National Behavioral Health Network for Tobacco & Cancer Control

from NATIONAL COUNCIL FOR MENTAL WELLBEING

Engaging in Tobacco-Free Facility Initiatives

Wednesday, May 11, 2:00 – 3:00 pm ET

Welcome!

Tamanna Patel, MPH
Director
Practice Improvement

Kulpreet Kaur, MS, MPH
Project Manager
Practice Improvement

Housekeeping

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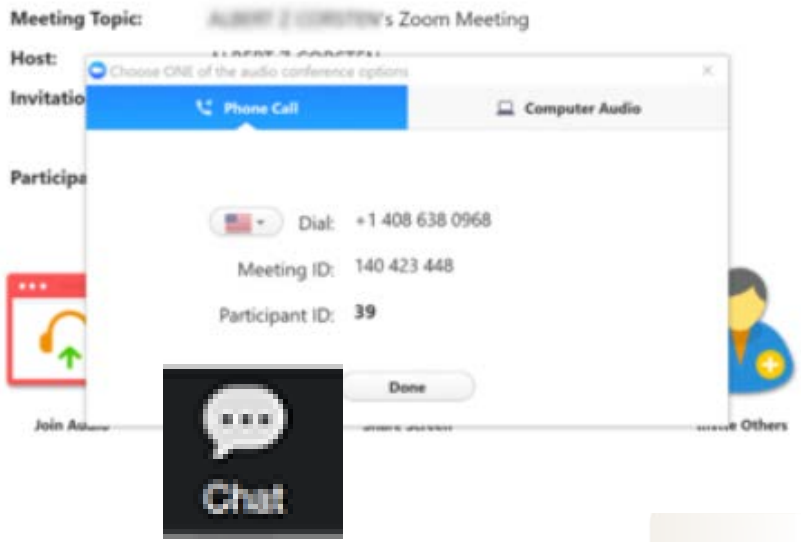
For audio access, participants can either dial into the conference line or listen through your computer speakers.

You can submit your questions by typing them into the chat box or using the Q&A panel.

Slide handouts and recording will be posted here: https://www.bhthechange.org/resources/resource-type/archived-webinars/



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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 individuals experiencing mental health and substance use challenged
- 1 of 8 CDC National Networks to eliminate cancer and tobacco disparities in priority populations

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networking for HEALTH EQUITY

APPEAL

Geographic Health Equity Alliance
A CADCA Initiative

Nuestras Voces (Our Voices)

national lgbt cancer network
ADVOCATING FOR HEALTH EQUALITY

THE CENTER FOR BLACK HEALTH & EQUITY

SelfMade Health Network

KEEP IT SACRED
NATIONAL NATIVE NETWORK

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Networking2Save: A National Network Approach to Promoting Tobacco and Cancer-Related Health Equity in Special Populations

- A consortium of eight national networks sponsored by the CDC's Office on Smoking and Health and Division of Cancer Prevention and Control.
- Our partnership provides leadership on and promotion of evidence-based approaches for preventing commercial tobacco use and cancer for priority populations on a national, state, tribal and territorial level.
- https://www.cdc.gov/cancer/ncccp/related-programs/Networking2Save.htm

A Note on Language & Terminology

- **Mental wellbeing**: thriving regardless of a mental health or substance use challenge.

- **Commercial tobacco use/tobacco use**: The use of commercial tobacco and nicotine products (including electronic nicotine delivery systems, otherwise known as ENDS).*

- *All references to smoking and tobacco use is referring to commercial tobacco and not the sacred and traditional use of tobacco by some American Indian and Alaska Native communities

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Learning Objectives

- Learn effective strategies to engage leadership, providers and staff
- Gain access to practical resources around implementing tobacco-free policies in MH/SU settings
- Identify one actionable short-term goal for implementing a tobacco-free policy in your facility

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Today's Speaker

Tamanna Patel, MPH
Director
Practice Improvement
National Council for Mental Wellbeing

How to Best Engage Organizations and Providers in Your Tobacco-Free Facility Initiatives

