



SAMHSA-HRSA Center for Integrated Health Solutions

The Nuts and Bolts of Going Tobacco Free

September 12, 2013



Behavioral Health &
Wellness Program

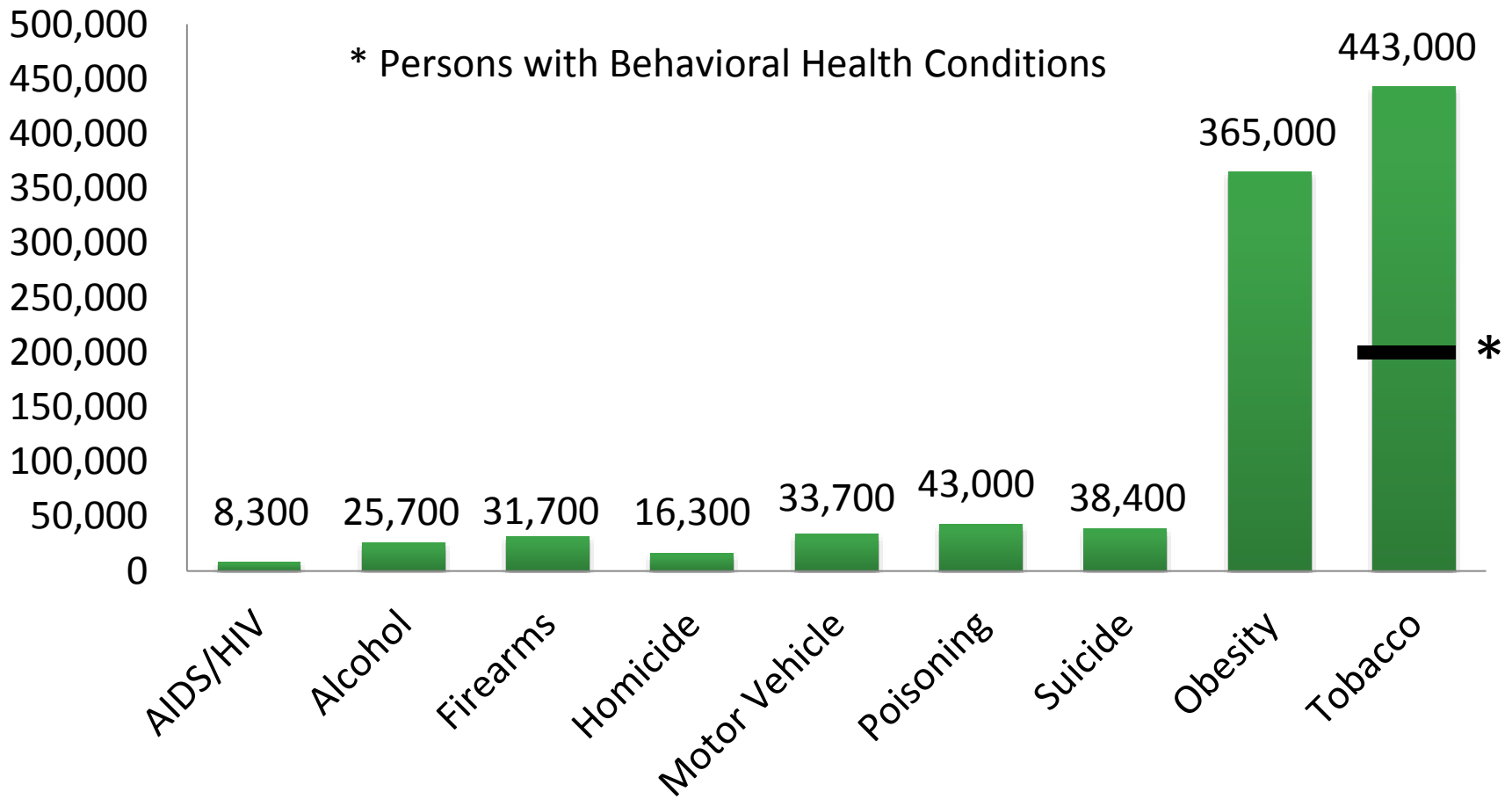
DIMENSIONS: Tobacco Free Policy

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Sept 12, 2013



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Behavioral Causes of Death in U.S.



