

# Implementing Tobacco-Free Policies in Community Behavioral Health Organizations

**Tuesday, March 3<sup>rd</sup>, 2015**

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**National Behavioral Health Network**

*For Tobacco & Cancer Control*



# WELCOME



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# National Behavioral Health Network

*For Tobacco & Cancer Control*

- Jointly funded by CDC's *Office on Smoking & Health & Division of Cancer Prevention & Control*
- Provides resources and tools to help organizations reduce tobacco use and cancer among people with mental illness and addictions
- 1 of 8 CDC National Networks to eliminate cancer and tobacco disparities in priority populations

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- CommuniCare, Inc.
- Credo Community Center for the Treatment of Addictions, Inc.
- Mirror, Inc.
- Northern Lakes Community Mental Health
- Pittsburgh Mercy Health System
- Way Station, Inc.



# Guest Speaker #1



## John O'Rourke, LCSW

- Program Director, Tobacco Cessation Program & Community Support for Families Program,  
CommuniCare, Inc.
- [JOrouрке@Communicare-ct.org](mailto:JOrouрке@Communicare-ct.org)



## Background

- Formed in 1996 by BHcare and Bridges, CommuniCare's mission is to build a comprehensive, coordinated and efficient spectrum of integrated health care services across our sponsoring agencies and communities.





# Funding

- CommuniCare's funding for tobacco cessation programming comes from the CT Department of Public Health and the Tobacco and Health Trust Fund
  - > The funding originates at the Federal level from the Master Settlement Agreement. These funds flow out to each state for use on tobacco control, prevention and treatment.



# Motivations to Adjust Policies

- Poor health and reduced life expectancy
  - > Adults living with mental illness dying on average 25 years earlier
- High rates of tobacco use across clients and staff
  - > 44% of all tobacco products are purchased by someone living with mental illness
- Improved wellness outcomes





# Potential Barriers

- Misconceptions
  - > “It’s too hard to do”
  - > “Our clients can’t quit”
  - > “It’ll jeopardize their recovery”
  - > “What else do they have to give up?”
- Community, Social, Environmental
  - > Residences, friends and family aren’t tobacco free



# Partnerships

- Forming partnerships and linkages with national, state and local resources can and will support the initiative in many ways
  - > National Council on Behavioral Health
  - > Smoking Cessation Leadership Center
  - > American Lung Association
  - > American Cancer Society
  - > State Departments of Health/Mental Health and Addiction
  - > MATCH Coalition (CT)
  - > Smoking Cessation Supports Initiative (CT)
  - > Local FQHCs



# ATTOC Model

- Addressing Tobacco Through Organizational Change (ATTOC) is a model created by Dr. Douglas Ziedonis that we employed to successfully implement tobacco into our involved CBHOs
- Gives a framework to successfully implement the plan
- Calls for an overhaul of our entire culture surrounding tobacco for successful change

<http://www.umassmed.edu/psychiatry/resources/tobacco/attoc/>



## Champions Need Apply.

- For successful policy implementation and sustainability, you will need a champion
  - > Project manager
  - > Someone to coordinate a tobacco-free workgroup
  - > Someone to raise the issue at all levels of agency meetings
  - > Someone to ensure the initiative remains after the initial push
- Needs support of leadership
- Should be middle manager or above



# “Not Just Tobacco-Free”

- For a tobacco-free policy to be successful, you need to do more than draft the policy itself
  - > Communication
  - > Adjust practice
    - Don't just ask about tobacco use. Provide help.
  - > Educate
    - Clinicians
    - Medical Staff
    - Clients
    - Everyone



# Addressing Stakeholder Concerns

- Give stakeholders opportunities to give you feedback and learn about why we're taking these steps
- Host open forums
- Take surveys
- Keep the dialog open throughout the process



# Policy Development

- Review any existing policies addressing tobacco use
- Identify what you're looking to accomplish
- Smoke Free v. Tobacco Free
- While consequences are necessary for continued tobacco use on campus, the message should be one of education and support
  - > Why we are doing this.
  - > Here is the help that is available.



## A Note on Electronic Cigarettes

- While the public and research deliberate the pros and cons of the electronic cigarette, we've encouraged all of our partner agencies to include the electronic cigarette as a tobacco product and prohibit use on their campuses.
  - > These devices deliver nicotine and other potentially harmful chemicals directly to the lungs where they are quickly absorbed into the bloodstream
  - > These devices are being hacked to be used for illegal substance use
  - > The behavior can trigger other smokers or those recently in recovery to use tobacco again





## Enforcement v. Education

- We recommend that you take a non-judgmental approach to these interactions with a focus on education rather than enforcement.
- Treat these interactions as teachable moments.
- Yes, still inform them that it is now a tobacco-free campus and that smoking is not permitted, but also tell them why, and what help is available.