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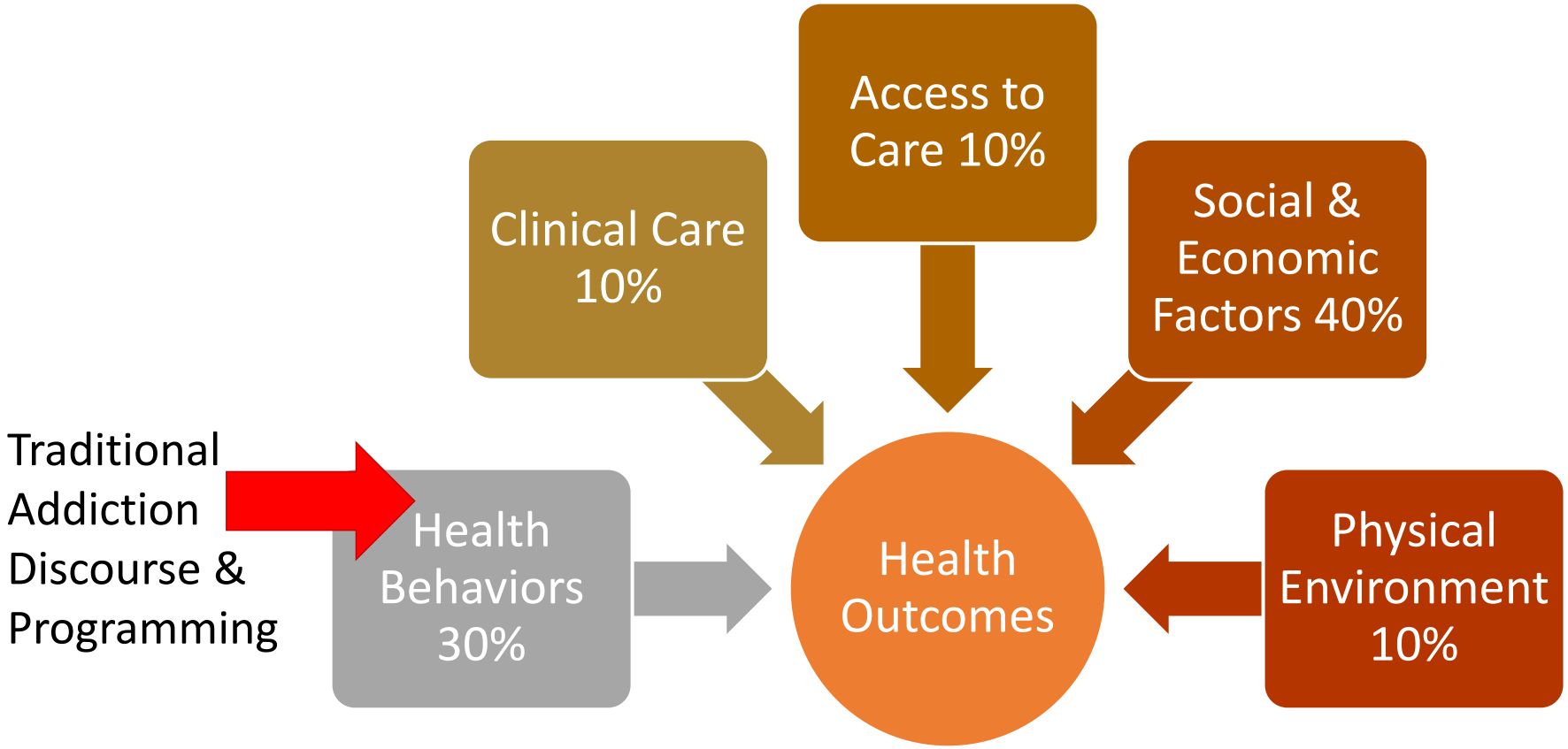
Determinants of Health



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Tobacco & Behavioral Health:
What has caused the disparity?

The overall rate of cigarette smoking among adults has been falling decreasing, but individuals with mental health challenges have been neglected in prevention efforts, environmental and clinical interventions.

This disparity can be attributed in part to predatorial practices by tobacco companies which included:

- Targeted advertisements
- Providing free or cheap cigarettes to psychiatric clinics
- Blocking of smoke-free policies in behavioral health facilities
- Funding research that perpetuates the myth that cessation would be too stressful and negatively impact overall behavioral health outcomes

- **High rate of ACEs/Trauma**
- **Limited access to high quality care (delays in care, lower quality of care, and more)**

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- Start with the willing
- Leverage established relationships
- Support a plan
- Be focused and get some wins
- Engage the unwilling with open-ended conversations