Why Help People Quit?

- 1 Improve health and overall quality of life
- 2 Increase healthy years of life
- 3 Improve the efficacy of behavioral medications
- 4 Decrease social isolation
- 5 Save money by not buying cigarettes
- 6 Quitting smoking is a right and is important for recovery



Dangers of Secondhand Smoke

- There is no safe level of second-hand smoke
- 50,000 deaths each year in the U.S. due to second-hand smoke exposure
- Healthcare agencies need to provide a healthy environment for services
- Tobacco free environments are one of the most important steps in facilitating healthy patients and staff



Tobacco Use Affects Treatment & Recovery from Addiction

- People who are alcohol dependent are three times more likely to use tobacco
- Tobacco use is a strong predictor in use of illegal substances, such as methamphetamines, cocaine, and opiates
- Addressing tobacco dependence during treatment for other substances is associated with a 25% increase in long-term abstinence rates from alcohol and other substances



Concurrent to Addictions Treatment

- 75% of clients believe tobacco treatment should be offered while in addictions treatment
- At discharge, 50% of smokers thought the tobacco-free policy helped them address their tobacco use
- Does not cause people to experience worsening psychiatric symptoms



Tobacco-Free Policies

Smoke-Free Policy is Not Prohibition

There will not be a ban on the sale of tobacco, nor will smokers be required to give up smoking. However, the law or policy will ensure that those who wish to smoke may do so only in places where the health of others is not put at risk.



Tobacco-Free Policies – Common Concerns

“They will lose their sobriety if they also try to quit smoking or lose weight.”

“They don’t want to.”

“It isn’t relevant”

“I don’t have time to do this on top of everything else”

“It isn’t my job to police smoking.”

“They can’t”

“I’ve always heard smoking helps symptoms. I don’t want to make their symptoms worse.”



Tobacco-Free Policies – Common Concerns

“Smoke breaks are a time when I build relationships with clients.”

“This is one of their last personal freedoms.”

“I don’t have the training necessary.”

“If we go tobacco-free, behavioral problems will increase.”

“How are we going to fund this?”

“The issues we face are unique.”

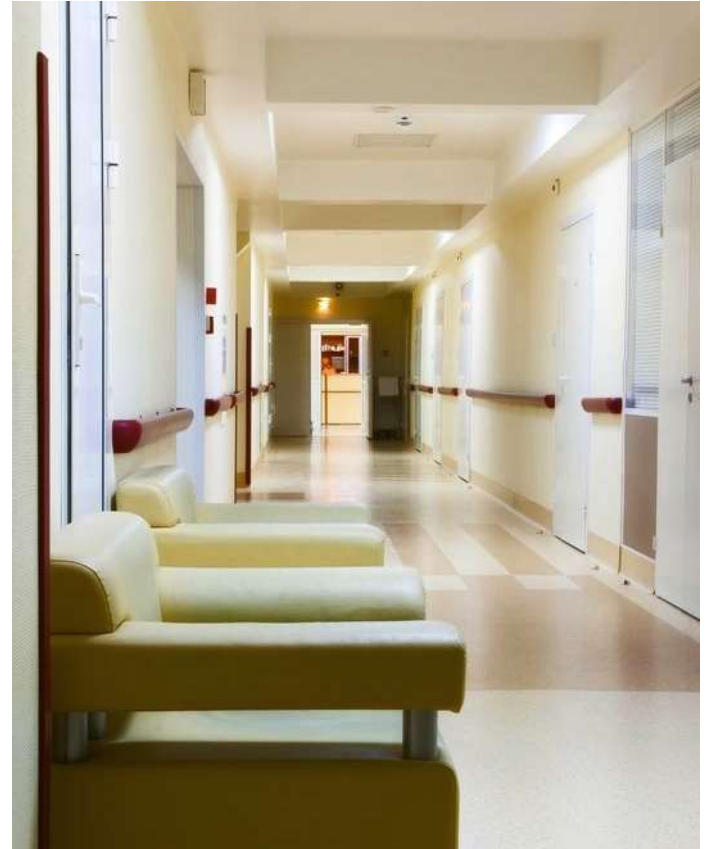
“Why spend time on this when there are more important psychiatric, substance abuse, and medical issues?”