# Cessation Supports

- As you look to initiate a Tobacco-Free campus, you need to provide access to cessation resources
  - > If you're not providing cessation services now, what's stopping you?
    - Get trained, launch programming. Insurance reimbursements are available
  - > Refer people to your local Quitline
  - > Online supports are widely available
  - > Nicotine Anonymous



## Bumps in the Road. Expect Adversity.

- Introducing tobacco-free policy is not something that happens overnight. Plan for this to take time and effort.
- Not everyone is going to be onboard with the initiative.
- Some hesitation and resistance should be expected. Meet this resistance head-on with discussion and involvement.



## Big Take-Home Messages

- This is more than policy change. It's a change in culture.
- Leadership Support is needed from the start
- This is a marathon, not a sprint.
  - > For successful implementation, this process should take 6-9 months.
- This initiative doesn't end on your Tobacco-Free Day.
  - > Sustainability takes effort.



# Thank You!

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# Guest Speaker #2



## Jana Parody, RN, CSAC

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Credo Community Center for the  
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# Credo Community Center: Transforming Lives through Quality Treatment









# Offering Clients Choices





# Guest Speaker #3



## Kimberlee Homer Vagadori, MPH

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California Youth Advocacy Network  
(CYAN)
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# Presentation Overview

Policy Definitions

Tobacco-Free Policy Rationale

Best Practices

Potential Challenges

Common Myths

Where to Begin – Policy Advocacy

## Definitions

- Smoke-Free means the use of cigarettes, pipes, cigars, and other “smoke” emanating products are prohibited on all property.
- Tobacco-Free means the use of cigarettes, pipes, cigars, smokeless tobacco, snus, and other tobacco products are prohibited on all property.
- Electronic cigarettes are not generally covered by 100% smoke or tobacco-free policy unless explicitly stated in the policy.

# Definitions

## New definitions on “tobacco products” and “smoking” from ChangeLab Solutions

### “Tobacco Product” means:

- Any product **containing, made, or derived from tobacco or nicotine** that is intended for human consumption, whether smoked, heated, chewed, absorbed, dissolved, inhaled, snorted, sniffed, or ingested by any other means, including, but not limited to cigarettes, cigars, little cigars, chewing tobacco, pipe tobacco, snuff; and
- Any electronic device that **delivers nicotine or other substances** to the person inhaling from the device, including, but not limited to an electronic cigarette, cigar, pipe, or hookah.
- Notwithstanding any provision of subsections (a) and (b) to the contrary, “tobacco product” includes any component, part, or accessory of a tobacco product, whether or not sold separately. “Tobacco product” **does not include any product that has been approved by the United States Food and Drug Administration for sale as a tobacco cessation product** or for other therapeutic purposes where such product is marketed and sold solely for such an approved purpose.

“Smoking” means inhaling, exhaling, burning, or carrying any lighted, heated, or ignited cigar, cigarette, cigarillo, pipe, hookah, Electronic Smoking Device, or any plant product intended for human inhalation.

## Tobacco-Free Policy Rationale

- Increase in published scientific literature on the need for and benefit of 100% smoke/tobacco-free policies
- Findings reveal a decrease in tobacco use, exposure to secondhand smoke, and littered tobacco waste

# Tobacco-Free Policy Rationale

- Decreased Tobacco Use
  - Evidence that workplace and public smoke-free air policies are effective in reducing smoking behavior
  - 100% smoke-free campus policies (college) are an effective intervention in reducing tobacco use among college students
    - During same time period, one institution with a 100% smoke-free policy saw a decrease in smoking from 16.5% to 12.8% compared to an increase from 9.5% to 10.1% at an institution with a 30-ft policy (Seo et al, 2011)

## Tobacco-Free Policy Rationale

- Decreased Exposure to Secondhand Smoke
  - Secondhand smoke is a known carcinogen. The Surgeon General has concluded there is no risk-free level of exposure to secondhand smoke.
  - Stanford study on outdoor tobacco smoke concluded that **secondhand smoke exposure levels can be significant near an active smoker** (Klepeis et al., 2007)
  - AJPB study found **as policy strength increased, exposure to secondhand smoke decreased** (Fallin et al., 2014)
  - Establishing smoke/tobacco-free environments is the only proven way to prevent exposure



