Comprehensive Tobacco Free Policy Implementation: Special Considerations for Behavioral Health Facilities

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Learning Outcomes

1. Discuss tobacco use among people facing various mental and behavioral health challenges.

2. Examine best practices in tobacco treatment and policy implementation in behavioral health settings.

3. Distinguish the components, and related activities, of implementing a comprehensive tobacco-free policy in behavioral health settings

Tobacco use among persons with mental and behavioral health challenges

Background

People living with mental and behavioral health challenges in the US:

- Are **nicotine dependent at rates 2-3 times higher** than the general population

- Consume about **41% of all tobacco products**

- Rates are higher among adults with serious mental illnesses **(40%-90 % depending on diagnoses)**

Sources:
Lipari, R. N., & Van Horn, S. (2017). Smoking and mental illness among adults in the United States. *The CBHSQ report*. https://www.samhsa.gov/data/sites/default/files/report_2738/ShortReport-2738.html
Schroeder, S. A., & Morris, C. D. (2010). Confronting a neglected epidemic: tobacco cessation for persons with mental illnesses and substance abuse problems. *Annual review of public health*, 31, 297-314.doi: 10.1146/annurev.publhealth.012809.103701
Smith, P. H., Mazure, C. M., & McKee, S. A. (2014). Smoking and mental illness in the US population. *Tobacco control*, 23(e2), e147-e153. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4201650/
Substance Abuse and Mental Health Services Administration. The NSDUH Report Data Spotlight: Adults with Mental Illness or Substance Use Disorder Account for 40 Percent of All Cigarettes Smoked [PDF–563 KB]pdf iconexternal icon. U.S. Dept. of Health & Human Services, Substance Abuse & Mental Health Services Administration, Center for Behavioral Health Statistics and Quality, March 30, 2013 [accessed 2018 Oct 3].

Effects of tobacco use on mental health care

People with mental and behavioral health conditions who use tobacco products:

- Experience more psychiatric symptoms

- Have increased hospitalization rates

- Have poor adherence to psychiatric medications

- Require higher medication doses to achieve the same therapeutic effect

Sources:
Prochaska, J. J. (2011). Smoking and mental illness—breaking the link. *New England Journal of Medicine*, *365*(3), 196-198. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4457781/
Centers for Disease Control and Prevention. Vital Signs Fact Sheet: Adult Smoking Focusing on People With Mental Illness, February 2013. National Center for Chronic Disease and Health Promotion, Office on Smoking and Health, 2013.
https://www.cdc.gov/vitalsigns/pdf/2013-02-vitalsigns.pdf
Gfroerer, J., Dube, S. R., King, B. A., Garrett, B. E., Babb, S., & McAfee, T. (2013). Vital signs: current cigarette smoking among adults aged≥ 18 years with mental illness—United States, 2009–2011. *MMWR. Morbidity and mortality weekly report*, *62*(5), 81.
https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4604817/

Effects of tobacco use on substance use and addiction treatment:

- People who are alcohol dependent are three times more likely to use tobacco.

- Tobacco use is a strong predictor in use of illegal substances, such as methamphetamines, cocaine, and opiates.

- Addressing tobacco dependence during treatment for other substances is associated with a 25% increase in long-term abstinence rates from alcohol and other substances.

Sources:
Grant, B.F.; Hasin, D.S.; Chou, S.P.; 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. https://pubmed.ncbi.nlm.nih.gov/15520358/
Prochaska, J. J., Delucchi, K., & Hall, S. M. (2004). A meta-analysis of smoking cessation interventions with individuals in substance abuse treatment or recovery. *Journal of consulting and clinical psychology*, *72*(6), 1144. doi: 10.1037/0022-006X.72.6.1144
Weinberger, A.H., Platt, J., Esan, H., et al. Cigarette smoking is associated with increased risk of substance use disorder relapse: A nationally representative, prospective longitudinal investigation. *Journal of Clinical Psychiatry* 78(2):e152-e160, 2017. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5800400/

Best practices in tobacco treatment and policy implementation in behavioral health settings

Best practices: Tobacco treatment and Policy Implementation

- **US Clinical Practice Guidelines:** All tobacco users in behavioral health settings should be offered tobacco dependence treatment.