Return on Investment

For Facilities:

- Reduced maintenance and cleaning costs
- Decreased accidents and fires
- Decreased health insurance costs
- Decreased worker's compensation payments



Return on Investment

For Staff:

- Decreased hospital admissions
- Decreased absenteeism
- Increased staff productivity
- Increased staff satisfaction

For Clients:

- Decreased disease and death
- Decreased hospital admissions
- Increased quality of life



A Parallel Process

- Client, visitor, and staff policy
- Client and staff resources
 - Facilities
 - Incentives
 - Medications
 - Peer support



10 Steps Toward Success

- 1 Convene a tobacco-free committee
- 2 Create a timeline
- 3 Craft the message
- 4 Draft the policy
- 5 Clearly communicate your intentions
- 6 Educate staff and clients
- 7 Provide tobacco cessation services
- 8 Build community support
- 9 Launch the policy
- 10 Monitor the policy & respond to challenges



1 Convene a Tobacco-Free Committee

Key committee members are:

- The human resources director
- Facilities director
- Environmental services
- The clinical and/or medical director
- Key employee groups
- Key client groups
- Security
- Pharmacy
- Health education
- Public affairs
- Neighbors



2

Create a Timeline

	Month 1	Month 2	Month 3	Month 4	Month 5	Month 6
Establish a tobacco-free committee						
Create buy-in with top-level administrators and clinical staff						
Develop and secure a budget						
Develop an implementation timetable						
Host focus groups with staff and clients						
Draft policy and garner feedback from clients and staff						
Revision of current human resource policies to cover use of tobacco while on duty						

2

Create a Timeline

	Month 1	Month 2	Month 3	Month 4	Month 5	Month 6
Announce plans of policy implementation						
Start countdown to launch date						
Educate employees, clients, visitors, community, and neighbors						
Provision of cessation services						
Train all employees on new policy						
Post signage						
Launch date						

3 Craft the Message

“We are developing this policy to provide a healthy and safe environment for employees, clients, and visitors and to promote positive health behaviors.”

“Tobacco acts as a cue for other drug use and maintains a drug-related coping style.”



3 Craft the Message

“We are not saying you must quit smoking. But we are saying you cannot use tobacco while you are at work. If you are ready to quit, we want to support your efforts.”



4

Draft the Policy

- Provide a clear rationale that cites the documented health risks that tobacco use poses to clients and staff.
- Create in consultation with staff and clients.
- Acknowledge the right of employees to work in a tobacco-free environment.



Clearly Communicate Your Intentions

- Internet, Intranet
- Pay check messages
- Signage
- Letter from CEO, President, or Chief Medical Officer
- Letters to staff
- Pamphlets for staff
- Pamphlets for residents
- Notice boards
- Posters and/or banners inside and outside building
- Appointment card announcements
- Prominently displayed countdown to the kick-off day



Clearly Communicate Your Intentions

Inform outside providers and agencies

- Mental health and addictions providers
- Primary care clinics
- Criminal justice
- Public health
- School systems
- Mayor's office
- HMOs
- Medicaid office
- Homeless shelters



6 Educate Staff & Clients

- The association between mental illnesses, addictions and tobacco dependence
- Evidence based pharmacotherapy and counseling
- Scope of work changes
- Brief screening and assessment tools
- Treatment planning & discharge planning
- Referral



**Tobacco-Free Toolkit for Community
Health Facilities**



National Edition

Made possible by funding from the Department of Health and Human Services
through the Los Angeles County Department of Public Health