# Tobacco-Free Policy Rationale

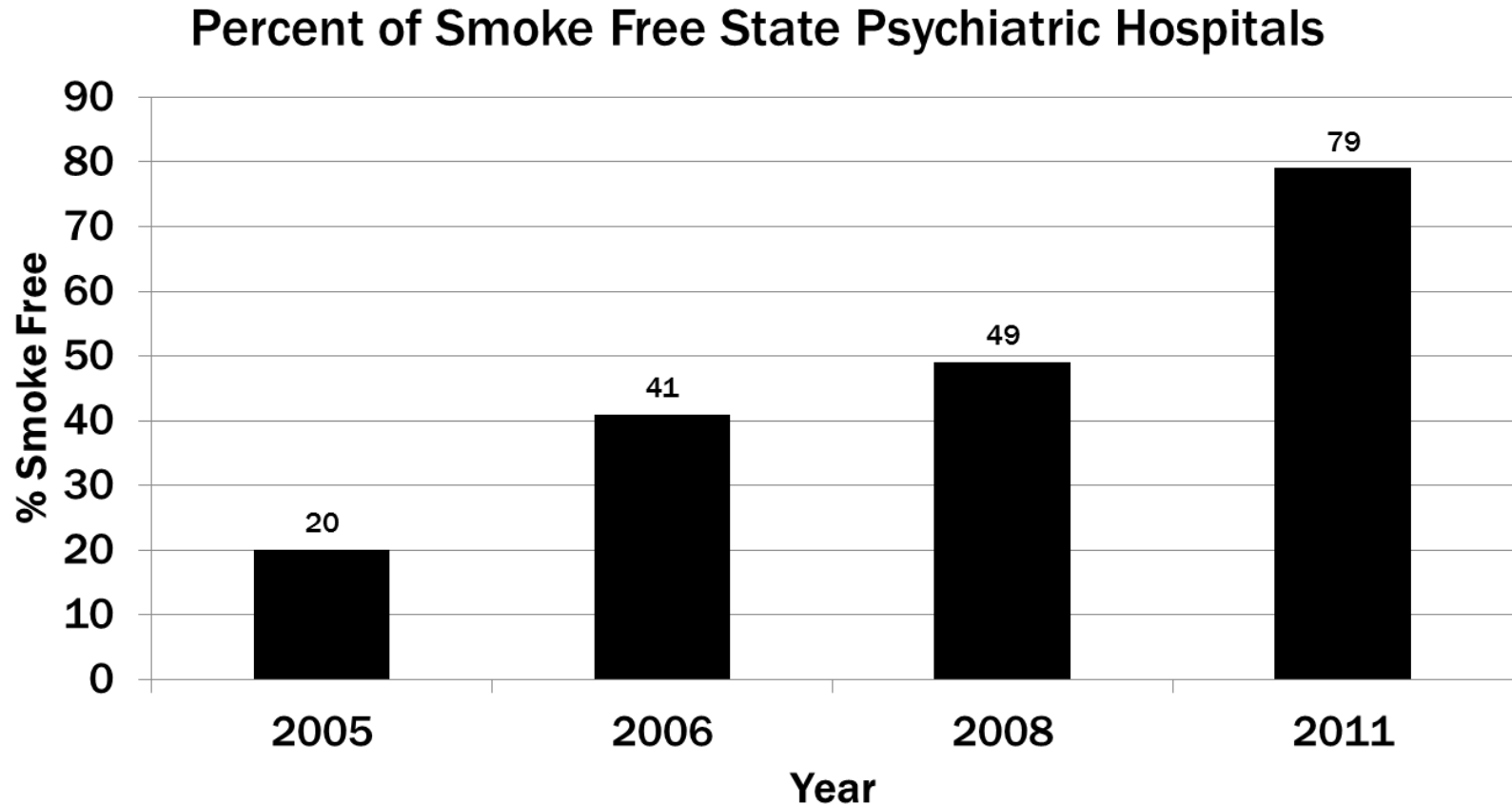
- Decrease in Littered Tobacco Waste
  - Beaches saw a decrease in littered tobacco waste after the adoption of smoke-free policies
  - As policy strength increases, campuses see a significant decrease in tobacco waste



