

Tobacco-Free Toolkit for Community Health Facilities



National Edition

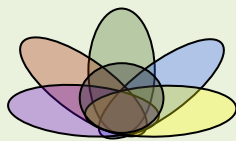
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I. About this Toolkit

Why is a tobacco-free policy toolkit needed?

The majority of Americans are not dying from infectious disease or genetics, but from chronic and modifiable behaviors (McGinnis et al., 2002; Mokdad et al., 2004). Tobacco use remains the most preventable cause of illness in the United States (US DHHS, 2004). To assist people to lead meaningful lives in their communities, healthcare and social services agencies need to promote behaviors that lead to health. Creating a tobacco-free environment is one of the primary ways that a community healthcare agency can create a safer and healthier environment for both clients and staff. The use of a policy toolkit would be central to the creation of a tobacco-free environment.

Who is this toolkit for?

This toolkit was developed for a broad continuum of public health care organizations and treatment facilities, particularly those organizations serving persons with mental illnesses and addictions. The materials are intended for administrators, direct providers, and support staff of organizations considering or implementing tobacco-free policies.

How do I use this toolkit?

This toolkit contains a variety of effective community-level strategies and step-by-step instructions to:

- Assess organizational readiness to go tobacco-free
- Implement tobacco-free policies
- Provide tobacco cessation services and referrals as policies take effect

Effectiveness

Policy change facilitates and reinforces behavior change. Smoking bans in workplaces lead to less tobacco use and an average of 72% reduction in secondhand smoke exposure (Task Force on Community Preventive Services, 2005). Also, there is significant evidence that smoking cessation interventions are very effective (US DHHS, 2010; Fiore et al., 2008), and that persons with mental illnesses and addictions can successfully quit using tobacco (Evins et al., 2005; George et al., 2002).



Return on Investment

There is no question that tobacco use impacts healthcare costs, both directly through medical illness and indirectly through lost productivity (CDC, 2004). Several studies demonstrate that there is an overall return on investment when organizations implement tobacco-free policies (CDC, 2006; Fichtenberg & Glantz, 2002; Halpern et al., 2001; Max, 2001; Monihan et al., 2006; US DHHS, 2004) including:



For Facilities:

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

For Staff:

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

For Clients:

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



II. Quick Facts

- 20.6% of the U.S. adult population continues to use tobacco products.¹
- Tobacco use accounts for the premature deaths of 443,000 persons annually in the United States, with an additional 8.6 million disabled from tobacco-related diseases.²
- One in two regular smokers dies prematurely.³
- On average, persons with mental illnesses die 25 years earlier than the general population and suffer disproportionate medical conditions that negatively impact individuals' functioning. This excess mortality and morbidity is primarily due to modifiable risk behaviors including poor nutrition, lack of exercise, and smoking.⁴
- Most smokers want to quit, and studies find that 77-79% of persons with mental illnesses and or substance abuse disorders intend to quit, many within the next month.⁵

Healthcare facilities that permit tobacco use are condoning and reinforcing addictive behaviors and ineffective and dangerous coping strategies.

Prevalence Rates Among Vulnerable Populations

- While tobacco use prevalence in the general population decreased over the last decade, this is not the case for persons with mental illnesses or substance abuse disorders.⁶
- Persons with mental illnesses or substance abuse disorders are nicotine dependent at rates that are 2-3 times higher than the general population.⁷
- Persons with mental illness or substance abuse disorders represent a surprising 44% of the U.S. tobacco market.⁸
- Individuals with mental illness or substance abuse disorders smoke more cigarettes daily and smoke them down to the filter more than other smokers.⁹
- The prevalence of smoking in those with HIV/AIDS is 2-3 times higher than the general population, and persons living with HIV face increased risk for many kinds of cancer (Kwong & Bouchard-Miller, 2010).
- Various estimates indicate that between 85%-95% of people who are homeless or at imminent risk for homelessness are smokers (Crosier, 2004).



1. CDC, 2009
2. CDC, 2008
3. Doll et al., 2004
4. Mauer, 2006
5. Joseph et al., 2004; Prochaska et al., 2007
6. Schroeder & Morris, 2009
7. Lasser et al., 2000
8. Lasser et al., 2000
9. D'Mello et al., 2001; Lasser et al, 2000



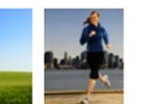
Table 1. Tobacco Use by Diagnosis

Schizophrenia	62-90%
Bipolar disorder	51-70%
Major depression	36-80%
Anxiety disorders	32-60%
Post-traumatic stress disorder	45-60%
Attention deficit/ hyperactivity disorder	38-42%
Alcohol abuse	34-80%
Other drug abuse	49-98%

(Beckham et al., 1995; De Leon et al., 1995; Grant et al., 2004; Hughes et al., 1986; Lasser et al., 2000; Morris et al., 2006; Pomerleau et al., 1995; Stark & Campbell, 1993; Ziedonis et al., 1994)

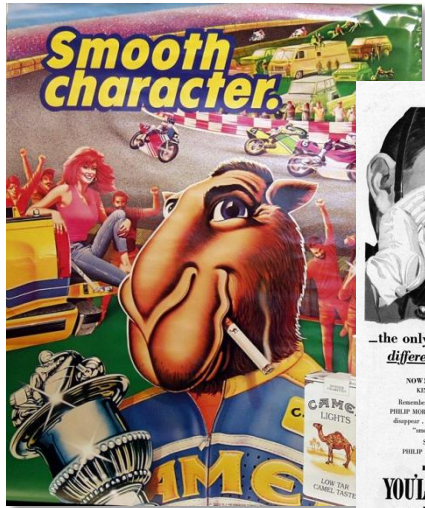
Dangers of Environmental Smoke and Tar

- Secondhand smoke is the third leading preventable cause of disability and early death (after active smoking and alcohol) in the United States. For every eight smokers who die from smoking, one non-smoker dies from illnesses associated with secondhand smoke (Institute of Medicine, 2009).
- Nonsmokers who are exposed to secondhand smoke at home or work increase their risk for heart disease by 25–30% and lung cancer by 20–30% (Institute of Medicine, 2009).
- Thirdhand smoke is tobacco smoke contamination that remains on clothes, furniture, walls and other surfaces after a cigarette has been put out. Thirdhand smoke contains known carcinogens that can be transmitted through the skin and is considered a health hazard, especially for infants and children (Sleimann, 2010).



Tobacco Industry Marketing

- Tobacco companies have a long history of targeting the youth market (Krugman, 2005).
- Tobacco companies have also targeted those of lower socioeconomic status through point of sale advertisements as well as more billboards in poorer areas (John, 2009).
- For many years, the tobacco industry specifically targeted behavioral healthcare facilities and persons with mental illnesses or substance use disorders through the use of promotional giveaways and charitable donations (Appolonio, 2005).



Schizophrenic.



Images (clockwise): 1. Camel 2. Phillip Morris 3. Virginia Slims 4. Kool 5. Merit



III. Assessment and Planning

Organizational Readiness to Change

When considering tobacco-free policies, it is important to assess your organization’s readiness to change (Prochaska et al., 2001). In which stage does your organization belong?

- **Precontemplation** – Organization is not considering policy change
- **Contemplation** – Organization plans to implement a tobacco-free plan over the next 6 months
- **Preparation** – A tobacco-free plan will be implemented over the next month
- **Action** – A tobacco-free plan has been implemented but has not been in effect for more than 6 months
- **Maintenance** – A tobacco-free plan has been in effect for 6 months or longer

Based on your organizational readiness, the below actions may be helpful:

Table 2. Recommendations for Organizational Change

Stage of Change	Action
<i>Precontemplation</i>	<ul style="list-style-type: none"> • Allow 6 months to move towards advanced stages of change. • Create buy-in through education/training to staff, clients, and community change agents. • Actively convey the message that allowing tobacco use within healthcare facilities is in direct opposition with providing quality healthcare to clients, as well as working to provide a healthy workplace. • Participate in a forum (local or national) to gather ideas/support on moving the organization forward.
<i>Contemplation</i>	<ul style="list-style-type: none"> • Create a tobacco-free committee within the agency. • Gather information from staff and clients through informal town-hall meetings or more formalized focus groups.
<i>Preparation</i>	<ul style="list-style-type: none"> • Create a draft of written policy based on feedback provided through meetings and focus groups. • Consider how to deal with adherence issues among staff and clients. • Examine what services will be provided to staff and clients to help them get through the day. • Begin training and educational sessions within the organization.
<i>Action</i>	<ul style="list-style-type: none"> • Announce a tobacco-free date. • Notify staff and clients via various methods (e.g., flyers, meetings, emails).
<i>Maintenance</i>	<ul style="list-style-type: none"> • Conduct an evaluation of the policy. • Amend policy based on findings. • Continue to educate staff and clients on the importance of maintaining a tobacco-free environment.



IV. Ten Steps to Success

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

Step 1: Convene a Tobacco-Free Committee. The committee will be made up of administrators and other staff who will be responsible for creating and implementing the tobacco-free policy. Key members of the committee are:

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

Step 2: Create a Timeline. To adequately prepare your organization for becoming tobacco-free, a 6-month or longer planning and implementation timeline is preferable.

> See [Appendix A: Model Tobacco-Free Policy Timeline](#), page 29



Step 3 – Craft the Message. Explain why you want to address tobacco-use in your facility, and what you want to accomplish (NASMHPD, 2007).

Key messages may include:

- “We are developing this policy to provide a healthy and safe environment for employees, clients, and visitors and to promote positive health behaviors.”
- “Persons with mental illnesses or substance abuse disorders die 25 years younger than the general population due largely to conditions caused or worsened by smoking.”
- “Tobacco acts as a cue for other drug use and maintains drug-related coping styles.”
- “Policies that discourage smoking can improve health outcomes: Smoking slows wound healing, increases infection rates in surgeries and is the most common cause of poor birth outcomes.”
- “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.”
- Starting (DATE), we will no longer permit use of tobacco products on our campus.
- (Name of a trusted staff manager/ HR director/ tobacco-free program coordinator) will be responsible for this initiative. Please contact her/him if you have suggestions to improve our process or if you have questions or concerns.

Studies from multiple countries substantiate this U.S. study in finding that smoking bans have no negative effect on psychiatric symptoms or management of treatment units

—Iglesias et al., 2008; Kitabayashi et al., 2006; Lawn & Pols, 2005

Implementing a tobacco-free policy improves the health of everyone & may help free individuals of nicotine addiction.