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Addressing Assumptions

- Most people (clinicians and clients) assume/perceive that it is overwhelming to quit more than one substance at a time, and as a result, many clinicians believe going tobacco-free at a treatment facility, or co-treatment is unfeasible.
    - Addressing tobacco use during substance use treatment **can increase abstinence** and long-term rates from both smoking and substances of treatment.
- Perceived barriers among staff include fear of causing patients to leave early.
    - This is unfounded, and there is no evidence of this. (Amansama et al., 2019)

Wins That Are Possible

- Comprehensive tobacco control policy interventions within inpatient addiction treatment hospitals ***promote*** tobacco cessation.
- Patients exposed to a more comprehensive tobacco control environment:
    - Were **over 80% less likely** to report having used tobacco during treatment, compared to patients exposed to usual care
    - Receiving treatment in this setting also contributed to a **35% decrease** in the average number of days patients used tobacco compared to usual care
    - Reported a **27% decrease** in the average number of cigarettes used per day compared to usual care (Romano, 2019)

I hear your concerns and fears…
Let's talk through them.

Client census levels and completion rates have **NOT** been shown to decrease in treatment facilities that go tobacco-free

- Studies show no decrease in census data, and in fact the rates of treatment increased in facilities studies (Richney et al., 2017)
- Studies show that no individuals report leaving treatment prematurely after a tobacco-free policy was implemented (Richney et al., 2017)
- Eliminating tobacco use in a residential treatment program leads to NO decline in patient interest and program utilization (Conrad et al., 2018)

I hear your concerns and fears…
Let's talk through them.

Individuals who use tobacco are **still just as likely** to seek addictions treatment and are interested in tobacco cessation

Up to 75% of dual tobacco and substance users report wanting to quit both tobacco and other substances (Flach & Diener, 2004).

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I hear your concerns and fears…
Let's talk through them.

Clients **ARE** able to successfully quit tobacco

Tobacco dependence treatment in substance use treatment centers has led to cessation rates ranging from 5% to 23% (Baca & Yahne, 2009).

This is similar to the rates reported for the general population (Fiore et al., 2008).

I hear your concerns and fears. *Let's talk through them.*

Client relapse rates **ARE REDUCED** for alcohol or drug use if they attempted to quit tobacco simultaneously

Treatment of tobacco dependence and other addictions produces better long-term abstinence for the primary addiction for which patients sought treatment (Baca & Yahne, 2009; Prochaska et al., 2004).

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I hear your concerns and fears. *Let's talk through them.*

Tobacco-free policies are not difficult to enforce.

- Compliance approaches work in every other healthcare and social service sector, as well as general spaces and place in society, from hospitals to clinics to airplanes, airports and restaurants.

Staff can be very effectively trained to provide evidence-based interventions on top of their license or role.

- Training staff and the peer workforce on verbal & nonverbal compliance methods can be effective.

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I hear your concerns and fears. *Let's talk through them.*

Your staff are not required to quit, but this can help them, and you see reduced costs on health coverage **AND** productivity increase

- Staff have heightened workplace health risks due to secondhand smoke exposure that you reduce by going tobacco-free.
- Staff time calculation show a decrease in non-labor law compliant smoke breaks which increases overall productivity and creates equity approach that doesn't exclude nonsmokers from breaks.
- Overall healthcare costs can decrease tremendously for an organization.
- No healthcare facility has reported reduction in staff quitting owing to an organization becoming tobacco free. Hospital, schools, and many other sectors have these requirements and it's a compliance issue not a protected right.

How can you ensure success?

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Optimizing for Success

Provide the best clinical care to the best of your ability

- Administering evidence-based interventions at recommended times every time regardless of preconceived notion of outcomes

Work with health equity in mind

- Tobacco is the number one cause and contributor to death amongst individuals with a mental health or substance use condition
- Individuals with a mental health or substance use condition smoke at 2X the rate of the general population (Evins, Cather & Laffer, 2015).

Optimizing for Success (cont.)

Ensure client-centered care

- Supporting those clients who want to quit
- The good news: 7 out of 10 smokers want to quit smoking

Ensure no clients increase tobacco use while in your care

- 27% of the tobacco users reported increased tobacco use during treatment

Ensure no client initiate use while in your care

- Of the non-tobacco users admitted, 5% reported initiating tobacco use while in treatment (Prochaska, 2010).

Optimizing for Success (cont.)