## Tobacco-Free Policy Rationale

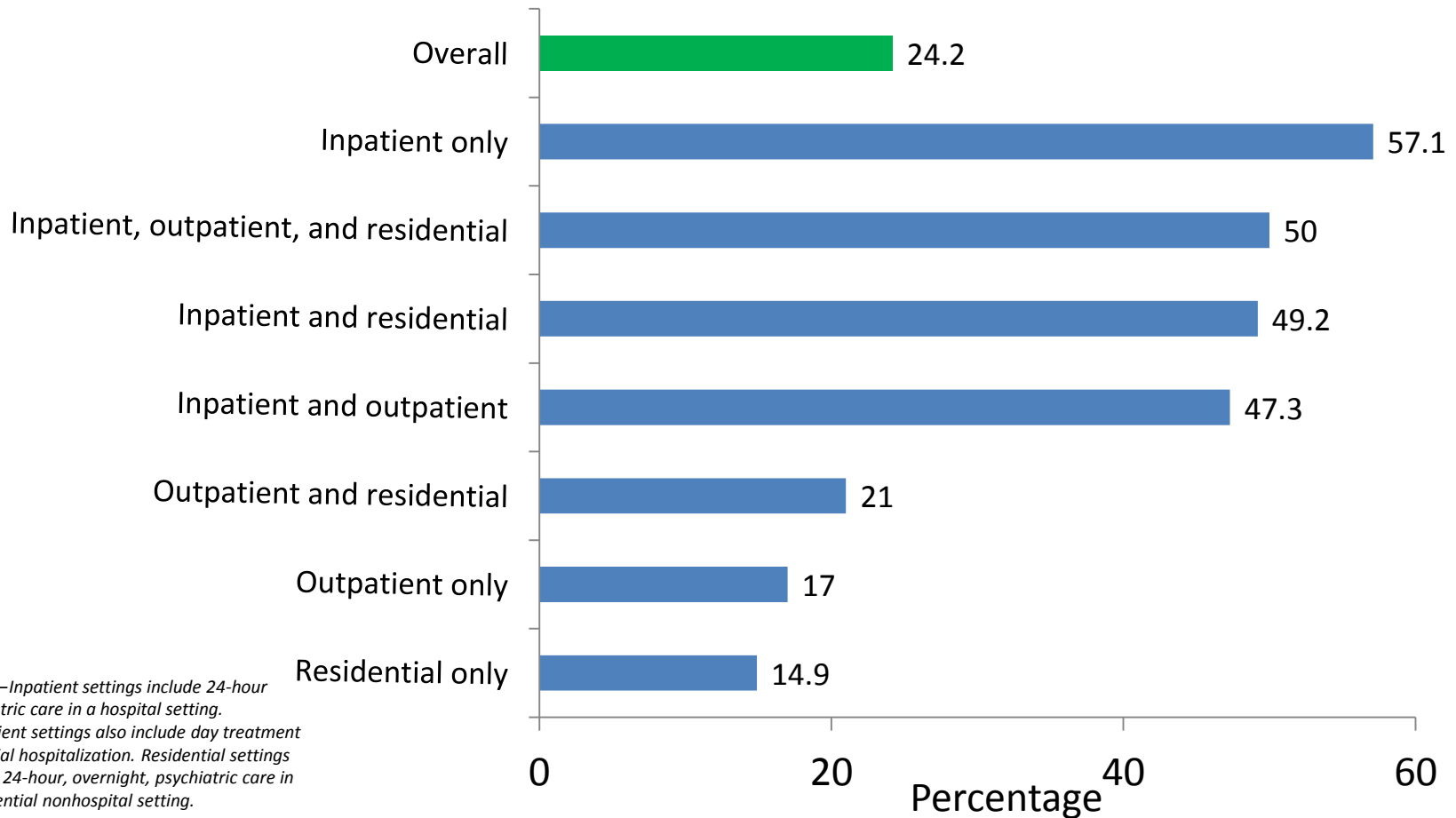
- 100% Smoke/tobacco-free policies are also effective in...
  - Increasing quit attempts;
  - Decreasing frequency of use;
  - Preventing initiation;
  - Protecting workers not protected by indoor air laws; and
  - Changing social norms around tobacco use.