Step 4: Draft the Policy. An effective tobacco-free policy will provide a clear rationale that cites the documented health risks that tobacco use poses to clients and staff. The tobacco-free policy is best created in consultation with members of staff and clients. It will acknowledge the right of employees to work in a tobacco-free environment.

> See [Appendix B: Model Tobacco-Free Policy](#), page 30

There are a number of common considerations when writing a tobacco-free policy:

Creating a smoking area versus no smoking area

With tobacco-free grounds as the ultimate goal, some facilities may elect to provide an outside smoking area for clients and employees (Zeidonis et al., 2006), whereas others may implement a complete ban of tobacco use on the agency’s campus.

Revision of human resources policy

It is recommended that human resources policies are revised to reflect the tobacco-free policy. Dress code (scent of smoke) issues can be included in policy changes. For example, if employees come to work smelling strongly of smoke they would be considered in violation of the tobacco-free policy.



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Provision of cessation medications

Sites should offer or facilitate access to nicotine replacement therapy (NRT) or other FDA-approved cessation medications and behavioral counseling to clients and staff members who require assistance refraining from smoking while onsite. This assistance should begin at least one month before the tobacco-free policy goes into effect and last at least 3 months post implementation, if not longer.

Step 5: Clearly Communicate your Intentions. Inform employees and clients of the tobacco-free policy timeline as early as possible. Tobacco users will need time to get used to the idea of a tobacco-free campus. Tobacco users who want to quit will also be more successful if they have time to adjust and potentially begin to prepare for this significant life change.

The message is critical. Do not tell people they have to quit smoking; only that they cannot smoke while working or visiting the agency.

> See [Appendix C: Sample Announcement, page 34](#)

> See [Appendix D: Sample Letter to Patients, page 35](#)

Communication and support will assist in alleviating anxieties. It is vital to reinforce the reason for introducing the policy. Be transparent and consistent in your messaging. It is helpful if agency leadership can provide employees with information about other community health settings, hospitals, and businesses in the area that have successfully gone tobacco-free (NASMHPD, 2007).

Staff may raise concerns regarding how agency clients will react, but in practice staff members often have as much or more difficulty adjusting to tobacco-free policies. The initiative's leaders must be prepared to speak to the most common concerns described in [Step 10](#) below.

Elicit, listen to, and respond to employee concerns. Allow employees and managers time to express concerns and prepare for changes. Hold discussions with individuals, groups, departments and the public, emphasizing how an addiction to tobacco impacts health, safety and recovery from mental illnesses and substance abuse disorders. Separate town hall meetings with clients and staff will allow individuals to express themselves and provide an opportunity for leadership to more fully describe the rationale for a tobacco-free initiative. During this process suggestions can be gathered on how to make this transition most effective.

> See [Appendix E: Frequently Asked Questions, page 36](#)

Consider many different means for getting the message out, including:

- Internet, Intranet
- Pay check messages
- Signage



- Letter from CEO, President, or Chief Medical Officer
- Letters to staff
- Pamphlets for staff
- Pamphlets for clients
- Notice boards
- Posters and banners in and outside the building
- Appointment card announcements
- A prominently displayed countdown to the kick-off day

Inform Neighbors. Potential problems with neighbors need to be anticipated. Cigarette butts, litter, and loitering have fueled neighborhood ire when organizations go tobacco-free. Reach out to neighborhood residents and businesses before there is a problem. Take the same steps in working with the neighbors as you have with employees: Explain your rationale and provide plenty of notice. Offer a personal contact should neighbors have concerns. You may even want to invite neighbors to the kick-off celebration or award prizes purchased from neighboring businesses.

> See [Appendix F: Sample Letter to Neighbors, page 39](#)

Even as you maintain your focus on health, you may have to make concessions. As one example, a hospital purchased receptacles that were placed in the new “unofficial” smoking areas. Revisit such concessions and consider other options as part of your ongoing evaluation.

Inform Outside Providers and Agencies. Other community providers can be key partners helping reinforce a tobacco-free message. For example, they can be asked to tell prospective clients of your agency’s tobacco-use policy. Here is a list of potential agencies to consider notifying:

- Mental health and addictions providers
- Primary care clinics
- Criminal justice settings (e.g., community corrections)
- Public health agencies
- School systems
- The Mayor’s Office
- Insurance companies
- The state Medicaid office
- Homeless shelters

> See [Appendix G: Sample Letter to Community Physicians, page 40](#)



Step 6: Educate Staff and Clients. Offer educational events for staff and clients. Staff should be encouraged to learn more about tobacco cessation through continuing education and supervision. Such training should include:

- The association between mental illnesses, substance abuse and tobacco dependence
- Evidence based pharmacotherapy and counseling for tobacco cessation,
- Brief screening and assessment tools
- Practical strategies for inclusion of tobacco cessation into treatment planning
- Community referral resources

There are a number of resources to assist agencies in accomplishing training goals. The [Resources](#) section at the end of this toolkit refers to relevant opportunities.

Regardless of patients' stage of readiness for cessation attempts, staff should be trained to utilize the **"5 A's" (Ask, Advise, Assess, Assist and Arrange)**. Clinicians are encouraged to "Ask" all patients at every visit if they smoke. If they do smoke the clinician should "Advise" them in a personalized manner to quit. Providers are then directed to "Assess" patients' willingness to make quit attempts over the next month, "Assist" in setting quit dates and obtaining services (e.g., quitline, agency groups), and "Arrange" for follow-up contacts to determine if quit attempts were successful.

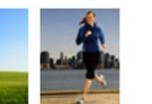
Do Tobacco Dependence Services Adversely Affect Other Treatment?

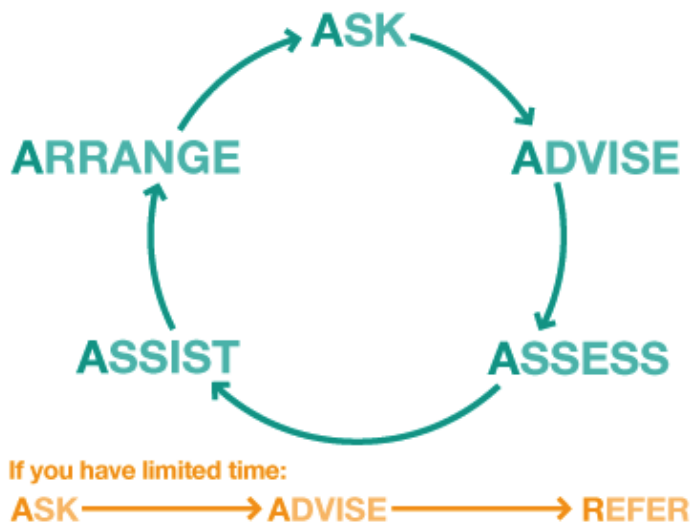
Community healthcare providers commonly believe that they are putting clients' recovery from other substance abuse and mental health disorders at risk if they also treat tobacco dependence. Contrary to this view, there is mounting evidence that clients who receive treatment for tobacco use are more likely to reduce their use of alcohol and other drugs, have less psychiatric symptoms, and enjoy better treatment outcomes overall.

—McCarthy et al., 2002;
Shoptaw et al., 2002

A meta-analysis of 18 studies found that treating the tobacco use of clients improved their alcohol and other drug outcomes by an average of 25 percent (Prochaska et al., 2004). Similarly, studies have found that smokers in the process of quitting smoking demonstrate no increase of psychiatric symptoms.

—Baker et al., 2006; Hall et al., 2006





For agencies that lack the necessary resources to perform the “5 A’s”, an abbreviated model may be used which is referred to the “**2 A’s and R model**”. In this model providers “Ask” all patients if they use tobacco, “Advise” tobacco users to quit through personalized messages, and then “Refer” tobacco users to appropriate community cessation services

Step 7: Provide Tobacco Cessation Services. Agencies that are going tobacco-free should provide tobacco cessation medication and counseling opportunities to both staff and clients. Nicotine dependence is a chronic, relapsing disorder often requiring multiple attempts before individuals quit for good. Only 4-7% of unaided quit attempts are successful, but proven treatments exist that significantly enhance those odds (Fiore et al., 2008). Combining counseling and nicotine replacement therapy (NRT) or other FDA-approved smoking cessation medications is the most effective option. Staff and clients will need these cessation aids to prevent or alleviate withdrawal symptoms while at work.

Tobacco Rapid Improvement Activities. Meet to assess strategies for integrating tobacco screening, assessment, treatment, and referral into policies and procedures. Here are common steps that a policy committee or organization can take:

- Include tobacco use and cessation questions on intake and assessment forms
- For medical personnel- add tobacco use to vitals for every visit
- Add chart stickers documenting tobacco usage
- Create a policy that tobacco usage must be included in treatment planning
- Consider wellness incentives for employees

> See [Appendix H: Chart Sticker Template, page 41](#)

Tobacco Cessation Medications. A variety of medications have been identified as effective in helping people to stop using tobacco. Medications found to be safe and effective for tobacco



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dependence treatment and that have been approved by the Food and Drug Administration (FDA) are:

- **Nicotine replacement therapies (NRT)** include patches, gum, and lozenges (over-the-counter medications). Inhalers and nasal spray are also available by prescription.
- **Bupropion SR (Wellbutrin, Zyban)** was the first non-nicotine medication shown to be effective for smoking cessation and was approved by the FDA for that use in 1997.
- **Varenicline (Chantix)** is a medication that blocks nicotine receptors and was approved by the FDA for the treatment of tobacco dependence in 2006.

Recent research supports that combinations of the above are often most effective. For instance, it is common to use the NRT patch combined with nicotine gum to control cravings.

More than two-thirds of individuals who use tobacco want to quit.

—Prochaska et al., 2004

Tobacco Cessation Counseling. Effective tobacco cessation counseling includes individual, group, and telephone sessions. Regardless of the treatment modality, the Stages of Change Model can be utilized to gauge individuals' readiness for treatment (Miller & Rollnick, 2002; Prochaska & DiClemente, 1982). In this model, motivational interviewing allows providers to tailor interventions to shifting stages of change, and assists patients to become autonomously motivated and competent to make cessation attempts (Deci & Ryan, 1985; Williams et al., 1994).

Individual or group treatment should include practical counseling (e.g., problem solving, skills training), and social support (Fiore et al., 2008). Cognitive behavioral therapy (CBT) will also help accomplish reduction and cessation goals by changing the dysfunctional thoughts, emotions, and behaviors that often accompany tobacco dependence.

