Alameda County Behavioral Health Care Services (ACBHCS) Provider Tobacco Policies and Consumer Treatment Protocols

(Updated and Revised Protocols from 2003)

In order to reduce the currently existing 25-year mortality gap amongst the seriously mentally ill (SMI), and wholeheartedly support the SAMHSA 10x10 Wellness Campaign (to increase life expectancy by 10 years for those with SMI), Alameda County Behavioral Health Care Services is committed to addressing and treating tobacco dependence in all our programs. The following Provider Tobacco Policies and Consumer Treatment Protocols are intended to prevent and reduce tobacco-related diseases among consumers. They are also intended to protect clients and staff who do not smoke, to prevent non-smoking clients from starting to smoke or to relapse, to support providers who offer tobacco dependence treatment services, and finally, to underpin the new BHCS Co-Occurring Initiative which includes tobacco use as a co-occurring condition

These Tobacco Policies replace the Tobacco Control, Education and Prevention Guidelines of 2003, and are designed as a framework for agencies to implement tobacco-free environments and systems that support comprehensive tobacco-dependence treatment interventions and services for consumers, as well as to prevent exposure to secondhand smoke and reduce tobacco use by BHCS staff.

RATIONALE

- Tobacco's addictive component, nicotine, produces these three mental health disorders noted in the DSM IV TR: Nicotine dependence, nicotine withdrawal, and nicotine-related disorder not otherwise specified.
- Tobacco-related diseases are the number one cause of preventable death in the US. Tobacco- related diseases are the number one cause of death for substance use and mental health populations.
- Consumers with mental health, substance use and, those with co-occurring conditions smoke at significantly higher rates (60-90%) than the general population. In California, the smoking rate is 13%. Our consumer population is currently greatly underserved in receiving tobacco dependence treatment services on par with other BHCS and healthcare treatment services.
- Tobacco dependence is an addiction like all others that can significantly interfere with clients' ability to recover and live a healthy life.
- Nationally recognized agencies such as SAMHSA, the U.S. Public Health Service and the National Association of State Mental Health Program Directors (NASMHPD), have all published documents that recommend aggressive tobacco dependence treatment for patients with mental health and substance use conditions. These documents include *SAMHSA TIP 42, USPHS Guidelines for Tobacco Dependence Treatment,* 2008 and *the NASMHPD Tobacco Free Toolkit, 2006.*
- According to the USPHS' Tobacco Dependence Update 2008, tobacco dependence treatment does not interfere with patients' recovery from the use of other substances.

Furthermore, there is evidence that tobacco treatment in substance use treatment increases abstinence rate at 1 year by 25%, (Prochaska 2004.).

- Evidence shows that tobacco-free environments help people to quit smoking and reduce the rate of heart attacks.
- New York and New Jersey have implemented state-wide policies that mandate tobacco dependence treatment on par with alcohol and other drug treatment services.

Additionally, these tobacco policies are in keeping with BHCS mission to provide the best quality of care for our consumers. This includes integrated alcohol, tobacco, and other drug and mental health services, as well as support for the new Co-Occurring Initiative. This initiative is designed to provide a welcoming environment for consumers to easily enter our system and receive all the necessary treatment and rehabilitative services they need in order to recover from their disease and re-enter the community whenever possible.

CONSUMER TREATMENT

Consumer Tobacco Dependence Treatment and Prevention Interventions

By July 1, 2011, each service organization or provider funded through ACBHCS will provide the following clinical interventions:

- Routinely include tobacco-use assessment in all client intake. Treatment plans should include tobacco-use as a problem for all individuals who smoke, with cessation treatment support offered for those who smoke, and prevention for those who do not smoke.
- Implement tobacco-free environments, to the extent possible, in order to provide a supportive environment for clients to quit smoking and to protect clients and staff who do not smoke.
- Designate and enforce "No Smoking" zones consistent with your respective City and/or County ordinances (the ordinance for Oakland is 25 feet; the ordinance for most other cities and unincorporated County areas is 20 feet).
- Provide all clients who smoke information about smoking and relevant individual rationale for this recommendation. (e.g., Note the client's health problems, interference of tobacco use with psychotropic medications, negative psychosocial behaviors associated with tobacco use, healthy living and recovery issues, as well as the financial burdens of tobacco use).
- Inform clients of tobacco-dependence treatment services available to them.
- Provide tobacco education/prevention, healthy living, and wellness programs that include tobacco interventions throughout the program to all clients and family members.
- Assess individual clients' readiness and motivation to consider quitting smoking. Provide appropriate treatment and counseling to support cessation.
- Use motivational and harm reduction interventions for clients who are not ready to quit in order to increase willingness to consider quitting.
- Involve and educate families about how to support teen and adult consumers who are trying to quit smoking.