DIMENSIONS Toolkit:
bhwellness.org/resources/toolkits/

7 Provide Tobacco Cessation Services

- Counseling
- Quitline
- Peer services
- Online resources
- Nicotine replacement therapies (NRT)
- Bupropion SR (Wellbutrin, Zyban)
- Varenicline (Chantix)



8 Build Community Support

- Neighborhood events
- Local and state health departments
- Tobacco-free coalitions
- Telephonic and web-based forums.
- National events
 - Great American Smoke Out—the third Thursday of every November
 - World No Tobacco Day on May 31st each year



9 Launch the Policy

- Insure signage is in place
- Inform visitors directly and indirectly
- Throw a kick-off celebration



Monitor the Policy & Respond to Challenges

- The addictive nature of tobacco emerges with policy change
 - Tie to bad life choices
- Staff need to address it when they see it-
 - This is the treatment—address it where it is happening
- Could increase searches
- After the honeymoon phase...

10

Monitor the Policy & Respond to Challenges

- Client, visitor, and employee violations
- Work with relapse, but the needs of the agency will outweigh the disruptions of any one client, visitor or employee



Clinic Checklist:

Staff Resources and Knowledge

- Have staff been assigned clear roles and responsibilities for interventions?*
- Are clinicians knowledgeable in discussing risks, benefits of quitting, physiological & emotional processes during quit attempts?*
- Are clinicians familiar with setting realistic goals for quitting (cessation & harm reduction)?*
- Are staff & clinicians aware of internal & external resources?*
- Are staff & clinicians familiar with referral process to cessation programs?*

Health Care Provider' s Tool Kit for Delivering Smoking Cessation Services: California Tobacco Control Alliance
www.tobaccofreealliance.org



Center for Dependency, Addiction, and Rehabilitation (CeDAR) Case Study

- Private, inpatient substance abuse treatment facility which does not accept insurance
- Part of the University of Colorado Hospital system
- Implemented tobacco free policy 2/14/13



Prior to implementing the policy:

- 33% of clients were increasing tobacco use at intake
- 5% of clients were initiating tobacco use at intake

Policy action steps began mid-Oct 2012 (4 mos)

- Follows hospital policy for smelling of smoke
- No specific hiring policy, but interviewees need to be committed to mission of wellness
- Cannot be using tobacco on premise or in sight of clients

Outcomes

- Zero declined admissions due to policy
- No change in failure to complete treatment
- Number of clients has gone up (+7 pd), no change in rate of smokers (~50%)
- Several staff members have quit
- Have enrolled first client seeking only tobacco treatment



Client Survey Data

- 65% - tob tx is important to overall health
- 90% - tob is as/more addictive as other drugs
- 78% - tob tx is a good idea
- 55% - tob tx is helpful to overall addictions tx
- 53% - will make tob tx part of wellness plan
- 19% - will continue to use tob



Lessons Learned

- **Wish had more time for:**
 - Clarification on policy for staff
 - Extended tx (should have met with long-term care branch sooner)
 - Improve survey instruments for pre/post policy implementation
 - Didn't pull in pharmacy early enough