## Tobacco-Free Policy Rationale – Progress in BH Settings

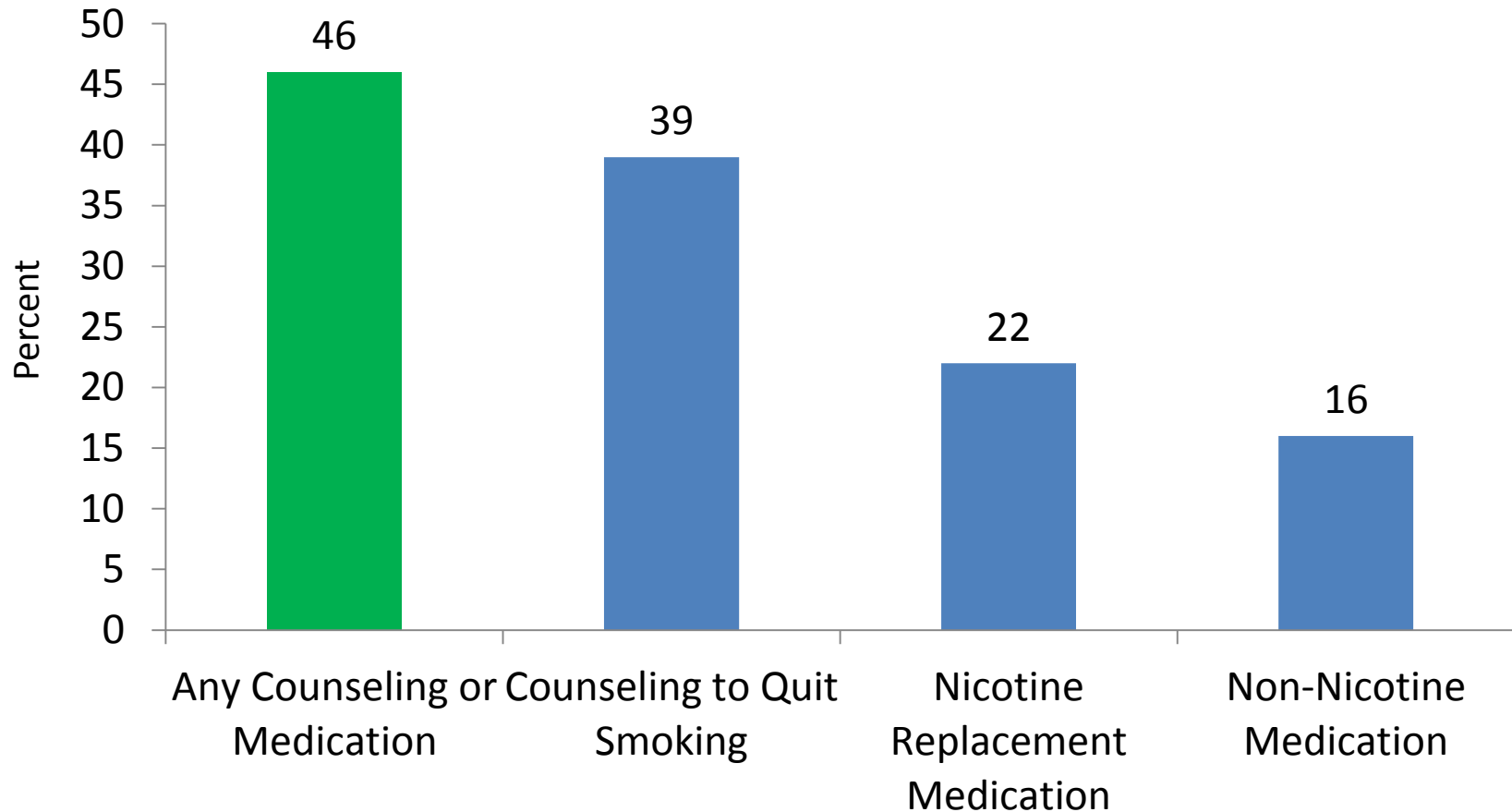


Source: Schacht L, Ortiz G, Lane M. *Smoking Policies and Practices in State Psychiatric Hospitals 2011*. National Association of State Mental Health Program Directors Research Institute, Inc. Feb 29, 2012.

# Mental Health Treatment Facilities Offering Services To Quit Smoking, By Treatment Setting: 2010



# Substance Abuse Treatment Facilities Offering Services to Quit Tobacco Use: 2012



## Best Practices

### Before the Policy

- Engage the entire community in the policy process, not just administrators or decision makers
  - Listen to concerns, needs, potential challenges
- Create a task force to lead the efforts
- Collect data to show the need
  - Can be used to show change after the policy has changed
- Be flexible and don't expect change immediately

# Best Practices

## After Policy Adoption

- Allow for a lengthy (6 months – 1 year) implementation period
  - Opportunity to focus on education, alert individuals of the new policy, promote cessation services
- Create an implementation plan
  - Common areas of focus:
    - Communications and marketing
    - Education and training
    - Cessation
    - Facilities (signage and ashcans)
    - Policy

# Best Practices

## After Policy Adoption

- Messaging
  - Keep messages positive
  - Brand the policy
  - Be clear
    - What the policy covers
    - Why policy was adopted
    - Compliance
  - Pair policy messages with cessation messages
- Develop a compliance/enforcement plan
  - Potential challenges, how to address challenges, etc.





## Potential Challenges

- **Smoking Off Property**
  - Challenges with neighbors
  - Litter on city/county streets
  - Clouds of smoke at entrances/exits
  - Increased fire risk in wooded areas
- **Compliance and Enforcement**
  - There is no enforcement plan
  - No one wants to enforce the policy
  - People are purposefully violating the policy

# Potential Challenges

- Funding and Time
  - Lack of funds to pay for implementation of new policy
  - Limited staff time to implement policy
- Demand for Cessation
  - Increased demand for services with limited staff
  - Fewer services for employees
- Support for policy
  - Other issues appear to be more important
  - Individuals have lost their energy around the issue

## Common Myths and Argument

- Smoke/tobacco-free policies lose business because of their policies
  - There's no data to support this belief
- Designated areas are better for everyone
  - Designated areas come with many problems:
    - Promote tobacco use
    - Discourage quit attempts
    - Increase littered tobacco waste
    - Create highly toxic areas on campus due to number of individuals using tobacco in one area

## Common Myths and Argument

- Policies aren't enforceable
  - Many smoke/tobacco-free policies are self-enforcing (changing social norms)
- Policy should only limit smoking, not tobacco
  - Focus of these policies is on the health and well-being of everyone, not just non-smokers
  - Policies prevent initiation of many new products being developed and marketed by the tobacco industry
- E-cigarettes shouldn't be included, they are a quit device
  - E-cigarettes are not approved (or regulated) by the FDA as a cessation device