- Involve consumers in the decision-making process of becoming a tobacco-free facility.

TRAINING

Staff Training in Tobacco Treatment Interventions

Each service provider will develop the capacity to perform tobacco dependence treatment interventions in their program.

- Each service provider will work towards developing the capacity to integrate tobacco dependence treatment interventions into their programs.
- Clinical staff will ideally receive a minimum of six hours of training in evidence-based tobacco dependence treatment protocols, including how to use NRT and medications that can benefit clients to quit smoking and achieve a fuller recovery.
- Clinical staff will become proficient in evidence-based tobacco dependence treatment interventions and provide services to clients using this knowledge.
- Providers will ideally offer one to two hours of on-site training for all staff each year. Training will include basic tobacco education and the effects of secondhand smoke and will address ACBHCS' tobacco policy and treatment protocols as specified in this document. Trainings will also include staff skill-building workshops to enhance capabilities to address and to treat client tobacco use.
- Providers are encouraged to send staff to skill-building trainings to learn how to treat tobacco dependence using evidence-based protocols and best practices.
- Trainers must be knowledgeable about and train to evidence-based tobacco treatment protocols as outlined in the guidelines provided by, but not limited to: SAMHSA, the US Public Health Service, the American Psychiatric Association, and the National Association of State Mental Health Program Directors (NASMHPD).

STAFF CONDUCT AND PROHIBITIONS

Staff Conduct

By July 1, 2011, agency staff will comply with ACBHCS Tobacco Policies to provide healthy, welcoming tobacco-free environments to support clients to reduce tobacco use and quit smoking.

- Because tobacco use by staff interferes with the ability of staff to treat tobacco dependence, ACBHCS urges all agency directors to ensure that tobacco treatment (including medication and counseling), is included in the health services offered to employees. This supports agency directors in encouraging all staff on a regular basis to take advantage of tobacco treatment services in order to role-model healthy addiction-free lifestyles.
- Staff shall not smoke in sight of clients nor with clients; staff shall not display tobacco paraphernalia or wear clothing that displays tobacco logos during work.

- Agencies are encouraged to implement policies for staff to show evidence of no-use at work. *Note: Some agencies have already implemented this policy to the benefit of their program, although it is not mandatory.*

Agency Prohibitions

- **Prohibit the use of tobacco products** (24 hours a day, seven days a week), in agency vehicles, in agency buildings, and on agency property. No smoking by staff in sight of clients. Encourage implementation of tobacco-free grounds. Smoking by clients in designated smoking areas only, in cases of specific impediments to implementing tobacco-free grounds.
- **Prohibit and enforce "No Smoking" zones** consistent with your respective City and/or County ordinances (the ordinance for Oakland is 25 feet; the ordinance for most other cities and unincorporated County areas is 20 feet).

Implement these prohibitions by:

- **clearly informing** all staff and clients of the policy
- **orienting** all new staff to the policy
- **addressing violations in supervisory sessions** with staff
- **recording an established pattern of repeat violations** in employees' personnel records
- **instituting sanctions** consistent with sanctions used when staff fail to comply with other established health and safety policies of the organization

PUBLIC INFORMATION

These tobacco policy protocols are to be implemented in accordance with all applicable County or City Ordinances, laws, regulations, and contractual obligations.

- **Prominently post "NO SMOKING" signs** at all entrances to buildings and in other appropriate areas.
- **Inform employees of the extent to which their benefit plans** include coverage for smoking cessation and related pharmaceuticals.

DIVESTMENT

It is understood that providers will agree to divest of tobacco industry stocks and/or bonds and will refuse tobacco industry funds for any purpose.