- **CDC Recommendations for behavioral health settings:**
  - ❑ **Stop practices that encourage tobacco use** (such as not providing cigarettes to patients and not allowing staff to smoke with patients)
  - ❑ Make <u>entire campus</u> **100% tobacco-free**
  - ❑ Include **tobacco treatment** as part of <u>mental health treatment and wellness</u>

- **Centers for Medicare and Medicaid Services (CMS) quality reporting measures:** <u>Inpatient psychiatric settings</u> to report patient tobacco-use screening, offer tobacco cessation counseling and Food and Drug Administration (FDA)-approved medications for treating tobacco dependence.

Sources:
Fiore M, Jaén C, Baker T, et al. *Treating Tobacco Use and Dependence: 2008 Update. Clinical Practice Guideline.* Rockville, MD: U.S. Department of Health and Human Services. Public Health Service. ;2008
http://www.cdc.gov/vitalsigns/pdf/2013-02-vitalsigns.pdf
https://qualitynet.cms.gov/ipf/ipfqr/measures

Addressing tobacco use in your agency

PHASE 1: ASSESSING THE AGENCY'S READINESS TO ADOPT A TOBACCO TREATMENT POLICY

1: Assess what is currently being done in your agency

Does your agency:

o Have a tobacco treatment policy?

o Offer patients/ clients evidence-based tobacco treatment services [E.g., individual counseling, group counseling and Nicotine Replacement Therapy/ FDA Approved Medications]?

o Have systems in place for providing external referrals for tobacco treatment services [e.g., Quitline]?

2: Consider organizational change

o Does your agency desire change [e.g., implementing a tobacco treatment policy]?

o What needs to change [e.g., Increase providers delivery of tobacco treatment]?

o What resources are in place [e.g., A certified tobacco treatment specialist, funding, BH WELL etc.]?

o What other resources are needed [e.g., NRT, more trained staff in evidence-based tobacco treatment]?

3: Assess the organizational stage of change

Stage	1	2	3	4	5
Stages of Change (Individual)	Precontemplation	Contemplation	Preparation	Action	Maintenance
Stages of Implementation (Organization)	**Unaware or Uninterested**	**Consensus Building**	**Motivation**	**Implementation**	**Sustainability**

Stage 1: Unaware or Uninterested [Precontemplation]

- Participating in this seminar series suggests:
  - <u>Awareness</u> that tobacco use is a problem among clients/ patients with mental and behavioral health concerns
  - <u>Interest</u> in implementing a tobacco-free policy

- **Key question:** Are others in your agency interested in addressing tobacco use?
  - **Raise awareness and concern**
    i. Provide Information regarding negative effects of tobacco use and benefits of quitting tobacco usage.
    ii. Share testimonials from individuals who have successfully quit and from agencies who have successfully addressed tobacco use.

Stage 2: Consensus Building [Contemplation]

- **Establish a clear rationale** to address tobacco use:
  i. Higher rates of tobacco use among people living with mental and behavioral challenges
  ii. Negative effects of tobacco on mental, behavioral and physical wellness
  iii. Tobacco use compromises recovery
- **Develop a tobacco-free policy work group** to be responsible for the tasks and provide ongoing support during policy implementation process.
- **Ensure everyone is on board.**
  i. Management: Have a clear and consistent organizational mission that tobacco treatment is part of healthy recovery efforts.
  ii. Staff: Listen to their perspectives, address barriers and enhance their motivation for change.
  iii. Clients: Take into consideration their unique needs [needs of persons with mental and behavioral health challenges or co-occuring disorders].

Stage 3: Motivation [Preparation]

Develop	Develop the tobacco-free policy and your agency's implementation plan.
Gather	Gather input from multiple stakeholders including staff, management, clients etc.
Design	Design a comprehensive policy that takes into consideration multi-level factors.
Plan	Plan for implementation.

