatment	Surveys
Changes in number of clients using tobacco cessation medications	
Changes in number of clients receiving MI on tobacco	
Changes in number of clients receiving Quitline referrals	

- Tailor the policy to setting and organizational culture
- Be consistent with other policies and procedures
- Disseminate messaging and resources as soon as possible
- Provide treatment in advance of policy change
- Teamwork is key

## **TIPS FOR TOBACCO-FREE IMPLEMENTATION**

# Tobacco-Free Environment Toolkit

This webinar complements our free online toolkit: **Integrating Tobacco-Free Environments in Behavioral Health Settings**

Scan the QR code to access the full toolkit or visit [HelpUsQuit.Org](http://HelpUsQuit.Org).



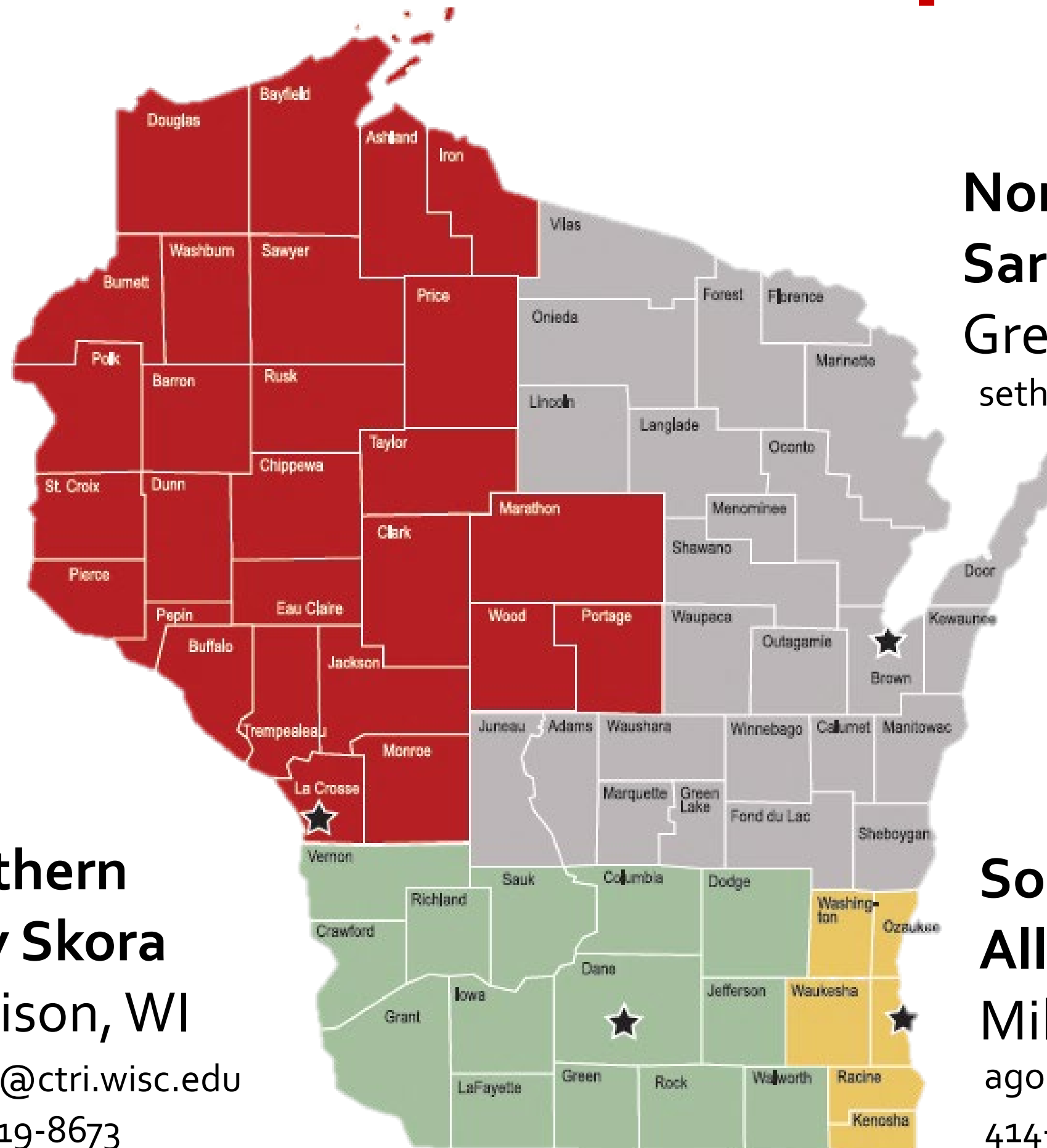
# UW-CTRI Outreach Specialists



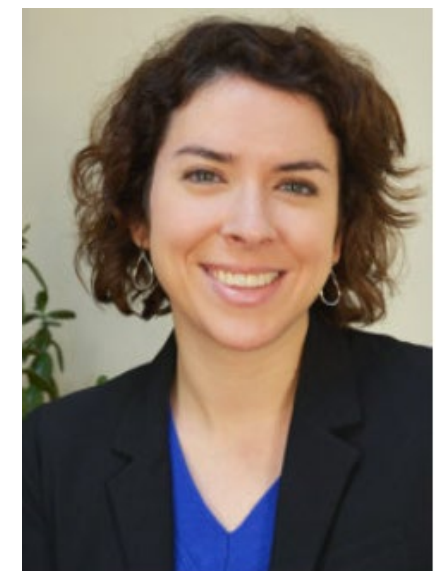
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# Questions?

Please submit questions on revised Wis. Admin Code ch. DHS 75 to:  
<https://www.surveygizmo.com/s3/6571672/DHS-75-Questions>



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