A general rule regarding smoking cessation efforts is that more is better. More intensive treatment frequency and increased duration of treatment improve quit rates. Also, multiple types of clinicians are effective in delivering tobacco treatment, and involving more than one type of provider leads to greater success (Fiore et al., 2008).

Quitlines are a tobacco cessation resource with demonstrated effectiveness that community organizations should readily utilize (Anderson & Zhu, 2007; Stead, Perera, & Lancaster, 2007). These telephonic services are widely available to all tobacco users in the U.S. and Canada, and generally offer some combination of counseling and cessation medications. While there are state-specific contact numbers, all state quitlines can be reached by calling the national toll-free number:

1-800-QUIT-NOW
(1-800-784-8669)



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The Peer-to-Peer Tobacco Dependence Recovery Program. Peer-to-Peer programs have become a central feature of the recovery movement. Over the past several decades, there have been a growing number of programs, incorporating clients as peer specialists and educators. The shared experiences among peers and the ability to relate is a very powerful tool in the public treatment community. Peer support has proven to be a part of successful interventions by reducing hospitalizations, diminishing exacerbations of symptoms, as well as increasing treatment compliance and coping skills for persons with substance abuse and mental health disorders (e.g., Davidson et al., 2006; Knight, 2006).

The Peer-to-Peer Tobacco Recovery Program provides existing or emerging peer specialists training on how to effectively incorporate tobacco cessation treatment within their scope of practice. The program gives peer specialists the skills necessary to:

- Conduct one-on-one motivational interviews
- Run tobacco cessation support groups
- Provide internal and external referrals to tobacco cessation services
- Raise awareness through agency and community trainings

Additional information regarding this program is available from the University of Colorado Denver Behavioral Health & Wellness Program at <http://www.bhwellness.org>

Tobacco Free for Recovery Peer to Peer online training. This online training provides valuable information on key terms and definitions related to tobacco use, why it is important to quit smoking, the different types of tobacco products and why they are addictive, what helps people to quit smoking, and how to help people quit. While this online curriculum is tailored to meet the needs of mental health peer counselors, it is a helpful training tool for any provider or advocate interested in learning more about mental health and smoking cessation. Rx for Change and the other Rx online series is available for free via its website on <http://rxforchange.ucsf.edu> where registered users are free to download the curriculum, trigger tapes, handouts, and brief videos

Funding Tobacco Cessation Services. There are several potential ways of funding tobacco cessation services for both employees and clients. Some private health plans cover tobacco dependence counseling or medications; employees and clients should be encouraged to verify specific coverage.

As of August 2010, the Centers for Medicare and Medicaid Services (CMS) began covering tobacco cessation counseling for outpatient and hospitalized Medicare beneficiaries, regardless of whether the patient has signs and symptoms of tobacco-related disease (US DHHS, 2010). Medicaid also covers cessation medications in all but a handful of states (ALA, 2009).



Medicare providers can bill both for tobacco cessation counseling as the primary reason for the visit (305.1) or secondary to another medical problem- where an office visit CPT code is utilized rather than a counseling code. Practices often bill Medicare CPT 99406 (3-10 minute visit) or 99407 (>10 minute visit) when providing face-to-face tobacco cessation counseling by a physician or other qualified healthcare professional. A single counseling session of less than three minutes is considered to be part of a standard evaluation and does not qualify for separate Medicare reimbursement.

For employees, agencies are encouraged to review health plans and ensure that cessation services such as counseling and medications are covered benefits. Agencies might also choose to offer tobacco services through wellness programming or employee assistance programs.

Step 8: Build Community Support. Garner support from local and state health departments and tobacco-free coalitions. Frequently they are able to provide resources, including signage, technical assistance, and educational materials in multiple languages that can be used when engaging the community.

There are a variety of national events that that can be used to showcase local initiatives such as the Great American Smokeout the 3rd Thursday of every November and the World No Tobacco Day on May 31st each year. For more information call **1 877-509-3786**

Organizations going tobacco-free can also join or create telephonic and web-based forums. These are facilitated virtual gatherings in which sites learn from one another. For more information on joining an existing national tobacco-free facility forum, please visit <http://www.bhwellness.org>.



Step 9: Launch the Policy. Before the policy implementation date, ensure that all needed agency and campus signage is posted. Your local and state health department will be an invaluable resource in providing direction. Signage should be placed at building entrances and in key locations around the property perimeter, particularly where staff and clients tend to congregate to smoke. Signage should also be in the different languages representing your clients.

> See [Appendix I: Sample Signage](#), page 42

Visitors will need to be informed both directly and indirectly about the new tobacco-free policy. Staff will appreciate cards or brochures they can give to a client, visitor, or co-worker who is violating the tobacco-free policy. These usually include a message about the policy with information about how to quit, including the quitline phone number. Subtle messages include removal of smoking shelters and cigarette receptacles.



Kick-off celebration. The day of the policy implementation hold a kick-off event to celebrate the tobacco-free policy and your organization’s commitment to wellness. Invite community partners and local media to cover the event.



Step 10: Monitor the Policy and Respond to Challenges. Anticipate negative reactions by some staff and clients. Staff members may express concerns that the policy will have a negative impact on the organization. Staff may cite smoking as a means to establish a therapeutic relationship with patients or to reward desired behavior. Studies show that smoking bans do not increase aggression, use of seclusion, discharge against medical advice, or use of as-needed medication (NASMHPD, 2006).

Staff may also report that they do not want to be responsible for “policing” clients, visitors, and co-workers. Agency leadership must make it clear that it is everyone’s job to create a healthy work environment which includes respectfully enforcing the policy. Staff should not be confrontational, but should provide information regarding the policy and then inform the relevant agency personnel or treatment teams if individuals refuse to comply with the policy. If a violation poses a risk, security or police should be notified.

Potential Challenge	Recommendation
Overcoming resistance of staff	Education surrounding tobacco and tobacco-free environments often works to ease resistance to policy implementation
Managing residences and businesses within the catchment area	<ul style="list-style-type: none"> • Involve neighboring businesses and homes throughout the implementation process • Have a representative speak at a homeowner’s association meeting and talk with local business owners • Opening the lines of communication early on in the process is crucial to maintaining good relations in the community
Addressing staff’s “right” to smoke	<ul style="list-style-type: none"> • Include staff in the written policy and have representative from Human Resources assist with drafting this section in the policy • Educate staff on state laws regarding smoking indoors (many states have a Clean Indoor Air Act in effect)
Individuals in short and long term residential healthcare facilities argue for the right to use tobacco in what they consider to be “home”	<ul style="list-style-type: none"> • Acknowledge that it is difficult to quit tobacco. At the same time, it is the responsibility of the agency to promote a healthy environment free of environmental tobacco exposure • Provide access to both cessation counseling and medications



Client Violations. Clients who continually break agency rules should be subject to consequences, with the ultimate sanction being to no longer receive agency services. However, it is preferable for the treatment team to first attempt to address infractions as a component of treatment. Tobacco use can often be tied to other substance abuse and dependence. Tobacco policy infractions are an example of addictive behavior that exemplifies the life consequences individuals will endure to maintain an addiction. Inappropriate responses to the policy may also suggest the need for a client’s skill development in the areas of healthy coping strategies and effective communication.

Employee Violations. Staff members who violate the tobacco-free policy should be subject to disciplinary action, up to and including termination. The tobacco-free policy, employee handbook, hiring paperwork, and new employee orientation can all clearly refer to progressive disciplinary actions:

Violation	Action
First	Verbal Coaching
Second	Written Warning
Third	Suspension
Fourth	Termination



Resources & References



National Resources

Smoking Cessation Leadership Center, toll-free 1-877-509-3786

<http://smokingcessationleadership.ucsf.edu>

The Smoking Cessation Leadership Center provides free technical assistance and the latest news and information on tobacco control, as well as links to online webinars and healthcare provider resources for helping patients quit smoking. A catalogue of tools is available(http://smokingcessationleadership.ucsf.edu/Downloads/cot_3rd_edition.pdf), provider tobacco cessation training modules including the Rx for Change curricula are available at (<http://rxforchange.ucsf.edu>).

Behavioral Health and Wellness Program, University of Colorado Denver

<http://www.bhwellness.org>

The Behavioral Health and Wellness Program provides training and technical assistance regarding organizational change, policy implementation, and integrating cessation services into behavioral health treatment. Free reports and literature for implementing tobacco-free policies are available. A tobacco cessation toolkit for mental health and addictions providers is available at no cost at (<http://www.bhwellness.org/resources-2/for-providers/toolkit>).

Become an Ex

www.becomeanEx.org

The EX Quit Plan is a comprehensive approach that comes at tobacco addiction from all sides: physical, behavioral, psychological and spiritual. The American Legacy Foundation created this online program in collaboration with the Mayo Clinic to provide a step-by-step personalized quit plan which includes a free EX Quit Plan book or a toll-free number that connects to state tobacco quit lines for free cessation information.

American Cancer Society

<http://www.cancer.org>

American Cancer Society provides a comprehensive Guide to Quitting Smoking, which reviews medications available and provides tips for successful quit attempts.

American Lung Association

<http://www.lungusa.org>

In addition to cessation information and education provided on the website, the American Lung Association hosts Freedom from Smoking Online, a web-based cessation program that provides an online support community and expert help.

Americans for Non-Smokers' Rights

<http://www.no-smoke.org>

This website is a great resource for model tobacco-free policy language, and a comprehensive list of smoke-free businesses.

Centers for Disease Control and Prevention

<http://www.cdc.gov/tobacco>

The Centers for Disease Control and Prevention offers comprehensive smoking cessation materials and links to state and community resources.

Partnership for Prevention

<http://www.prevent.org>

Resources are available for establishing smoke-free policies in indoor worksites and public places.

National Association of State Mental Health Program Directors

<http://www.nasmhpd.org>

NASMHPD has developed a series of policy and research reports including a toolkit for "Tobacco-Free Living in Psychiatric Settings."

New York State Tobacco Dependence Resource Center

<http://www.TobaccoDependence.org>

This center hosts a collection of resources and a large virtual community of people interested in integrating tobacco dependence interventions into chemical dependence programs.

Tobacco Recovery Resource Exchange

<http://www.tobaccorecovery.org>

Developed for behavioral health and addiction treatment organizations, the Tobacco Recovery Resource Exchange provides online training, manuals, and toolkits for integrating tobacco treatment and implementing tobacco-free policies.