Discussion

Behavioral Health & Wellness Program

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www.bhwellness.org

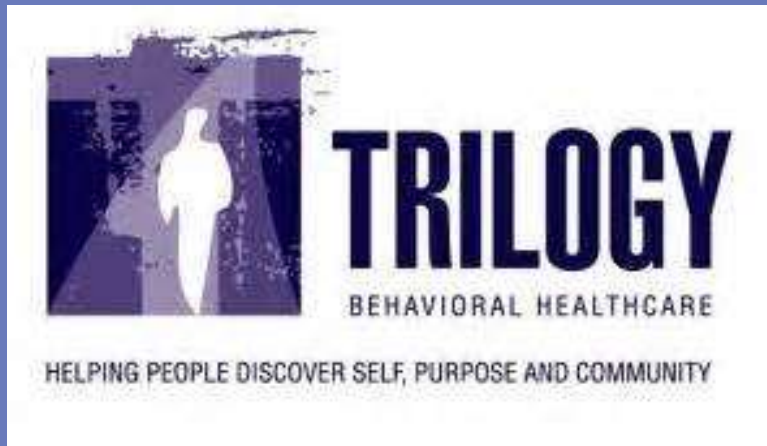


Behavioral Health and
Wellness Program



BHWP_UCD

Trilogy Behavioral Healthcare Smoking Cessation Journey



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Presentation created by: Bonnie Wolfe,
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Who We Are

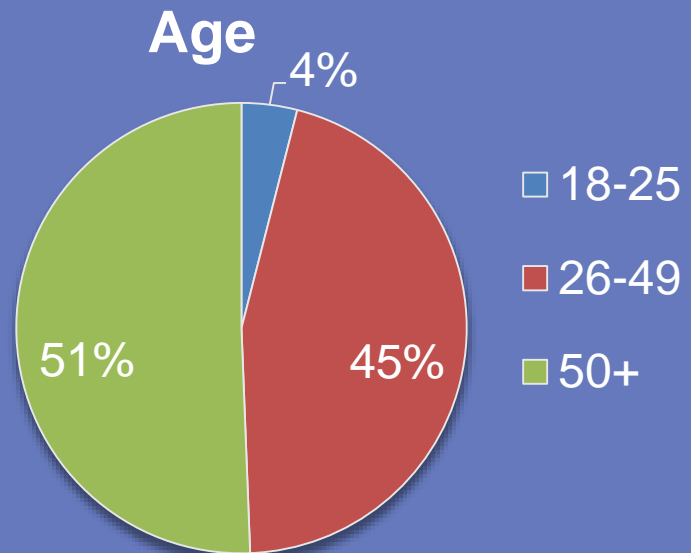
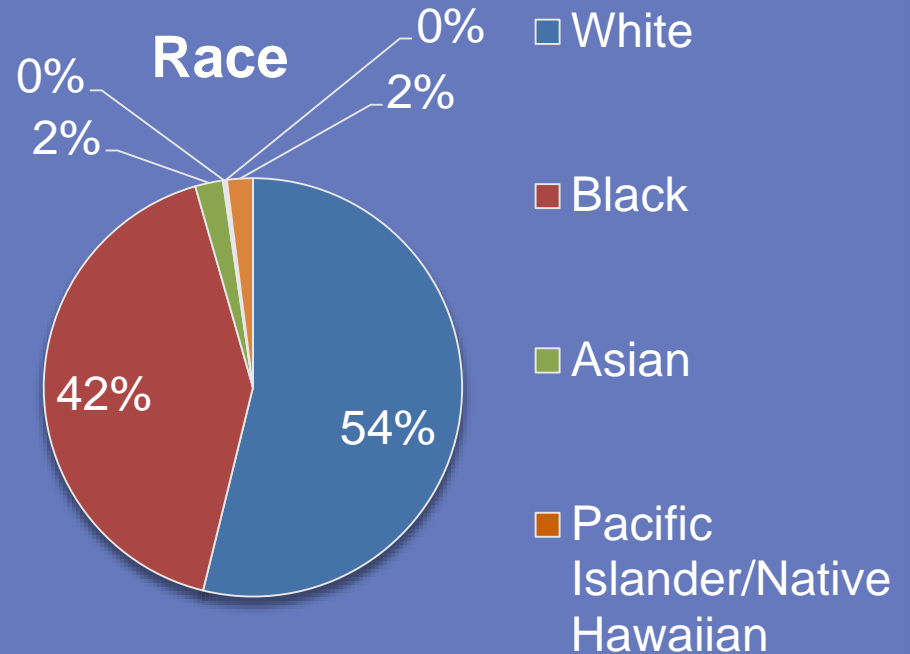
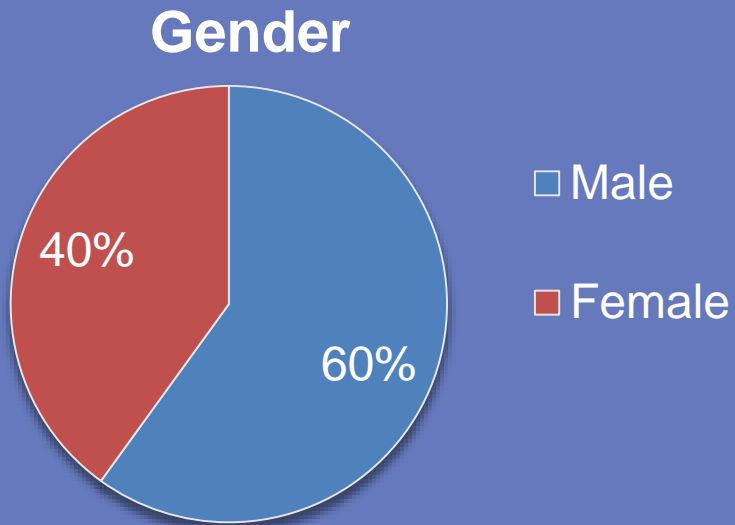