Create a Coalition of Willing Champions (Board members, Providers, staff and clients)

- Physicians feel overwhelmed and ill-equipped to implement change. They also lack an understanding of how their behavior contributes to change on a team.
- Things that don't work having them lead the change initiative, sharing EB Best Practices,
- Things that work: Benchmark and clear deliverables, advisory roles, engaging with data, develop a shared board/leadership/staff purpose-driven initiative

Have a Clear Action Plan

- https://www.bhthechange.org/resources/new-nbhn-toolkit-implementation-toolkit-for-statewide-tobacco-control-programs/
- https://smokingcessationleadership.ucsf.edu/sites/smokingcessationleadership.ucsf.edu/files/Downloads/Toolkits/tf_policy_toolkit.pdf

Ensure client- centered care

- If NOTHING ELSE, use the Quitline.

Optimizing for Success:
What Works

Addressing Client Fears

- Facilitating socialization opportunities
- Providing alternative coping mechanisms
- Providing NRTs and pharmacological supports
- Ensure client-centered care
  - If NOTHING ELSE, use the Quitline.

Optimizing for Success:
What Works

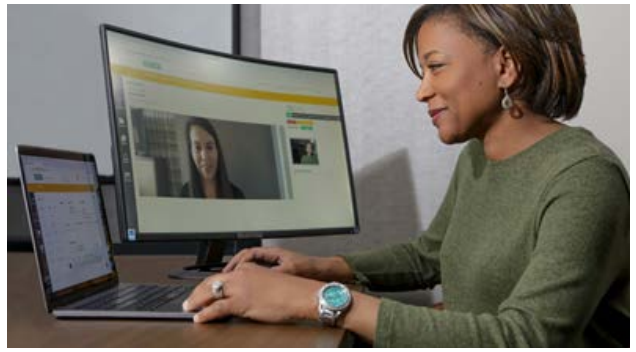
Addressing Staff Fears

- Allow for robust conversations but do not change the plan. They can design implementation, but implementation is happening.
- Provide them with tools and training around low barrier compliance
- Provide them with NRTs and pharmacological supports

Optimizing for Success:
What Works

Addressing Leadership and Board fears

- Share the data strategically with them and identify where you can support
- REMINDER: Staff do NOT quit over tobacco use
- Allow for robust conversations but do not change the plan. They can design implementation, but implementation is happening.
- Facilitate introduction to a Peer-Leader
- Provide client census data
- Provide data around increased productivity and lower healthcare costs
- Provide data around client outcomes and wellness outcomes



COVID-19 Windows of Opportunity

- Seismic shift in the entire field: from in-person to telehealth treatment
- Building organizational capacity for telehealth:
  - Infrastructure
  - Practice
  - Financing
  - Workforce development
  - Policies and procedures, etc.
- Potential workload increase with increased access and influx of new clients
- Updated telephone technology must be addressed for access by certain populations (e.g., homeless, rural, senior citizens)

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Windows of Opportunity (Cont.)

- Opportunities to “re-open” as tobacco free-facilities
  - Utilize more space and outdoor space for social distancing
  - Reduce risk overall of COVID-19 among clients who use tobacco
  - Reduce overall risk of COVID-19 spread and staff and patient infection through greater risk for individuals who use commercial tobacco.
  - Transition time for updating facilities and policies
  - Enhancing tobacco cessation supports

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How to Implement a Tobacco-Free Policy

Implement and Strengthen Tobacco-Free Organizational Policies

- Sample Policy Language from the American Lung Association in Minnesota's *Toolkit to Address Tobacco Use in Behavioral Health Settings*

- NAMI-Kansas and Public Health Law Center, *Kansas Tobacco Guideline for Behavioral Health Care: An Implementation Toolkit*
  - Policy Development Checklist
  - Model Tobacco-Free Policy for Behavioral Health and Substance Use Treatment Providers
  - Sample Tobacco-Free Policy: Tobacco Use Violations and Enforcement Measures

- Infographic on *How To Implement a Tobacco-Free Policy* from NBHN and Behavioral Health and Wellness Program

Resources

- How to Implement a Tobacco-Free Policy
- Taking Your Facility Tobacco-Free: A Brief Overview
- Transitioning to a Tobacco-Free Facility Resource Sample Policies
- Tobacco-Free Initiative Information Kit (Community Mental Health)
- Tobacco-Free Toolkit for Community Health Facilities
- DIMENSIONS: Tobacco Free Toolkit for Healthcare Providers
- Tools and Tips for Action Planning
- Why Tobacco-Free? Talking Points

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For questions, contact us at
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