References

- APA: American Psychiatric Association: Practice Guideline for the treatment of patients with nicotine dependence. *American Journal of Psychiatry* 153:S1-S31, 1996.
- American Lung Association. State Tobacco Coverage Database. 2009; www.lungusa.org/cessationcoverage Accessed August 9, 2010.
- Anderson CM, Zhu SH: Tobacco quitlines: looking back and looking ahead. *Tob Control* 16 Suppl 1:i81-86, 2007.
- Apollonio DE, Malone RE: Marketing to the marginalised: tobacco industry targeting of the homeless and mentally ill. *Tobacco Control* 14::409-415, 2005.
- Baker A, Richmond R, Haile M, et al.: A randomized controlled trial of a smoking cessation intervention among people with a psychotic disorder. *American Journal of Psychiatry* 163:1934-1942, 2006.
- Bandiera FC, Caban-Martinez AJ, Arheart KL, et al.: Secondhand Smoke Policy and the Risk of Depression. *Annals of Behavioral Medicine* 39:198-203, 2010.
- Beckham JC, Roodman AA, Shipley RH, et al.: Smoking in Vietnam Combat Veterans with Posttraumatic Stress Disorder. *Journal of Traumatic Stress* 8:461-472, 1995.
- CDC: A Guide for Making Informed Decisions - CDC. Youth Tobacco Cessation, 2004.
- CDC: Save Lives, Save Money: Make Your Business Smoke-Free. Center for Disease Control and Prevention, 2006.
- CDC: Smoking-attributable mortality, years of potential life lost, and productivity losses-United States, 2000--2004. *Morbidity and Mortality weekly Report* 57:1221-1226, 2008.
- Crosier A: Homelessness, smoking and health. London. Health Development Agency, 2004.
- Davidson L, Chinman M, Sells D, et al.: Peer support among adults with serious mental illness: A report from the field. *Schizophrenia Bulletin* 32:443-450, 2006.
- Deci EL, Ryan RM: Intrinsic motivation and self-determination in human behavior. New York: Plenum Press, 1985.
- Deleon J, Dadvand M, Canuso C, et al.: Schizophrenia and smoking—an epidemiologic survey in a state-hospital. *American Journal of Psychiatry* 152:453-455, 1995.
- De Leon J, Diaz FJ: A meta-analysis of worldwide studies demonstrates an association between schizophrenia and tobacco smoking behaviors. *Schizophrenia Research* 76:135-137, 2005.
- D'Mello DA, Banlamudi GR, Colenda CC: Nicotine replacement methods on a psychiatric unit. *American Journal of Drug and Alcohol Abuse* 27:525-529, 2001.
- Doll R, Peto R, Boreham J, et al.: Mortality in relation to smoking: 50 years' observations on male British doctors. *BMJ* 328:1519, 2004.
- Evins AE, Mays VK, Rigotti NA, et al: A pilot trial of bupropion added to cognitive behavioral therapy for smoking cessation in schizophrenia. *Nicotine Tobacco Research*, 3(4): 397- 403, 2001.
- Farnam CR: Zyban: a new aid to smoking cessation treatment--will it work for psychiatric patients? *J Psychosoc Nurs Ment Health Serv* 37:36-42; quiz 43-34, 1999.
- Fichtenberg CM, Glantz SA: Effect of smoke-free workplaces on smoking behaviour: systematic review. *British Medical Journal* 325:188-191, 2002.
- George TP, Vessicchio JC, Termine A, et al.: A placebo controlled trial of bupropion for smoking cessation in schizophrenia. *Biological Psychiatry* 52:53-61, 2002.
- Grant BF, Hasin DS, Chou SP, et al.: Nicotine dependence and psychiatric disorders in the United States - Results from the National Epidemiologic Survey on Alcohol and Related Conditions. *Archives of General Psychiatry* 61:1107-1115, 2004.
- Hall SM, Tsoh J, Prochaska JJ, et al.: Treatment for cigarette smoking among depressed mental health outpatients: A randomized clinical trial. *American Journal of Public Health* 96:1808-1814, 2006.

- Halpern MT, Shikiar R, Rentz AM, et al.: Impact of smoking status on workplace absenteeism and productivity. *Tobacco Control* 10:233-238, 2001.
- Hopkins DP, Briss PA, Ricard CJ, et al.: Reviews of evidence regarding interventions to reduce tobacco use and exposure to environmental tobacco smoke. *American Journal of Preventive Medicine* 20:16-66, 2001.
- Hopkins DP, Husten CG, Fielding JE, et al.: Evidence reviews and recommendations on interventions to reduce tobacco use and exposure to environmental tobacco smoke - A summary of selected guidelines. *American Journal of Preventive Medicine* 20:67-87, 2001.
- Hughes JR, Hatsukami DK, Mitchell JE, et al.: Prevalence of Smoking Among Psychiatric Outpatients. *American Journal of Psychiatry* 143:993-997, 1986.
- Hughes JR: The future of smoking cessation therapy in the United States. *Addiction* 91:1797-1802, 1996.
- Iglesias C, Lopez G, Alonso MJ: Effects of smoking ban in a general hospital psychiatric unit. *Actas Esp Psiquiatr* 36:60-62, 2008.
- Institute of Medicine Report. *Secondhand Smoke Exposure and Cardiovascular Effects: Making Sense of the Evidence*. Institute of Medicine, 2009.
http://www.cdc.gov/tobacco/basic_information/health_effects/heart_disease/iom_report/index.htm
- John R, Cheney MK, Azad MR: Point-of-Sale Marketing of Tobacco Products: Taking Advantage of the Socially Disadvantaged? *Journal of Health Care for the Poor and Underserved* 20:489-506, 2009.
- Joseph AM, Willenbring ML, Nugent SM, et al.: A randomized trial of concurrent versus delayed smoking intervention for patients in alcohol dependence treatment. *J Stud Alcohol* 65:681-691, 2004.
- Kitabayashi Y, Narumoto J, Shibata K, et al.: Effect of institutional smoking prohibition on Japanese inpatients with chronic schizophrenia. *Nihon Shinkei Seishin Yakurigaku Zasshi*. 41:128-133, 2006.
- Knight EL: Self-help and serious mental illness. *Medscape Gen Med* 8:68, 2006.
- Krugman DM, Quinn WH, Sung YJ, et al.: Understanding the role of cigarette promotion and youth smoking in a changing marketing environment. *Journal of Health Communication* 10:261-278, 2005.
- Kwong J, Bouchard-Miller K: Smoking Cessation for Persons Living With HIV: A Review of Currently Available Interventions. *Janac-Journal of the Association of Nurses in Aids Care* 21:3-10, 2010.
- Lasser K, Boyd JW, Woolhandler S, et al.: Smoking and mental illness - A population-based prevalence study. *Jama-Journal of the American Medical Association* 284:2606-2610, 2000.
- Lawn S, Pols RG: Smoking bans in psychiatric inpatient settings? A review of the research. *The Australian and New Zealand Journal of Psychiatry* 39:866-885, 2005.
- Mauer B: Morbidity and mortality in people with serious mental illness. *Technical Report 13*, ed. J Parks, D Svendsen, P Singer, ME Foti. 87 pp. Alexandria, VA: Nat. Assoc. State Mental Health Prog. Dir. Coun, 2006.
- Max W: The financial impact of smoking on health-related costs: A review of the literature. *American Journal of Health Promotion* 15:321-331, 2001.
- McCarthy WJ, Zhou Y, Hser YI, et al.: To smoke or not to smoke: impact on disability, quality of life, and illicit drug use in baseline polydrug users. *J Addict Dis* 21:35-54, 2002.
- Miller WR, Rollnick S: *Motivational Interviewing: Preparing People for Change*. New York: Guilford Press, 2002.
- Monihan K, Schacht L, Parks J: A Comparative Analysis of Smoking Policies and Practices among State Psychiatric Hospitals National Association of State Mental Health Program Directors Research Institute 1-7, 2006.
- Morris CD, Giese AA, Turnbull JJ, et al.: Predictors of tobacco use among persons with mental illnesses in a statewide population. *Psychiatric Services* 57:1035-1038, 2006.
- NASMHPD: Technical Report on Smoking Policy and Treatment in State Operated Psychiatric Facilities, 2006. Accessed online at: <http://www.nasmhpd.org/publicationsmeddir.cfm>
- NASMHPD: A Best Practices Toolkit Promoting Wellness and Recovery, 2007. Available at: www.nasmhpd.org Accessed August 26, 2010.