# Where to Begin – Policy Advocacy

## 1. Assessment and Investigation

- Includes problem identification and information gathering

## 2. Strategize

- Identify solution and plan

## 3. Recruit

## 4. Campaign

## 5. Implementation and Evaluation

*Campaign should include all 3 pieces of the policy.*

# Where to Begin – Policy Advocacy

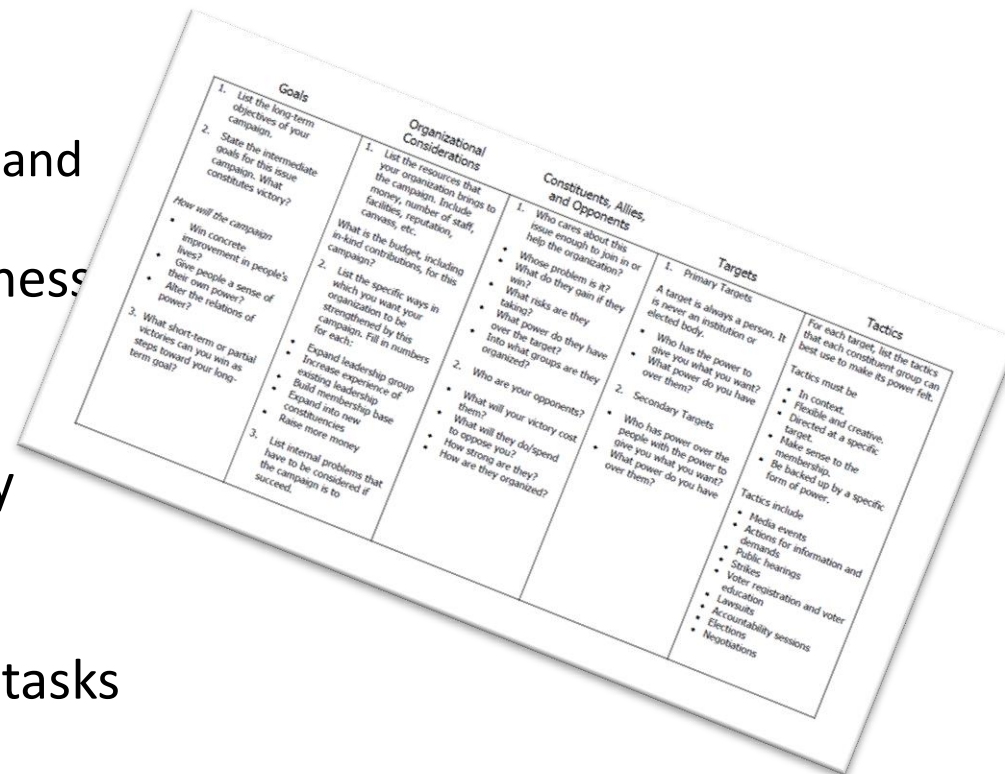
## Useful Tools for Assessing and Collecting Data

- Environmental Scan
  - Look at where people are smoking on campus, ashcan location, signage, cigarette litter
- Litter Cleanups
  - Count the number of cigarette butts collected
  - Display at events or share with decision makers
- Surveys
  - Collect information on attitudes, behavior, and support
- Interviews
  - Understand governance
  - Learn about previous activities
  - Gain support

# Where to Begin – Policy Advocacy

## Developing a Strategy

- Develop goals
  - What do you want to achieve and why?
- Recognize strengths and weaknesses
- Identify allies and opponents
  - Including policy champions
- Identify primary and secondary targets
- Brainstorm tactics
- Create a timeline with specific tasks for committee members



Goals	Organizational Considerations	Constituents, Allies, and Opponents	Targets	Tactics
1. List the long-term objectives of your campaign. 2. State the intermediate goals for this issue campaign. What constitutes victory? How will the campaign: <ul style="list-style-type: none"> <li>• Win concrete improvement in people's lives?</li> <li>• Give people a sense of their own power?</li> <li>• Alter the relations of power?</li> </ul> 3. What short-term or partial victories can you win as steps toward your long-term goal?	1. List the resources that your organization brings to the campaign. Include facilities, number of staff, canvassers, etc. What is the budget, including in-kind contributions, for this campaign? 2. List the specific ways in which you want your organization to be strengthened by this campaign. Fill in numbers for each: <ul style="list-style-type: none"> <li>• Expand leadership group</li> <li>• Increase experience of existing leadership</li> <li>• Build membership base</li> <li>• Expand into new constituencies</li> <li>• Raise more money</li> </ul> 3. List internal problems that have to be considered if the campaign is to succeed.	1. Who cares about this issue enough to join in or help the organization? <ul style="list-style-type: none"> <li>• Whose problem is it?</li> <li>• What do they gain if they win?</li> <li>• What risks are they taking?</li> <li>• What power do they have over the target?</li> <li>• Into what groups are they organized?</li> </ul> 2. Who are your opponents? <ul style="list-style-type: none"> <li>• What will your victory cost them?</li> <li>• What will they do/spend to oppose you?</li> <li>• How strong are they?</li> <li>• How are they organized?</li> </ul>	1. Primary Targets A target is always a person. It is never an institution or elected body. <ul style="list-style-type: none"> <li>• Who has the power to give you what you want?</li> <li>• What power do you have over them?</li> </ul> 2. Secondary Targets <ul style="list-style-type: none"> <li>• Who has power over the people with the power to give you what you want?</li> <li>• What power do you have over them?</li> </ul>	For each target, list the tactics that each constituent group can best use to make its power felt. Tactics must be: <ul style="list-style-type: none"> <li>• In context.</li> <li>• Flexible and creative.</li> <li>• Directed at a specific target.</li> <li>• Make sense to the membership.</li> <li>• Be backed up by a specific form of power.</li> </ul> Tactics include: <ul style="list-style-type: none"> <li>• Media events</li> <li>• Actions for information and demands</li> <li>• Public hearings</li> <li>• Strikes</li> <li>• Voter registration and voter education</li> <li>• Litigation</li> <li>• Accountability sessions</li> <li>• Elections</li> <li>• Negotiations</li> </ul>