- Co-located Primary and Behavioral Healthcare site in Rogers Park neighborhood of Chicago, IL - an urban multi-cultural and socio-economically diverse setting
 - Funding through SAMHSA, Partnership with Heartland Health Services
- Currently serving approximately 670 clients with over 170 staff members
- Peer participation facilitated by Trilogy Beacon, Trilogy's peer lead drop-in center
- Trilogy offers wide-range of community mental health programming including Supported Employment, Psycho Social Rehabilitation, Residential Services, Family Psychoeducation, Recovery Services and Outreach Services.

 **Trilogy Heartland**
INTEGRATED HEALTHCARE

A partnership between Trilogy &
Heartland Health Centers

Trilogy Client Demographics



Why go Smoke Free?



- Leadership of Trilogy is committed to improving the overall health of all clients
- As an integrated healthcare system, wellness is a common goal
- Smoking cessation is one of the greatest modifiable risk factor interventions likely to have an impact on decreasing mortality.

Collaborating Partners

- Chicago Department of Public Health
- Respiratory Health Association
- American Cancer Society
- Heartland Health Centers
- Rush University College of Nursing
- Rogers Park Community



Smoking Cessation: The Beginning

Rush University College of
Nursing Students:

- Completion of Community Needs Assessment
- Clarified prevalence of tobacco use at Trilogy

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Steps of the Journey



Engagement

- **Began the Conversation**
 - **Open discussion sessions**
 - With Clients
 - With Staff
- **Began asking about tobacco use in 100% of clinic visits & began use of CO monitoring with clients**

Information & Education

- Partnership with The Chicago Tobacco Prevention Project who provided:
 - Cessation Station
 - Nurse Consultant from the Respiratory Health Association
- Clinic staff received training from SAMHSA on how to use various tobacco cessation resources
- Trained all case management staff on integration of AAR
 - Ask: Staff ask about smoking every visit
 - Advise: Staff advises quitting/reduction
 - Refer: Staff refers clients to smoking reduction services

Smoking Cessation Resources



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Countdown to Smoke Free Timeline

- **January 2012**
 - Announced Smoke Free Campus Initiative
- **February 2012**
 - Partnered with Chicago Tobacco Prevention Project and began smoking cessation groups for staff
- **March 2012**
 - 100 day countdown to a smoke-free campus banner displayed in building & on website
 - Client and staff continental breakfast was held to celebrate smoking cessation initiative
- **April-May 2012**
 - Continued education and increased awareness of policy changes

Countdown to Smoke Free Timeline

• June 2012

- Letter was crafted for community explaining our decision to become a smoke-free campus. Letter was hand delivered to 1400 block of Greenleaf and mailed to all individuals leasing Trilogy parking spaces