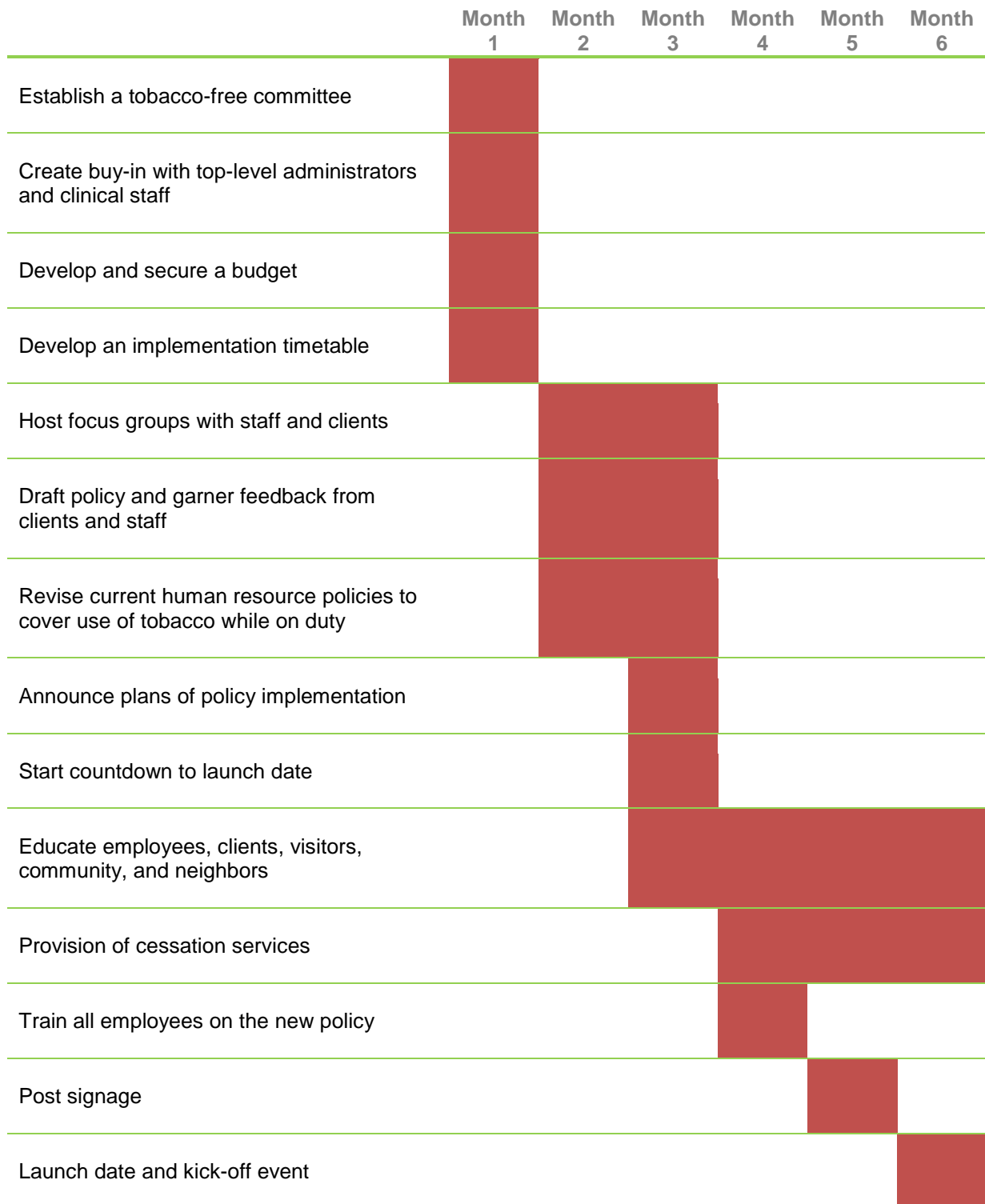
- NASMHPD: Tobacco Free Living in Psychiatric Settings, 2007.
http://www.nasmhpd.org/general_files/publications/NASMHPD.toolkitfinalupdated90707.pdf
- Pomerleau OF, Downey KK, Stelson FW, et al.: Cigarette smoking in adult patients diagnosed with attention deficit hyperactivity disorder. *J Subst Abuse* 7:373-378, 1995.
- Prochaska JO, DiClemente CC: Transtheoretical therapy: toward a more integrative model of change. *Psychother. Theory Res. Pract.* 19(3):276–88, 1982.
- Prochaska JM, Prochaska JO, Levesque DA: A transtheoretical approach to changing organizations. *Administration and Policy in Mental Health* 28:247-261, 2001.
- Prochaska JJ, Delucchi K, Hall SA: A meta-analysis of smoking cessation interventions with individuals in substance abuse treatment or recovery. *Journal of Consulting and Clinical Psychology* 72:1144-1156, 2004.
- Prochaska JJ, Rossi JS, Redding CA, et al.: Depressed smokers and stage of change: implications for treatment interventions. *Drug and Alcohol Dependence* 76:143, 2004.
- Schroeder SA: A 51-year-old woman with bipolar disorder who wants to quit smoking. *JAMA* 301:522-531, 2009.
- Schroeder SA, Morris CD: Confronting a Neglected Epidemic: Tobacco Cessation for Persons with Mental Illnesses and Substance Abuse Problems. *Annual Review of Public Health* 31:297-314, 2010.
- Shoptaw S, Peck J, Reback CJ, et al.: Psychiatric and substance dependence comorbidities, sexually transmitted diseases, and risk behaviors among methamphetamine-dependent gay and bisexual men seeking outpatient drug abuse treatment. *J Psychoactive Drugs* 59:817-824, 2002.
- Sleiman M, Gundel LA, Pankow JF, et al.: Formation of carcinogens indoors by surface-mediated reactions of nicotine with nitrous acid, leading to potential thirdhand smoke hazards. *Proceedings of the National Academy of Sciences of the United States of America* 107:6576-6581, 2010.
- Stark MJ, Campbell BK: Drug use and cigarette smoking in applicants for drug abuse treatment. *J Subst Abuse* 5:175-181, 1993.
- Stead LF, Perera R, Lancaster T: A systematic review of interventions for smokers who contact quitlines. *Tob Control* 16 Suppl 1:i3-8, 2007.
- Task Force on Community Preventive Services: Recommendations regarding interventions to reduce tobacco use and exposure to environmental tobacco smoke. *Am J Prev Med.* 2001;20(2 Suppl):10-15, 2001.
- Task Force on Community Preventive Services: *The Guide to Community Preventive Services: What Works to Promote Health?* New York: Oxford University Press; 2005.
<http://www.thecommunityguide.org/tobacco/Tobacco.pdf>
- USDHHS: *The Health Consequences of Smoking: A Report of the Surgeon General* U.S. Department of Health and Human Services, P.H.S. U.S. Department of Health and Human Services, Office of the Surgeon General, 2004.
- USDHHS: *Decision Memo for Counseling to Prevent Tobacco Use (CAG-00420N)*. U.S. Department of Health and Human Services, 2010.
<http://www.cms.gov/mcd/viewdecisionmemo.asp?from2=viewdecisionmemo.asp&id=242&> Accessed August 26, 2010.
- USDHHS: *Making your workplace Smoke-free: A decision maker's guide*. Atlanta, Georgia: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, 1997.
- Williams GC, McGregor HA, Sharp D, et al.: Testing a self-determination theory intervention for motivating tobacco cessation: Supporting autonomy and competence in a clinical trial. *Health Psychology* 25:91-101, 2006.
- Ziedonis DM, Kosten TR, Glazer WM, et al.: Nicotine dependence and Schizophrenia. *Hospital and Community Psychiatry* 45:204-206, 1994.
- Ziedonis DM, Guldish J, Williams J, et al.: Barriers and solutions to addressing tobacco dependence in addiction treatment programs. *Alcohol Research & Health* 29:228-235, 2006.

Appendices



- A. Model Tobacco-Free Policy Timeline**
- B. Model Tobacco-Free Policy**
- C. Sample Announcement**
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- E. Frequently Asked Questions**
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A. Model Tobacco-Free Policy Timeline



B. Model Tobacco-Free Policy

POLICY MANUAL SECTION – ENVIRONMENT OF CARE

Effective Date:

TITLE: TOBACCO-FREE ENVIRONMENT
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This is a new policy in the (organization name) Policy and Procedure Manual.
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PLEASE NOTE: This policy supersedes all agency policies referencing tobacco or smoking.

I. PURPOSE

It is the policy of (name) to prohibit smoking or the use or sale of any tobacco products on the (name) campus.

As a health care provider committed to the health and safety of staff, patients, physicians, visitors, and business associates, (name) is taking a leadership role on the major public health issue of tobacco use. To promote (name) commitment to public health and safety and to reduce the health and safety risks to those served and employed at the workplace, all (name) facilities, campuses, state vehicles, and properties are tobacco-free environments as of (date). No smoking of cigarettes, cigars, or pipes or use of chewing tobacco or e-cigarettes in any form or other tobacco product will be permitted in facilities or on properties of (name) on or after that date.

This policy is applicable to all staff on the (name) campus whether they are employees of (name) or other agencies, to medical staff, visitors, students, volunteers, vendors, lessees and contractors. This policy is applicable to all inpatients and outpatients.

A ban on tobacco does not take away an individual's rights as there is no "right to smoke" in (state). (name) does not require staff, patients or visitors to stop using tobacco; however, it is required that people do not smoke or use other tobacco products on this [or on all] organization physical sites campus or during work time.

The purpose of this policy is to describe how the tobacco-free workplace requirements will be implemented.

DEFINITIONS

Tobacco or Nicotine Delivery Products – Cigarettes, pipes, pipe tobacco, tobacco substitutes (e.g., clove cigarettes), chewing tobacco, cigars, e-cigarettes.

Tobacco Paraphernalia – combustible material is contraband unless authorized (see Policy #32.12, Declaration of Contraband).

Nicotine Replacement Products – e.g., gum, patches, lozenges, inhalers

Workplace – workplace means facilities or properties including but not limited to patient care buildings, clinics, facilities, office buildings, parking lots, (name)-owned vehicles, or property leased or rented out to other entities. This policy applies regardless of whether a (name) facility or property is owned and whether or not the other tenants follow similar

guidelines. Employees and clients at off-site patient activities shall not use tobacco products.

II. ACCOUNTABILITY

It is the responsibility of all staff members to enforce the organization's tobacco-free environment policy by encouraging their colleagues, clients, visitors and others to comply with the policy. Supervisors are responsible for implementing and enforcing (name) Tobacco-Free Environment policy.

The community, staff, clients and visitors will be informed of the policy through a variety of communication methods.

III. PROCEDURE

GENERAL POLICY PROVISIONS

1. No tobacco products or related paraphernalia such as lighters and matches shall be used, sold or bartered anywhere on the (name) campus and may be possessed only in locked personal vehicles.
 2. Signs declaring this campus "tobacco free" shall be posted at the (name) campus entrances and other conspicuous places.
 3. (name) employees and other employees who work on the (name) campus will be advised of the provisions of this policy during New Employee Orientation.
 4. (name) will post this policy in employee common areas and in the (name) New Employee Orientation Handbook.
- A. Employees, Volunteers, Physicians, Students and Contract Workers
1. Respectful enforcement of this policy is the responsibility of all (name) employees.
 2. Employees, students, medical staff, volunteers, vendors, lessees and contractors are expected to comply with this policy.
 3. This policy will be explained to employees during New Employee Orientation.
 4. Job announcements for all positions on the (name) campus will display a notice that (name) has a tobacco-free work environment policy.
 5. Employees are prohibited from smoking or using other tobacco products during any and all parts of their paid work shift excluding breaks. Employees may not smoke or use other tobacco products in their private vehicles while the vehicle is on (name) grounds.
 6. Employees who encounter staff or visitors who are violating the tobacco policy are encouraged to politely explain the policy and report the violation to the person's supervisor, if known.
 7. Staff who fail to adhere to this policy or supervisors who fail to hold their employees accountable may be subject to progressive discipline culminating in corrective or disciplinary action as defined in (name) Human Resources and Staff policies.