A comprehensive tobacco-free policy considerations:			
The policy:	**Staff:**	**Clients/ Patients:**	**Community:**
• Products covered [all tobacco products including e-cigarettes/ vapes/ juul] • Activities restricted [e.g., tobacco use on campus] • Persons covered [employees, clients, vendors, volunteers] • Implementation date and timeline	• Supportive policies [provide staff with educational materials and NRT] • Staff education • Enhancing staff skills e.g., in providing tailored tobacco treatment	• Provision of evidence-based tobacco treatment services • Referrals [e.g., Quitline] • Follow-up and care management	• Develop relationships/ partnerships • Strengthen those relationships Establish linkages for services [e.g., for people with co-occuring medical and mental illnesses]

Motivation[Preparation]: Tobacco-Free Policy Intervention

- **Establish a plan for tobacco-free policy implementation.**
    i. Use a needs assessment to determine where to begin.
    ii. Identify resources and needs [timeline, staffing, training].
    iii. Identify tobacco treatment interventions/ services to be offered.
    iv. Identify a leader for the tobacco-free policy initiative – **a champion**.
    v. Gather input from different departments and a multidisciplinary team.
    vi. Build capacity (training and information sharing).
    vii. Plan for implementation roll-out/start date.
    viii. Plan for policy enforcement and determine Strategies for Compliance [Policy explanation, continued education, ask staff to read and sign a document entailing the new policy].

Planning for Change: Key Considerations

Develop

Develop a logic model

Establish

Establish the timeline for implementation

Create

Create a budget

VISUAL WAY OF PRESENTING HOW RESOURCES AND OUTCOMES INTERCONNECT.

HELP US IDENTIFY GAPS.

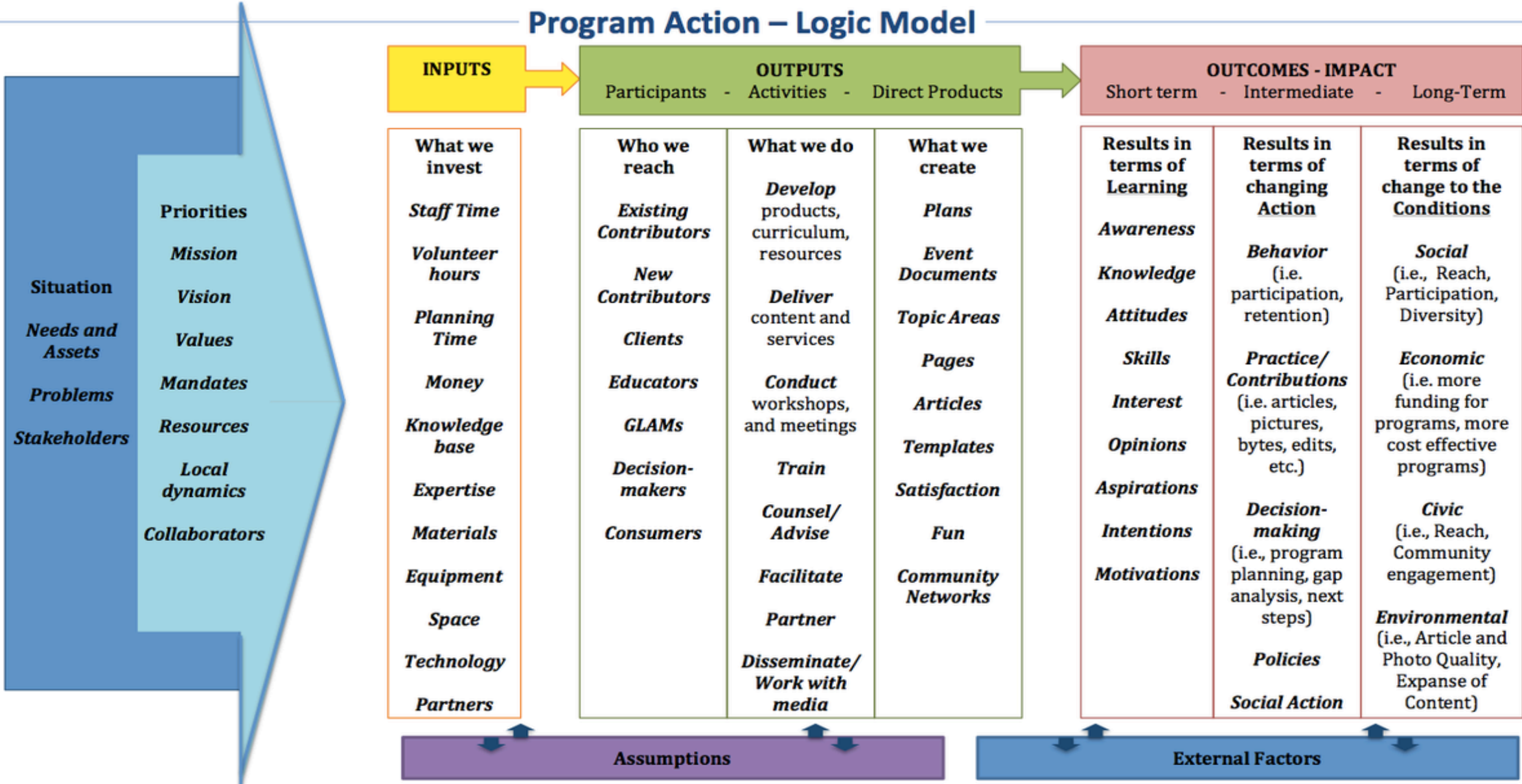UTILIZES A STRENGTH-BASED APPROACH TO IMPLEMENTING A CHANGE WITHIN AN ORGANIZATIONAL.