# Where to Begin – Policy Implementation

- Create a task force
- Develop an implementation plan
  - How to promote policy
  - Policy messaging
  - Cessation services
  - Needed trainings
  - Preparing buildings and grounds
- Start a conversation with decision makers and key opinion leaders at your facility
- Gather support
  - Share data
  - Collect stories
  - Support tobacco users



# Questions or Comments?

## Contact Us

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[www.cyanonline.org](http://www.cyanonline.org)



California Youth Advocacy Network

**Tobacco-Free Policy Rationale**  
Information for Colleges and Universities Considering Adopting a Tobacco-Free Policy


page 1 of 8

**INTRODUCTION**

Tobacco is the leading cause of preventable and premature death, accounting for an estimated 443,000 American deaths in the United States each year, or one out of every five deaths.

In order to counter the negative effects of tobacco on the college population, the American College Health Association (ACHA) has recommended all colleges and universities adopt a 100% tobacco-free campus policy. Furthermore, the U.S. Department of Health and Human Services has created a Tobacco-Free College Campus Initiative to promote and support the adoption and implementation of tobacco-free policies at institutions of higher learning.

As of July 2014, approximately 1,372 colleges in the United States are 100% smoke-free and of those, 938 campuses are 100% tobacco-free. In California, an increased number of public colleges are going completely tobacco-free. In January 2012, the University of California (UC) Office of the President announced all UC-owned property would be completely tobacco-free by January 2014. More recently, the California State University (CSU) Office of the Chancellor has announced its intention for a tobacco-free system in the near future. Additionally, in 2013 the Health Services Association of California Community Colleges introduced A White Paper on Tobacco Prevention and Control on the California Community Colleges to support the efforts of individual campuses and districts in adopting tobacco-free policies.