B. Clients (or Patients)

1. Inpatients and outpatients are prohibited from smoking or using tobacco on campus.
2. All clients admitted to (name) will be assessed for history of tobacco use and the need for interventions related to tobacco addiction including nicotine replacement and cessation education.
3. Clients may not possess any tobacco-related items on the campus except in the individual's locked personal vehicle.
4. Employees who encounter clients who are violating the tobacco policy are encouraged to politely explain the policy, and report the violation to the client's treatment team, if known.
5. Violation of this policy by clients is a treatment issue to be addressed by the treatment team.

C. Visitors

1. Signs will be posted at campus entrances and in selected locations inside and outside of the facility.
2. Employees who encounter a visitor who is violating the tobacco policy are encouraged to politely explain the policy to the visitor.
3. Visitors who become agitated or unruly or repeatedly refuse to comply when informed of the tobacco-free campus policy may be reported to (name of appropriate department or personnel). (the identified personnel) will respond to the situation as appropriate, according to their professional judgment and need to maintain a safe environment.

D. Outside Groups

Outside groups who use (name) facilities for meetings will be advised of this policy. Violation of the policy will result in the rescinding of approval for the group to meet on this campus.

E. Guidelines for Enforcement

Violation examples	First Offense	Second Offense	Third Offense	Fourth Offense
Smoking outside on property but complies with request to stop.	The supervisor must have verifiable reports of the infractions and/or have witnessed the infraction directly.	The supervisor must have verifiable reports of the infractions and/or have witnessed the infraction directly.	The supervisor must have verifiable reports of the infractions and/or have witnessed the infraction directly.	The supervisor must have verifiable reports of the infractions and/or have witnessed the infraction directly.
Smoking outside on property and refuses to comply with policy.	Verbal	Repeat first	<u>Present the employee with a</u>	Document the new infraction and

Violation examples	First Offense	Second Offense	Third Offense	Fourth Offense
<p>Smoking in personal vehicle on campus.</p> <p>*Excessive absences from the workplace during assigned shift (extra breaks, longer lunch breaks, etc.).</p> <p>*Employee's clothing smells strongly of tobacco smoke.</p>	<p>intervention with employee. Review policy and perimeter of the campus, give clear expectation it is not to reoccur. Review the Help Quit education available and possible assistance with nicotine replacement and alternative therapies for difficulties with compliance while at work.</p>	<p><u>offense interventions</u> and document all discussion in a supervisory log. Refer also to the first verbal intervention and make the expectation clear in writing. Sign the log and have the employee sign that this was reviewed and discussed with them. Again review the assistance available to comply at work.</p>	<p>Memorandum of Expectation or a Performance Improvement Plan clearly stating the expectation and consequences if the policy is violated again. Clarify that the behavior will affect the performance rating and may result in further corrective or disciplinary action.</p>	<p>forward with previous documentation to the appointing authority for consideration of a meeting for corrective or disciplinary action that may affect pay, status, or tenure and possible termination.</p>

Staff who witness infractions of any kind are asked to remind the person of the Tobacco Free campus policy using the scripted phrase on the reminder card. If the offender is a client, please report the offense to the client's treatment team if known. If the offender is staff, please report the offense to the supervisor if known.

Signatures: _____

C. Sample Announcement

(Adapted from Kaiser Permanente, Northern California)

Smoke-Free Campus Open Letter to Physicians and Staff



KAISER PERMANENTE®

To all Physicians and Staff,

All of us at Kaiser Permanente know that we are committed to improving the health of our members and staff. We also know that smoking is a health hazard. Therefore, to promote good health, and create a healthy environment for members and staff, our Kaiser Permanente campus will become smoke free on [DATE].

This new policy, known as Smoke-Free Campus, means the existing designated smoking areas will remain in place until [DATE]. After that, there will be no areas where smoking is permitted.

While physicians and staff are certainly free to continue smoking off-campus during breaks and lunch periods, those who smoke may decide this is a good time to quit. We recognize that giving up smoking is difficult -- and we are committed to helping any employee or physician who needs support in their efforts to quit.

To assist those who want to quit smoking, Kaiser Permanente offers free smoking-cessation courses to all Kaiser members. The classes may include a one-day workshop, a six session workshop and an eight-session workshop. Attendance in the classes provides members and staff with the opportunity to obtain smoking-cessation aids, like the nicotine patch or bupropion SR, for a standard co-payment. The Health Education Department has more information on these classes and other quit-smoking resources. The California Smokers' Helpline also offers telephone counseling free of charge at 1-800-NO-BUTTS.

Over the course of the next several months, look for more information and details about our Smoke-Free Campus in employee and member publications, as well as posters, flyers and other positive activities. If you have any questions about the Smoke-Free Campus policy, please contact _____, Human Resources, at _____.

Signatures of:

Physician-in-Chief

Service Area Manager

Medical Group Administrator

Labor Management Representative

D. Sample Letter to Patients

Send on medical practice letterhead

To Our Patients:

Beginning on *DATE*, *NAME OF HOSPITAL* will adopt a campus-wide, tobacco-free policy. This policy means that patients, visitors, employees and physicians are prohibited from using tobacco products anywhere inside or outside *ORGANIZATION*.

ORGANIZATION has joined hospitals across the nation that have become tobacco-free. This policy has been endorsed by numerous health advocacy groups, including *NAMES OF SUPPORTING ORGANIZATIONS*. It is intended to help *ORGANIZATION* maintain the healthiest possible environment for patients, employees and visitors.

Upon your admission to *ORGANIZATION*, please notify the admissions staff if you use tobacco. This information will be forwarded to clinicians who can help you quit, provide tobacco-cessation products, or discuss alternative resources for you.

Thank you for your cooperation with this *ORGANIZATION* policy and for helping maintain a healthier environment for everyone.

If you choose to quit or cut back on tobacco-use, I am always happy to talk with you about it. You may also consider calling the tobacco quit line, 1-800-QUIT-NOW, where trained coaches can help you through the quitting process.

Sincerely,

NAME OF PHYSICIAN

E. Frequently-Asked Questions

(Derived from: Group Health Cooperative, University of Massachusetts Medical School, Centers for Disease Control & Prevention)

On DATE, ORGANIZATION will become completely tobacco-free, both indoors and outdoors--for all properties. This includes our parking areas and the vehicles parked there. This ban covers all tobacco products, including chewing tobacco, e-cigarettes, and extends to everyone who smokes--patients, visitors, employees, students and vendors. The following should answer common questions about our Tobacco/Smoke-Free Campus policy:

Why are we doing this?

We believe ORGANIZATION leads the community and nation in health promotion and staff wellness. As an institution dedicated to improving the health of our patients and community, we must “walk the talk” and show our commitment and leadership in tangible ways. Smoke-free property is the standard for many health care institutions and companies. Organizations that are already 100 percent smoke-free include Alaska Airlines, Dunkin’ Donuts, Westin Hotels and hundreds of businesses, hospitals and health care organizations across the region and nation.

Don’t we have a right to smoke?

There is no legal right to smoke. On the other hand, this hospital has a right to create a tobacco-free environment within our buildings and grounds. This initiative is consistent with our goals of supporting good health and wellness.

How will patients, visitors and others learn of the ban?

We will announce the ban through the media and post signs around our property. We will send information to physicians and other health care providers, asking that they tell patients about our no-tobacco policy. We will tell every patient admitted to this hospital about the policy. We ask that managers begin discussing this policy with employees as soon as possible so all of us can prepare for this change.

Doesn’t this policy punish smokers?

Our new policy isn’t intended to punish anyone. It is designed to provide all staff with a healthy and safe workplace and to treat patients in a healthy and safe environment. Our tobacco-cessation programs and related activities show our commitment and leadership in health promotion and disease prevention for our staff, patients and communities. We hope we provide the kinds of support that staff, patients and visitors need to take steps toward health.

What about other kinds of tobacco products, like chew or pipes?

The new policy will also ban use of other forms of tobacco, including chewing tobacco, cigars, pipes and tobacco alternatives, such as clove cigarettes. Nicotine replacement therapy products (patches, gum, lozenges) are allowed.

Does this new policy comply with union contracts?

ORGANIZATION’s union contracts allow us to implement general staff policies like this one. We have informed union leaders of our new policy and we will work with them as we implement this policy and other policies and changes.

How will the policy be enforced?

Our hope is that we can work together to enforce this policy through friendly interactions. All employees seen smoking or using tobacco on the premises after DATE will be asked to stop, reminded of the new policy and informed of tools that can ease symptoms while they are at work. If they are ready to quit, we can provide resources to help them. If you find staff who do not wish to comply with our policies, we ask that you talk with them or their supervisor to let them know you’re concerned about supporting a smoke-free campus. Repeat offenders are subject to disciplinary action.

We recognize that we also will deal with visitors who may be under stress and are unfamiliar with our policies. If you see visitors smoking on our grounds, kindly inform them of the policy and request that they stop. We will provide you sample scripts and information cards. If a visitor refuses to comply, walk away. Inform security if they pose a safety threat.

What about visitors or patients who must stay on our property for lengthy periods of time?

We want to deliver a clear message to *all* of our patients and visitors that, 'While you are here, you and those around you have every right to breathe clean air and every opportunity to make *healthy* choices.' This applies to our psychiatric, chemical-dependency treatment units and long-term care as well as our tertiary care.

Experience shows that psychiatric, chemical-dependency treatment centers and long-term care facilities can implement smoke-free policies without the upheaval skeptics predict. We will provide training to our staff on treating nicotine addiction along with other psychiatric or chemical-dependency issues.

(For information and sample policies for long-term care facilities, see <http://www.tcsg.org/tobacco/smokepolicies.htm>)

Will staff or visitors be able to smoke on public property adjoining our property, such as a public sidewalk?

Yes, but we ask that our employees respect our neighbors and their property.

If I have to walk farther to reach public property where I can smoke, will I get more break time?

No. That would be unfair to co-workers and hurts our ability to treat patients. Failure to return from break on time will be treated as a violation of our standards of employee conduct.

Can I smoke inside my car?

If your car is parked in the ORGANIZATION parking lot, you cannot smoke in it because the lot is part of our tobacco-free zone. Additionally, the use of tobacco products is not allowed in any ORGANIZATION-owned vehicles.

Won't there be more litter around the campus because of cigarette butts?

All staff act as ORGANIZATION ambassadors during working hours at our campuses. As ambassadors and good neighbors, we expect that employees will treat surrounding public areas and private properties with respect. This means that staff is expected to avoid littering, including cigarette butts and other trash, on all properties adjoining our buildings.

