

Policies & Procedures for

Tobacco-Free

Facilities & Services in Wisconsin's

**Substance Abuse
& Mental Health Treatment Programs**



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Background

People seeking treatment for mental illness and/or substance abuse disorders smoke at a much higher rate than the general public and thus suffer disproportionate harm from tobacco use¹⁻⁷. Tobacco dependence is recognized both as a chronic, relapsing disease⁸ and as an addiction⁹. As a result, all mental health/substance abuse professional associations call for the universal treatment of tobacco dependence^{10,11}. Despite this, the treatment of tobacco dependence in the mental health care/substance abuse delivery setting has lagged behind the level of treatment in other health care settings^{1,12,13}.

These findings point to a clinical and ethical responsibility for all mental health and substance abuse treatment settings to provide an environment that is tobacco free for its staff, clients and visitors and treat the tobacco dependence among its patients/clients with effective evidence-based methods. Doing so will result in better treatment outcomes^{14,15}, increased safety by reducing the risk for fire¹⁶, increased safety for inpatient clients by reducing incidents requiring restraints or seclusion and threatening behaviors¹⁷ and reduced cleaning cost^{18,19}, and will make a positive contribution to changing the currently permissive social norm regarding tobacco use by those with a mental illness/other substance abuse disorder.

Purpose

The purpose of this document is to provide guidance to mental health/substance abuse treatment programs and Wisconsin governing bodies about specific elements and steps that collectively constitute a tobacco-free treatment setting. It emphasizes: 1) the importance of a tobacco-free healthy treatment setting; 2) the provision of evidence-based tobacco dependence treatment; and 3) the necessity of helping staff who have tobacco dependence to quit. This document is written to benefit both inpatient/residential and outpatient treatment settings. Some modification may be necessary to tailor these recommendations to a particular treatment setting and/or client population.

Policies for Tobacco-Free Treatment Settings

All facilities, grounds and vehicles (owned or leased) are “tobacco-free”. Tobacco-free means that the use of tobacco products in any form is prohibited at all times. All staff, volunteers, patients and visitors are prohibited from using tobacco products in the facility or on facility grounds.

A. Communicating the Policy

1. Post “Alcohol, Tobacco and Drug-Free” signs inside and outside all facilities.
2. Inform patients of this policy as part of the pre-admission and admission process. Obtain a written agreement signed by each patient to acknowledge an understanding of the policy.
3. Inform visitors of this policy at the time of scheduling a visit and at the time of arrival.
4. Inform prospective employees and volunteers of this policy during their first interview and again during the orientation process.
5. Make the policy readily available to all staff via the facilities website and other communication vehicles.

B. Staff Education and Training

1. Train all staff and volunteers in maintaining the policy during employee and volunteer orientation. Provide refresher training annually and as needed.

C. Monitoring and Compliance

1. All employees, patients, volunteers, and visitors are expected to adhere to this policy and endorse the underlying tobacco-free program principle, “We Support Tobacco-Free Recovery.”
2. All employees are expected to be familiar with and are responsible for monitoring compliance (see below).
3. Employees who violate this policy will be subject to a progressive discipline process as used for violating any other work performance policy.
4. A volunteer who persists in violating this policy will be relieved of duty until that volunteer agrees to comply.
5. Visitors who violate this policy will be informed of the policy and asked to comply. Visitors who persist in violating this policy will be asked to leave the facility and grounds. A visitor may be allowed to return after a period of time established by the treatment facility and after the visitor indicates an intention to comply with all tobacco free policies.

Policies for Providing Evidence-based Tobacco Dependence Treatment



All patients/clients who are receiving treatment services and who are tobacco dependent will receive evidence-based tobacco treatment as described in clinical guidelines such as the Public Health Services *Treating Tobacco Use and Dependence: 2008 Update*, Clinical Practice Guideline⁸.

A. Evidence-based Tobacco Dependence Treatment

1. Screening and assessment of all new clients/patients will include an evaluation for nicotine dependence and interest in quitting. This information is recorded in the client chart and incorporated into the treatment plan.
2. For all clients with tobacco dependence, the treatment plan will include appropriate evidence-based tobacco dependence treatment. For those not yet ready to quit, this will include specific interventions designed to increase motivation to quit. For those ready to make a quit attempt, this treatment plan includes: a) behavioral counseling, b) pharmacotherapy, and c) support for the quit attempt. If all three elements are not included, the treatment plan will include an explanation for any excluded element.
3. Cessation medications (nicotine replacement treatment, bupropion, varenicline) will be provided based on patient specific appropriateness and consistent with the facility policy governing the provision of all over-the-counter and/or prescribed medication.
4. Treatment documentation will reflect the implementation of this plan and appropriate modifications to it.
5. When possible and appropriate, this treatment will utilize the free Wisconsin Tobacco Quit Line (1-800-QUIT-NOW).
6. The treatment of tobacco dependence will be integrated, complimentary and consistent across the levels of care available from a mental health/substance abuse treatment program including inpatient, day treatment, intensive outpatient, residential and outpatient.
7. Because tobacco dependence is a chronic, relapsing disease, there will be no limits on the number of treatment attempts permitted.
8. Discharge plans will include a nicotine dependence relapse prevention plan and, should relapse occur, a specific plan for the re-establishment of tobacco dependence treatment.

Policies for Providing Evidence-based Tobacco Dependence Treatment



B. Staff Education and Training

1. All clinical staff will be required to complete initial and ongoing routine training regarding the evidence-based treatment of tobacco dependence as approved by the treatment program. This training may be in-service training, evidence-based conference training, self-study, teleconference, webinar and other e-learning activity.

C. Monitoring and Compliance

1. Failure by a patient to comply with the nicotine dependence treatment plan is an important treatment issue which requires support, intervention, including motivational interventions, and often a change in treatment plan.
2. Non-compliance (tobacco use) that also violates the policy prohibiting tobacco use within the facility/grounds jeopardizes the progress of other clients and the health of all clients/staff/visitors and volunteers. The consequences for doing so should be consistent with the consequences for the use of other prohibited and addicting substances. This could include transfer to a different level of care or discharge from treatment. As noted above, patients should be informed of these consequences at the time of admission. Consequences will likely vary between inpatient/residential and outpatient treatment settings. If an outpatient treatment setting for mental illness does not have a pre-existing formal policy regarding the use of other prohibited and addicting substances, it should develop a tobacco specific policy. For clients with a severe mental illness being treated in an outpatient setting, accommodation to their ability to comprehend a tobacco use policy that extends beyond the building may have to be made. For some levels of care, it may be appropriate to monitor tobacco-free status via CO breath monitoring or other methods of biological monitoring.

D. Quality Assurance

1. Quality assurance will be assessed by regular health record/chart audit that includes indicators to determine whether patients are routinely screened, diagnosed, and treated for tobacco dependence.

Helping Staff Who are Tobacco Dependent



Understanding that tobacco dependence is an addiction, treatment organizations will provide assistance to those employees who use tobacco products. It also does not discriminate against tobacco users in its hiring and promotional practices.

- A. Employees and volunteers who use tobacco will be encouraged to seek treatment. This includes speaking with their primary care provider and calling the free Wisconsin Tobacco Quit Line (800-QUIT-NOW).
- B. Employees and volunteers will be provided with a list of other community treatment resources.
- C. To the extent that the program provides employee health benefits, these benefits will provide coverage for all the elements of evidence-based treatment for tobacco dependence.

For more information and guidance please go to:

www.HelpUsQuit.org

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