• July 2012

- Smoke-free lapel pins and healthy snacks offered to all who entered the building on 1st day of our Smoke Free Campus
- Hosted Smoking Cessation Celebration, with speakers including:
 - CDPH Commissioner, Dr. Bechara Choucair
 - IL Senator Heather Steans
 - ACS Regional Vice President, Jackie Burgess-Bishop



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Implementation

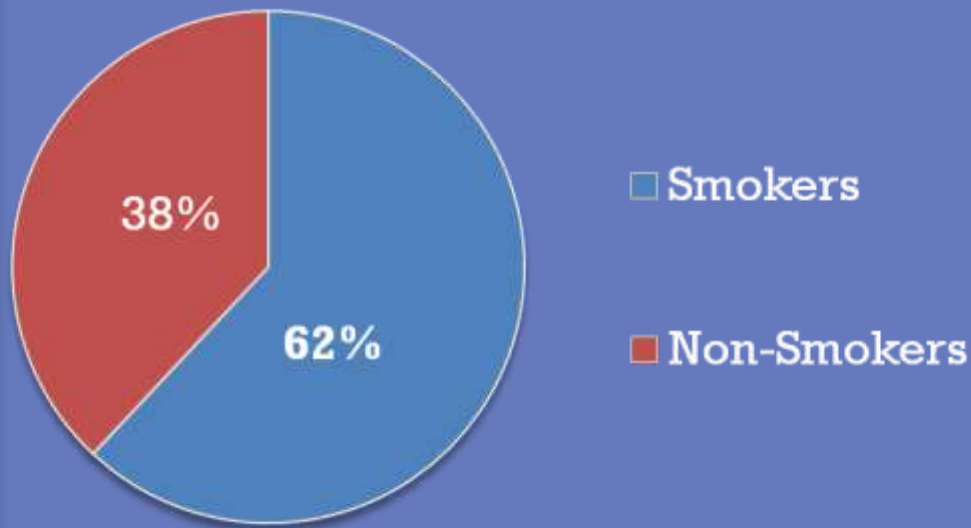
- July 1, 2012
 - Cessation Station Grand Opening
 - Designed location for cessation activities
 - Quit line resources
 - Tobacco Receptacle Removal
 - 3 receptacles located around campus removed
- First Month of Smoke Free
 - Smoke-Free Policy & Client Q & A materials distributed through the Drop-in Center & through individual Recovery Counselors
 - Smoke-Free Policy & Staff Q & A materials distributed through each staff mail box

Sustaining Efforts

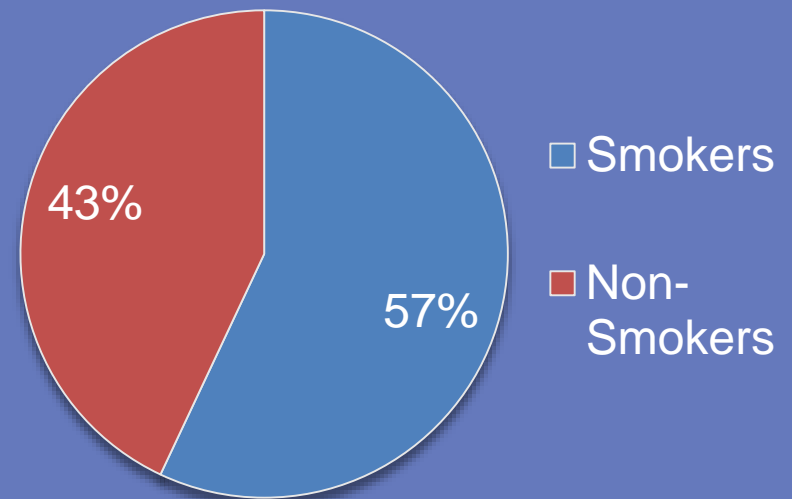
- Participation in the American Cancer Society “Great American Smoke-Out”
- Continue asking about tobacco use at every visit
- Continue staff & client groups
- Continue to train all staff in AAR
- Garner additional resources for NPT