Can an employee be disciplined for carrying cigarettes?

The tobacco-free policy is intended to cover the use of lighted cigarettes, cigars, pipes or other tobacco products on ORGANIZATION campuses. If you are carrying unlit cigarettes or other tobacco products in your purse or on your person going to and from a break, you will not be disciplined. You will be subject to progressive disciplinary action if you light up or smoke a lighted cigarette or other tobacco product or use chewing tobacco on ORGANIZATION property.

Can I use nicotine-replacement therapy products, like gum, lozenges, or patches, at work?

Yes. Some smokers may choose to use NRT products—particularly gum or lozenges—to manage their nicotine cravings during work hours. If you are still smoking or using tobacco, please be cautious if you choose to use nicotine-replacement therapy at work. Taking too much nicotine by using nicotine-replacement therapy while you still use tobacco can cause unpleasant side effects. If you want to use NRT at work, you may want to talk to your physician about appropriate dosing and use.

How do I learn more about what will happen at my work site, or otherwise get more information on our Tobacco/Smoke-Free Campus?

You can get more information from your manager or from the Tobacco/Smoke Free Campus Web page at _____ . You can also ask questions or offer suggestions by e-mailing _____ or calling _____.

Who enforces the no-smoking requirement for contract workers who are outside employees?

We have notified our contracted vendors of the Tobacco/Smoke Free Campus policy and its DATE, effective date. All vendors and contracted employees are expected to comply with this policy.

I'm uncomfortable talking with members or visitors about smoking on campus. What am I supposed to do?

You may need to educate patients, employees and visitors about the new policy when you see someone smoking or using tobacco on campus. But managers and security staff have the primary responsibility for enforcement. This means they will talk with employees or visitors who do not wish to stop smoking or using tobacco after being educated about our policy. We anticipate that most employees, patients and visitors will comply with the policy once they know about it. We understand that conversations about personal behaviors, like smoking, can be uncomfortable. We hope you'll help ORGANIZATION create a healthier environment by educating people about the new policy. Gently inform them of the policy. Something like: *"Hi. I need to let you know that for the health of our patients, employees and visitors, ORGANIZATION does not allow tobacco use on campus. Please put out your cigarette and dispose of it. Here's a [card] that explains our policy and offers some other options."* If the member, visitor or staff member continues smoking, walk away. If you believe the smoker poses a safety threat, report the person to security right away.

How will ORGANIZATION help tobacco users who want to quit?

- ORGANIZATION's health plan and wellness program covers NOTE CESSATION HELP for employees.
- Refer tobacco users to the national Tobacco Quit Line phone number 1-800-QUIT NOW and OTHER COMMUNITY RESOURCES.
- For staff and clients, refer them to their health insurance plans to determine what kind of tobacco cessation assistance is offered.
- Suggest that visitors check with their health insurance plan to determine what kind of tobacco cessation assistance is offered.

I'm a smoker. How can I get help?

We know that quitting is a process that doesn't happen the same way for everyone. Research shows that you will be most successful with a combination of support, coaching and medications.

- 1) **Employees can DEFINE BENEFITS OR SERVICES.**
- 2) **Talk with your doctor.**
- 3) **Call the Tobacco Quit Line, 1-800-QUIT-NOW.** The Quit Line can offer you information and coaching EXPLAIN QUITLINE SERVICES.

F. Sample Letter to Neighbors

DATE

NAME

TITLE

ADDRESS

CITY, STATE ZIP CODE

Dear *NAME*:

Effective *DATE*, *ORGANIZATION* will take a proactive step to implement a tobacco-free policy on all of our campuses. The tobacco ban will apply to all patients, visitors, medical staff members, vendors and employees. This means as of *DATE*, no tobacco-use of any kind will be permitted inside hospital buildings and on parking lots or grounds.

We have talked with employees about possible neighborhood concerns and are confident that most will exercise consideration of you and your property. Though we do not endorse it, we are concerned that some employees may leave the hospital to use tobacco products. If any staff behaviors, whether related to smoking or not, becomes a problem for you (*CHOOSE: OR YOUR EMPLOYEES or THOSE WITH WHOM YOU LIVE*), please contact me at the number below.

As a health care institute, *ORGANIZATION*'s primary mission is to protect the health of those in our community, while promoting a culture of healthier living. We are not asking employees to stop using tobacco. However, we are requiring them to refrain from tobacco-use during work hours. *ORGANIZATION* is developing programs for employees who choose to quit using tobacco products altogether as well as programs to help get them through their designated shifts. Our patients are our first priority. Thus we are working with our physicians as we develop coping and nicotine-treatment strategies.

We appreciate your help and support as we head toward *DATE*.

Sincerely,

NAME OF ADMINISTRATIVE CHAMPION

TITLE NAME OF FACILITY

TELEPHONE NUMBER OF FACILITY

G. Sample Letter to Community Physicians

(Adapted from "Moving Toward a Tobacco-Free Future," Nebraska Hospital Association, Nebraska C.A.R.E.S., and Tobacco-Free Nebraska, 2007.

<http://www.nhanet.org/publications/tobaccofree.htm>)

Send on hospital letterhead

Date

Physician Name

Address

City, State, Zip

Dear Dr. _____

Effective *DATE*, *NAME OF HOSPITAL* will take a proactive step to implement a tobacco-free policy on all of our campuses. The tobacco ban will apply to all patients, visitors, medical staff members, vendors, and employees. This means as of *DATE*, no tobacco-use of any kind will be permitted inside hospital buildings and on parking lots or grounds.

Please inform patients scheduled for a procedure at our facility that we do not allow tobacco-use by patients or visitors at our hospital or on hospital properties. If you wish, you can provide patients with a flyer that explains our policy or display the flyers in your office. You also are welcome to adapt the attached patient letter.

Research shows that continued tobacco-use can cause problems for hospitalized patients: Smoking retards wound healing, increases infection rates in surgeries and is the most common cause of poor birth outcomes. We hope your conversation with your patient about our policy can lead to a discussion about why, both in the short-term and the long-term, now is a good time for your patient to quit tobacco.

Our patient-treatment protocols will include tobacco-dependence treatment. Whether you assist the patient in quitting or refer him or her to the tobacco quit line, 1-800-QUIT-NOW, we will provide relief from nicotine withdrawal during the hospital stay. If the patient chooses, we will assist with quitting. As a partner in health and a skilled professional, we know you will follow-up and provide additional support your patient may need.

ORGANIZATION is not asking patients to stop using tobacco products, but we require them to refrain from its use while in our facility. Patients who insist on leaving the campus to use tobacco must check out of the hospital against medical advice (AMA). They can be re-admitted through *ORGANIZATION*'s standard admitting process.

As a healthcare organization, our mission is to protect the health of those in our community while promoting and supporting a culture of healthy living. We appreciate your support as we implement this program. Please call me with any questions, phone number.

Sincerely,

XXX, President and CEO
NAME OF HOSPITAL

H. Chart Sticker Template

(Avery Labels #5162 and #5262 (1.33"x4")); from Next Generation Tobacco Control Alliance Health Care Provider's Toolkit for Providing Smoking Cessation Services)

Date _____ Weight _____ BP _____
Pulse _____ Temp _____ Resp _____
Smoking Status: Current Former Never
Advice Given:

Date _____ Weight _____ BP _____
Pulse _____ Temp _____ Resp _____
Smoking Status: Current Former Never
Advice Given:

Date _____ Weight _____ BP _____
Pulse _____ Temp _____ Resp _____
Smoking Status: Current Former Never
Advice Given:

Date _____ Weight _____ BP _____
Pulse _____ Temp _____ Resp _____
Smoking Status: Current Former Never
Advice Given:

Date _____ Weight _____ BP _____
Pulse _____ Temp _____ Resp _____
Smoking Status: Current Former Never
Advice Given:

Date _____ Weight _____ BP _____
Pulse _____ Temp _____ Resp _____
Smoking Status: Current Former Never
Advice Given:

Date _____ Weight _____ BP _____
Pulse _____ Temp _____ Resp _____
Smoking Status: Current Former Never
Advice Given:

Date _____ Weight _____ BP _____
Pulse _____ Temp _____ Resp _____
Smoking Status: Current Former Never
Advice Given:

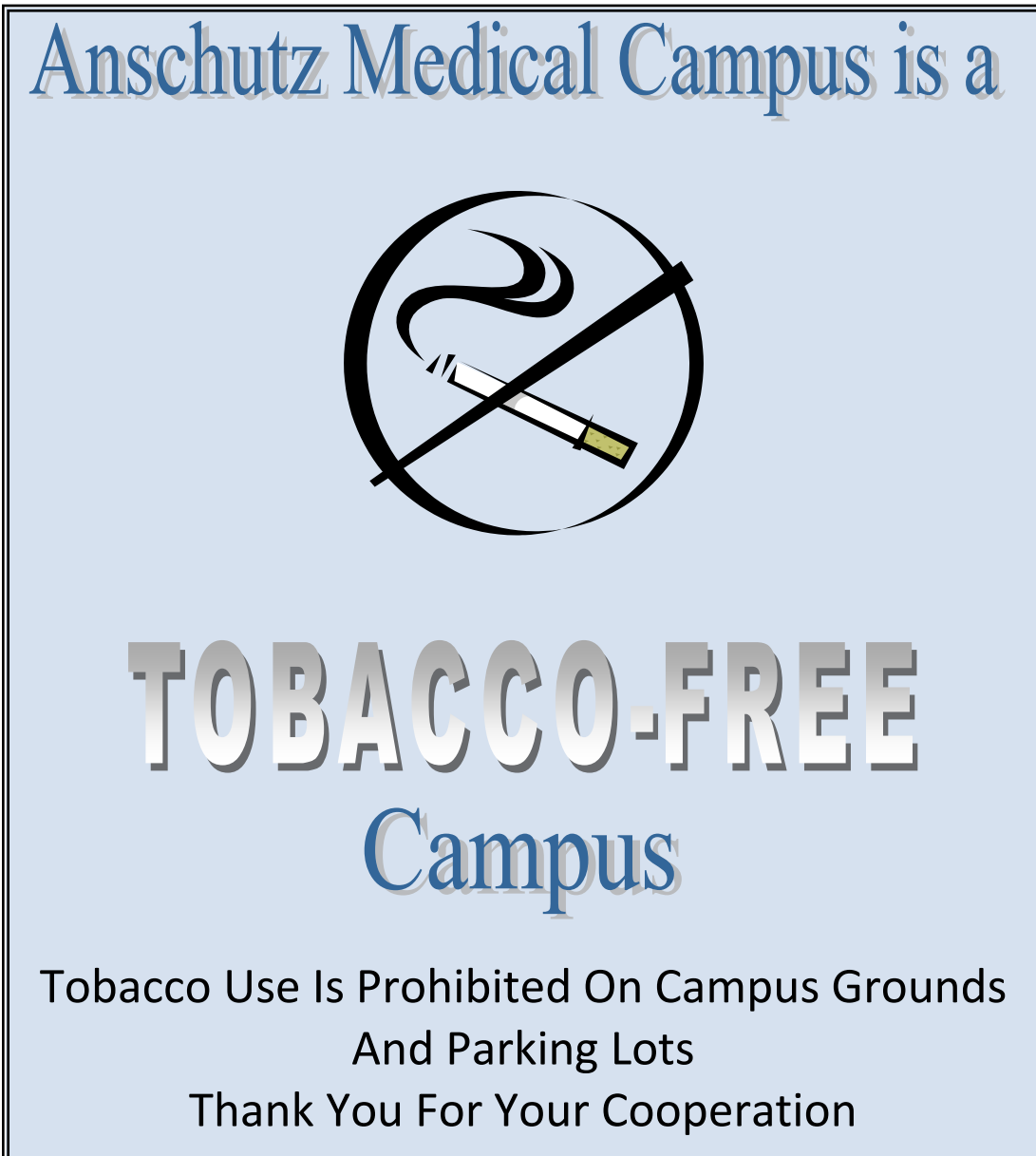
Date _____ Weight _____ BP _____
Pulse _____ Temp _____ Resp _____
Smoking Status: Current Former Never
Advice Given:

