

Sample Tobacco-Free Policy for Residential Chemical Dependence Treatment Agency

Mission

Example House provides comprehensive residential chemical dependence treatment services for adults and adolescents. Example House is dedicated to providing high quality services in a safe, healthy, drug-free environment.

Rationale

Tobacco dependence is a chronic, relapsing chemical dependence that leads to the death of over 25,000 people in New York State and over 5,000,000 people worldwide each year. While fewer than 20 percent of all New Yorkers use tobacco, 92 percent of recipients of chemical dependence treatment services use tobacco. Tobacco is a highly addictive, mood-altering, psychoactive substance. Since 1980, the DSM (Diagnostic and Statistical Manual of Mental Disorders) has listed both Nicotine Withdrawal and Nicotine Dependence as diagnosable conditions. Further, in 1993, the Environmental Protection Agency (EPA) classified environmental tobacco smoke (ETS) as the highest level of carcinogens: a Class A (human) carcinogen. There is no safe level of exposure to ETS. People who receive treatment for chemical dependence are more likely to die as a result of their tobacco use than as a consequence of the chemical dependence they were treated for. Tobacco use is highly related to the use of alcohol and other drugs. Patients abstaining from tobacco use during chemical dependence treatment are less likely to relapse. Treating tobacco use and dependence during chemical dependence treatment is safe and improves treatment outcomes.

These facts about tobacco and nicotine impact Example House in several specific ways. First, Example House is aware that many of its patients receiving chemical dependency treatment currently use tobacco products. Second, Example House recognizes that ETS is a dangerous pollutant which harms all who are exposed to it. Third, Example House recognizes that tobacco is a psychoactive, mood-altering, addictive substance. Example House's mission is to provide comprehensive treatment for all chemical dependencies. Example House does not permit the use of any non-prescribed psychoactive or mood-altering substances, including alcohol, during work hours. It is in keeping with Example House's mission to adopt a tobacco-free policy: one that comprehensively deals with tobacco use, ETS and tobacco dependence treatment.

Purpose

To reduce addiction, disease and death caused by the use of tobacco products, Example House intends to provide a tobacco-free environment, tobacco education programs, and treatment of tobacco use and dependence.

Definitions

1. **“Tobacco-free environment”** means a physical space in which tobacco products and evidence of tobacco use are absent. Example House's tobacco-free environment includes the buildings, grounds, and vehicles of our therapeutic communities, community residences, halfway houses, and supportive living apartments.
2. **“Tobacco education programs”** means informational programs that promote abstinence from tobacco products and recovery from tobacco dependence.
3. **“Treatment of tobacco use and dependence”** means behavioral and medication interventions that promote abstinence from tobacco products and recovery from tobacco dependence.

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Policies and Procedures

1. Establishing a tobacco-free environment

- a. Patients, volunteers, or visitors may not possess or use any tobacco products or tobacco paraphernalia in any Example House facilities or vehicles or on the grounds of any Example House properties. Any tobacco products or paraphernalia brought to any Example House property will be removed from patients' possession.
- b. Example House staff and volunteers may not display any evidence of tobacco use during work hours.

2. Communicating the policy

- a. All community referral sources will be notified of this policy by letter and will continue to be notified on an ongoing basis.
- b. All patients will be informed of this policy as part of the admission process and will sign a written contract at that time.
- c. All visitors and family members will be informed of this policy as part of the process of scheduling visits.
- d. All prospective employees and volunteers will be notified of this policy in employment announcements, during their first interview, prior to hire, and during orientation.
- e. All current staff and volunteers will receive a copy of this policy.
- f. Signs stating "This is an Alcohol, Tobacco, and Drug-Free Program" will be posted on the grounds of Example House therapeutic communities, community residences, and halfway houses.