Evaluation: Consumer Survey

Initial survey (2012)

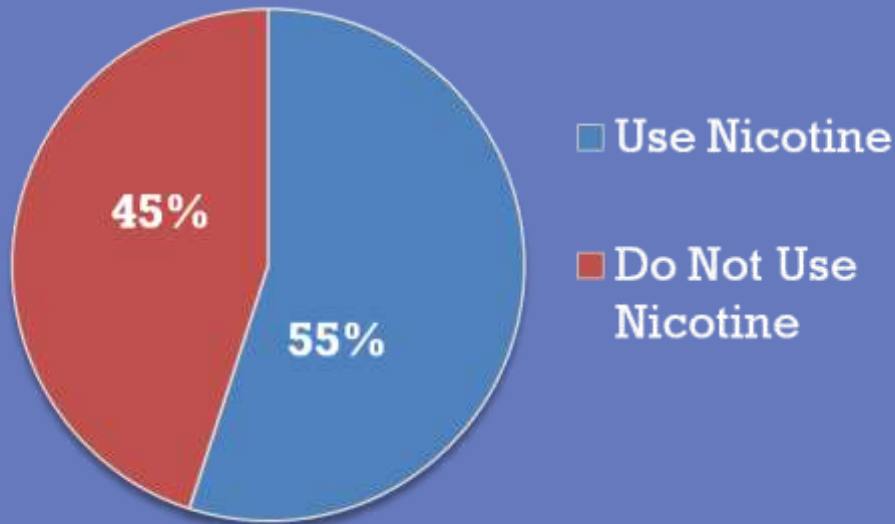


Current Survey (2013)

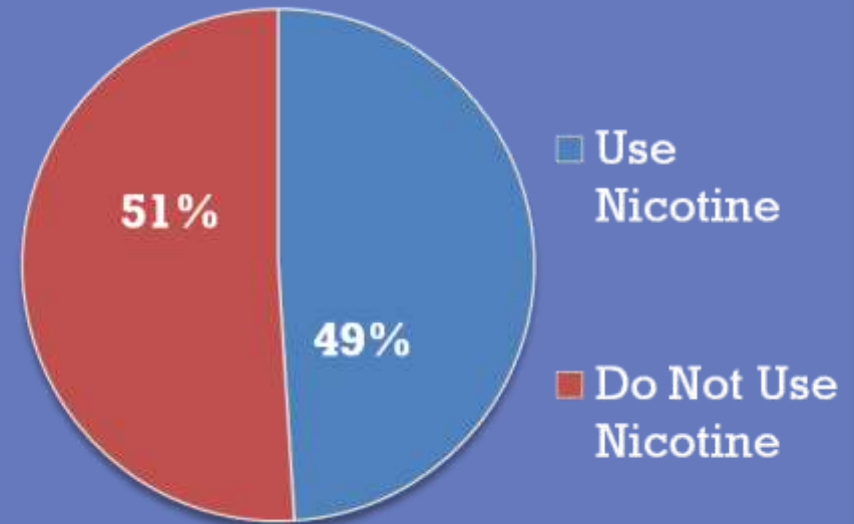


Evaluation: Consumer Data

Initial survey (2012)



Current Survey (2013)



Effective Interventions

- Non-Smoking Environment
- Educational Sessions for Staff & Clients
- Rush Hour- Nurse-led Discussions in Drop-in Center
- Support Groups
- 1-800-quitline
- Cessation Station

Challenges

- Cessation station is underutilized
- Public property is adjacent to campus
- Staff training needs to match rate of growth
- Less expensive tobacco products are readily available
- Neighbors have concerns about smoking areas
- Funding limits for Nicotine Replacement Therapy

Lessons Learned

- Development of outcomes plan prior to implementation
- Need for strong leadership
- Ongoing communication with staff and clients
- Plan for ongoing staff trainings
- Technological preparation for new data
- 1:1 sessions with those wanting to quit smoking prior to implementation