Date _____ Weight _____ BP _____
Pulse _____ Temp _____ Resp _____
Smoking Status: Current Former Never
Advice Given:

Date _____ Weight _____ BP _____
Pulse _____ Temp _____ Resp _____
Smoking Status: Current Former Never
Advice Given:

Date _____ Weight _____ BP _____
Pulse _____ Temp _____ Resp _____
Smoking Status: Current Former Never
Advice Given:

I. Sample Signage





For the health and safety of
our clients, staff, and guests

**Mountain View Behavioral
Health Center is**

Tobacco-Free

Thank You For Your Cooperation

Helpful Tobacco Websites



American Lung Association State and Legislated Action on Tobacco Issues (SLATI)

Home to the online version of State Legislated Actions on Tobacco Issues (SLATI), which tracks state tobacco control laws, such as state restrictions on smoking in public places and workplaces and state tobacco taxes, on an ongoing basis.

Visit <http://slati.lungusa.org/>



CDC's Smoking & Health Resource Library

CDC's searchable database includes scientific, medical, technical, policy, behavioral, legal, and historical literature related to smoking and tobacco use and its effect on health. It presents lengthy abstracts of articles from medical and professional journals; books and book chapters; dissertations; reports; conference proceedings and conference papers; government documents from federal, state, local, and foreign entities; fact sheets and policy documents from U.S. and international nonprofit organizations; and other documents. New Citations added to the database in the last eight weeks are also available. New Citations include recently published tobacco-related articles from peer-reviewed journals of behavioral, scientific, and medical literature.

Visit <http://apps.nccd.cdc.gov/shrl/QuickSearch.aspx>



Legacy Tobacco Documents Library

The Legacy Tobacco Documents Library (LTDL) contains more than 8 million documents (43+ million pages) created by major tobacco companies related to their advertising, manufacturing, marketing, sales, and scientific research activities.

Visit <http://legacy.library.ucsf.edu/>



Official California Legislative Information (LegInfo)

The official site for California legislative information, maintained by the Legislative Counsel of California, pursuant to California law. Visit

<http://www.leginfo.ca.gov/>



Stop Tobacco Access to Kids Enforcement (STAKE)

The STAKE Act created a new statewide enforcement program to take regulating action against businesses that illegally sell tobacco to minors. Authority for enforcement and responsibility for implementation of the program was delegated to the Department of Public Health, Food & Drug Branch (FDB).

Visit <http://www.cdph.ca.gov/programs/Pages/STAKEProgram.aspx>



Tobacco.org

A customized email news service and comprehensive website on tobacco and smoking research, resources, news, and current events. The daily news summaries service includes information on health/cessation, secondhand smoke, teen smoking, federal issues, settlements and lawsuits, tobacco industry documents, local/state and international news, agriculture, business, tobacco control, smuggling/crime, society, fires, opinion/editorials, and all stories from a specific state. The service can be easily customized for your areas of interest. Also features daily quotes, VCR Alerts, web links, a tobacco timeline, activism guide, and a searchable database of the current and archived news summaries.

Visit <http://www.tobacco.org/>



Tobacco Technical Assistance Consortium (TTAC)

TTAC provides individualized technical assistance, customized trainings, and a variety of tools and products to help programs succeed in tobacco control efforts. TTAC is dedicated to assisting organizations in building and developing highly effective tobacco control programs, whether national, state or community-based.

Visit <http://www.ttac.org/>



Buck Tobacco Sponsorship Project

"Buck Tobacco" supports local-level efforts to restrict tobacco sponsorship of California rodeos. In addition to providing training and technical assistance to CTCF-funded projects, there are comprehensive resources on its website, <http://www.bucktobacco.org/>. Contact (510) 302-3324 or acdodge@phlpnet.org.



California Smokers' Helpline (CSH)

Helping Californians kick the habit since 1992, the California Smokers' Helpline is a free telephone quit smoking program for California residents (1-800-NO-BUTTS). The Helpline provides direct cessation services to the public-in five different languages (English, Spanish, Korean, Vietnamese, and Chinese). Other activities and services include research of new counseling protocols, and outreach to tobacco control and health care professionals looking for an effective referral resource for their clients and patients who want to quit smoking. The Helpline also has a youth cessation website at: <http://nobutts.ucsd.edu>. Contact: (858) 300-1010.



California Youth Advocacy Network (CYAN)

The California Youth Advocacy Network (CYAN) is a statewide organization dedicated to supporting youth and young adult tobacco prevention advocates and tobacco control agencies throughout California. Major statewide campaigns and projects include:

- * Campuses Organized and United for Good Health (COUGH) Coalition
- * Tobacco and Hollywood Campaign
- * Tobacco Retail Licensing (TRL) Campaign
- * Project UNIFORM Contact: (916) 339-3424

Visit <http://www.cyanonline.org/>



The Center for Tobacco Cessation

The Center for Tobacco Cessation, a project of the University of California, San Diego, provides training and technical assistance to help build local capacity for cessation. It helps CTCP-funded projects and other organizations (including those not currently funded by Prop. 99) to increase their skill and confidence to develop, implement, and evaluate evidence-based and culturally appropriate strategies to increase tobacco cessation. Contact: (866) 610-C4TC or

c4tc@ucsd.edu.

Visit <http://centerforcessation.org/index.html>



The Center for Tobacco Policy and Organizing ("The Center")

The Center serves as a state and local tobacco policy resource and provides technical assistance on achieving policy objectives using community organizing strategies. Resources offered by The Center include: Policy Briefs and Legislative Updates, educating legislators, campaign consultation and planning, facilitation of the Midwest Academy Strategy Chart, and local and regional trainings on such topics as assessing your political environment and coalition recruitment. Contact: (916) 554-5864.

Visit <http://www.center4tobaccopolicy.org/>



Tobacco Education and Materials Lab (TEAM Lab)

The TEAM Lab is a statewide CTCP-funded project that is focused on the development of tobacco education materials that will assist all CTCP-funded projects (competitive grantees/local communities and county health departments) meet their materials development goals as well as provide technical assistance and training on materials development issues.

Please contact TEAM Lab at teamlab@usc.edu or (626) 457-6610 for any questions. Visit <http://teamlab.usc.edu/>



Technical Assistance Legal Center (TALC)

TALC provides tobacco control advocates free legal technical assistance, research, and analysis. Through model ordinances and other materials, TALC helps communities pass legally sound, effective, and clear tobacco control laws. Focus areas include: effective enforcement, licensing, secondhand smoke, zoning tobacco retailers, limiting sponsorship, and self-service displays. TALC provides technical assistance over the phone, via email, and through trainings. The TALC website provides full-text TALC model policies, ordinances, fact sheets, and summary papers on the following topics: advertising, divestment, licensing, zoning, litigation, secondhand smoke, Master Settlement Agreement, and the California laws booklet, "Piecing It Together." After filling out a short form, which TALC uses for tracking purposes, materials can be downloaded. Contact: (510) 444-8252.

Visit <http://www.phi.org/talc/>



Tobacco Control Evaluation Center (TCEC)

TCEC provides evaluation-related resources, training and technical assistance to CTCP-funded projects on evaluation plans, other evaluation issues, and on the development of evaluation tools to help projects produce effective and useful evaluations for CTCP's local programs throughout the state. The TC Evaluation Center also maintains a database of data collection instruments. Contact: (530) 297-4659 or tobaccoeval@ucdavis.edu. Visit <http://tobaccoeval.ucdavis.edu/>



Tobacco Free CA

A place to learn more about eliminating tobacco from daily lives. It is for people who want information on quitting or motivating others to quit. To help create a tobacco-free world, the California Department of Public Health's anti-tobacco campaign educates Californians on the realities of smoking, addiction, secondhand smoke exposure and tobacco advertising and promotions.

Visit <http://www.tobaccofreeca.com/>



California Department of Public Health /California Tobacco Control Program Website

The California Department of Public Health (CDPH) created this site to relay important public health information to the citizens of California. The Mission: CDPH is dedicated to optimizing the health and well-being of the people in California.

Visit <http://www.cdph.ca.gov/programs/Tobacco/Pages/default.aspx>



It's Quitting Time, L.A.!

Los Angeles County has joined with more than 75 organizations representing public health, doctors, nurses, dentists, health care providers, pharmaceutical companies and retail outlets—all in the effort to help Angelenos quit smoking. Links to local low-cost and free quit smoking resources and information on public cessation campaigns are promoted on the LA Quits website.

Visit <http://itsquittingtimela.org/>



SMOKING CESSATION
LEADERSHIP CENTER

**3333 California Street, Suite 430
San Francisco, CA 94118**

For further resources and questions:

Toll-free: 1-877-509-3786

Web: <http://smokingcessationleadership.ucsf.edu/>