3. Providing resources to support tobacco-free services

- a. Training
 - i. Example House program directors will notify staff and volunteers of the availability of tobacco use and dependence training on an ongoing basis.
 - ii. All Example House staff (clinical, non-clinical, and administrative) will be required to attend at least three hours of training on tobacco use and dependence per calendar year.
 - iii. All clinical staff (counselors, case managers, social workers, psychologists, nurses and physicians) will be required to complete at least six hours of educational activity on the treatment of tobacco use and dependence per calendar year.
 - iv. Training may be provided by Example House staff or another OASAS-Certified Education and Training Provider. Trainings may be in classroom settings, self-study, internet-based, or in-services.
 - v. All staff will have the opportunity to fulfill their training requirements during regularly scheduled work hours.
 - vi. All volunteers will receive training on their role in maintaining the agency tobacco-free policy during the volunteer orientation program, and will be invited to tobacco use and dependence trainings conducted by Example House staff on an ongoing basis.

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- b. Tobacco education programs
 - i. Mandatory Tobacco Information/Awareness group sessions for all patients will be held at least once a week in therapeutic communities, at least once a month in community residences and halfway houses, and at least quarterly in the supportive living apartment programs. The group will provide general information about the impact of tobacco use on recovery, medical aspects of tobacco use, and treatment resources such as medication, counseling, and self-help support groups, with the goal of addressing individuals' level of motivation about tobacco recovery.
 - ii. All staff, volunteers, and visitors will be invited to attend these group sessions.
- c. Treatment of tobacco use and dependence
 - i. Clinical staff will screen all patients for tobacco use and dependence upon admission and at regular reviews. Nicotine dependence will be diagnosed and documented. Counseling, educational, and pharmacotherapy recommendations will be included on the treatment plan.
 - ii. Tobacco Recovery group sessions for all patients in preparation, action and maintenance stages of a tobacco recovery plan will be held immediately following Tobacco Information/Awareness group sessions in all Example House programs. This group will focus on each person's progress, including positive steps and roadblocks, and encourage group support. It is expected that persons in this group will be receiving individual counseling and support from their primary counselor or case manager and may also be consulting with their physician about tobacco dependence medications and be in a community self-help group.
 - iii. Clinical staff will advise patients of their options to obtain tobacco dependence medications via the New York State Smoker's Quitline, Example House medical staff, or a community health care provider.
 - iv. Clinical staff will coordinate treatment goals and pharmacotherapy recommendations with other community-based treatment providers to provide a consistent protocol and seamless continuity of services.
 - v. All programs will maintain a supply of over-the-counter nicotine replacement therapy (OTC NRT) products available to all patients and staff with written physician or nurse orders who do not have insurance coverage for NRT.
 - vi. All programs will maintain a supply of printed tobacco self-help materials.
 - vii. Local tobacco self-help programs, both community-based and Example House-sponsored, will be made available to all patients and their family members as an adjunct to their treatment as outlined in the treatment plan. Patients going out to community self-help program meetings will attend only those meetings that are smoke-free.

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- d. Tobacco recovery assistance for staff, volunteers, family, and other visitors
 - i. Staff, volunteers, family members, and other visitors who currently use tobacco products will be encouraged to discontinue use and offered the following resources:
 - 1. Self-help reading materials
 - 2. Referral to their primary care physician to explore pharmacotherapy interventions.
 - 3. New York State Smoker's Quitline
 - 4. Community-based self-help groups (e.g., Nicotine Anonymous)
 - ii. Staff will also be offered the following resources:
 - 1. Referral to Employee Assistance Program for counseling and support
 - 2. OTC NRT

4. Monitoring and Compliance

- a. All employees, patients, volunteers and visitors are expected to adhere to this policy.
- b. All employees are expected to be familiar with this policy and are responsible for monitoring compliance. This includes the use of breath carbon monoxide monitors to monitor patient compliance.
- c. Employees who violate this policy will be subject to the same disciplinary procedures used for any other policy violation related to work performance.
- d. Violation of this policy by patients will be addressed as a treatment issue first, and as a disciplinary issue if violations persist. The treatment staff will address non-compliance with the patient. Repeated violations may result in termination, which is consistent with the way staff deals with other addictions.
- e. Visitors who violate this policy will be informed of the policy and asked to comply. A visitor who persists in violating this policy will be asked to leave.
- f. Volunteers who violate this policy will be reminded of the policy and asked to comply. A volunteer who persists in violating the policy will be relieved of duty until that volunteer agrees to comply.
- g. The Example House Quality Assurance Committee's regular chart audit protocol will include indicators to determine whether patients are routinely screened, diagnosed, and treated for tobacco use and dependence.