Palomar College



University of California, San Francisco

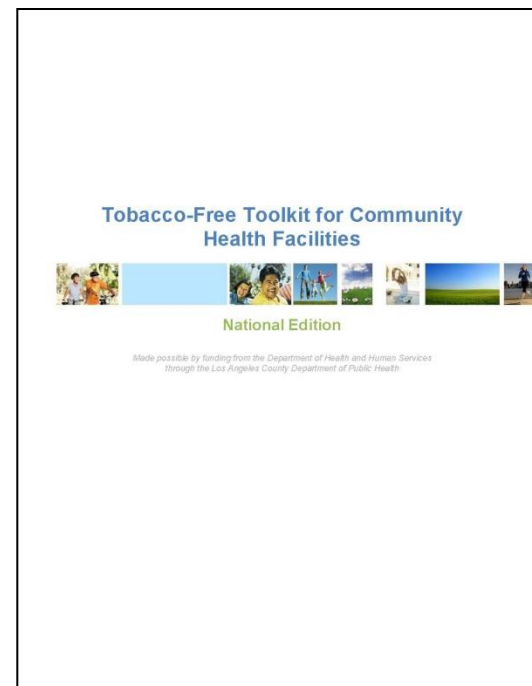
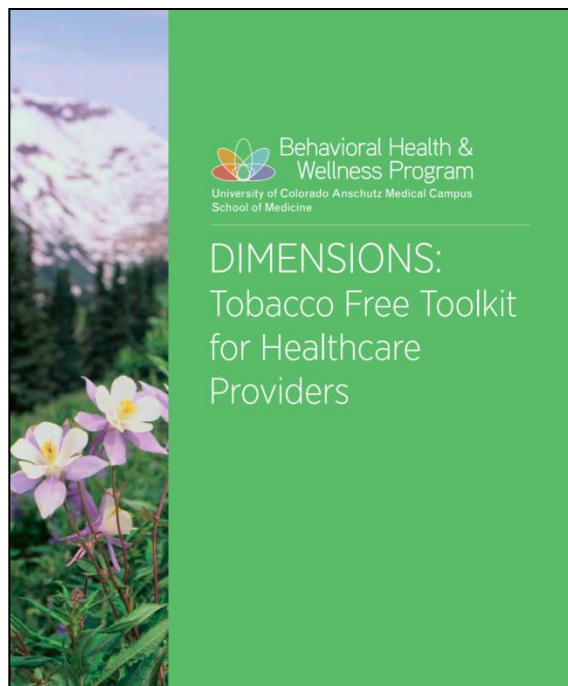
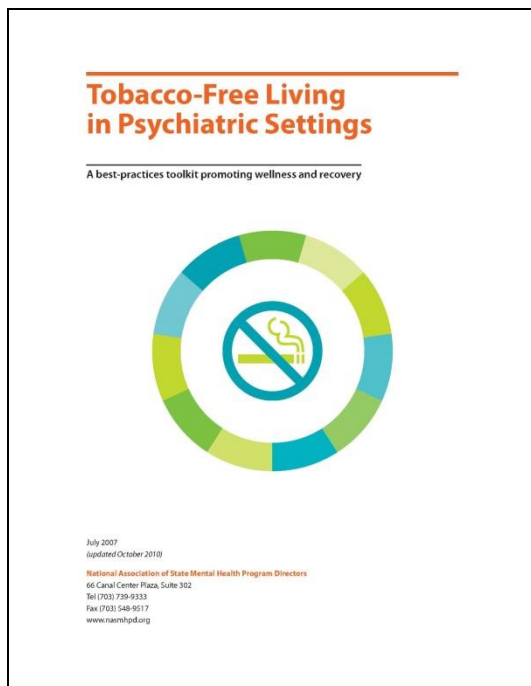
**SMOKE/TOBACCO-FREE TRENDS**

- In California, 112 public colleges and universities have significantly stronger policies than CA State Law (no smoking within 20-ft. of buildings). Of these, 37 are 100% smoke and/or tobacco-free.<sup>1</sup>
- The University of California system, including 10 educational campuses and five medical hospitals is 100% tobacco-free as of January 1, 2014 (including e-cigarettes and other nicotine products not regulated by the Food and Drug Administration FDA).<sup>2</sup>
- Nationally, approximately 1,372 colleges are 100% smoke-free including large universities such as the University of Kentucky, University of Michigan, and the University of Oregon.<sup>3</sup>
- Currently, 938 colleges are 100% tobacco-free, a sharp increase from 75 colleges in late 2008.<sup>4</sup>
- Colleges with policies allowing smoking only in designated areas or parking lots are transitioning to 100% tobacco-free campuses.
- More and more colleges are considering "tobacco-free" policies over "smoke-free" policies to prevent the increase of smokeless tobacco use on campus.
- College campuses, as well as cities and counties across the state, are updating the policy definitions of "smoking" to include the operation of electronic cigarette (e-cigarettes) and "smoke" to include aerosol emitted from e-products.

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# National Toolkits



<http://smokingcessationleadership.ucsf.edu/behavioral-health/resources/toolkits>



# National Curricula and Webinars

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**Clinician-assisted tobacco cessation**

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Rx for Change: Clinician-Assisted Tobacco Cessation is a comprehensive program that equips health professional students and practicing clinical evidence-based knowledge and skills for assisting patients with quitting heavily from the U.S. Public Health Service Clinical Practice Guideline 1 and Dependence, in that it advocates delivery of tailored behavioral co conjunction with pharmacotherapy. We address all forms of tobacco, r materials focus on counseling all patients—regardless of their readiness undergone extensive external review by key experts in the field.

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For Providers

Recent News

New Orleans City Council Passes Strong Smokefree Law 01-22-15



# National Resources

- **National Council's National Behavioral Health Network (NBHN)**  
<http://bhthechange.org/>
- **Smoking Cessation Leadership Center**  
<http://smokingcessationleadership.ucsf.edu>
- **Behavioral Health and Wellness Program**  
<http://www.bhwellness.org>
- **Americans for Non-Smokers' Rights**  
<http://www.no-smoke.org>
- **Partnership for Prevention**  
<http://www.prevent.org>
- **National Association of State Mental Health Program Directors**  
<http://www.nasmhpd.org>
- **Tobacco Recovery Resource Exchange**  
<http://www.tobaccorecovery.org>
- **Tobacco Control Legal Consortium**  
<http://www.publichealthlawcenter.org/programs/tobacco-control-legal-consortium>



# Comments & Questions



## National Behavioral Health Network

*For Tobacco & Cancer Control*

- Jointly funded by CDC's *Office on Smoking & Health & Division of Cancer Prevention & Control*
- Provides resources and tools to help organizations reduce tobacco use and cancer among people with mental illness and addictions
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