RESOURCES → PLANNED WORK → OUTCOMES

A Logic Model

Program Action – Logic Model

INPUTS

OUTPUTS
Participants - Activities - Direct Products

OUTCOMES - IMPACT
Short term - Intermediate - Long-Term

Situation

Needs and Assets

Problems

Stakeholders

Priorities

Mission

Vision

Values

Mandates

Resources

Local dynamics

Collaborators

What we invest	Who we reach	What we do	What we create	Results in terms of Learning	Results in terms of changing Action	Results in terms of change to the Conditions
Staff Time	*Existing Contributors*	*Develop* products, curriculum, resources	*Plans*	Awareness	*Behavior* (i.e. participation, retention)	*Social* (i.e., Reach, Participation, Diversity)
Volunteer hours	*New Contributors*	*Deliver* content and services	*Event Documents*	Knowledge		
Planning Time	*Clients*		*Topic Areas*	Attitudes	*Practice/ Contributions* (i.e. articles, pictures, bytes, edits, etc.)	*Economic* (i.e. more funding for programs, more cost effective programs)
Money	*Educators*	*Conduct* workshops, and meetings	*Pages*	Skills		
Knowledge base	*GLAMs*		*Articles*	Interest		
Expertise	*Decision-makers*	*Train*	*Templates*	Opinions	*Decision-making* (i.e., program planning, gap analysis, next steps)	*Civic* (i.e., Reach, Community engagement)
Materials	*Consumers*	*Counsel/ Advise*	*Satisfaction*	Aspirations		
Equipment		*Facilitate*	*Fun*	Intentions		
Space		*Partner*	*Community Networks*	Motivations		*Environmental* (i.e., Article and Photo Quality, Expanse of Content)
Technology		*Disseminate/ Work with media*			*Policies*	
Partners					*Social Action*	

Assumptions

External Factors

Evaluation
Identification – Design – Implementation – Completion/Follow-up

Logic Model adapted and modified from UW Extension (2003). Program Development and Evaluation Logic Model. Available at: http://www.uwex.edu/ces/pdande/evaluation/pdf/LMfront.pdf (Retrieved 6/22/2013)

Develop a Timeline

ITEMS	INITIATION	COMPLETION
Raise staff awareness about the importance of tobacco-free policy and a conduct a needs assessment	February 2022	May 2022
Conduct a feasibility assessment to identify resources and needs.	May 2022	July 2022
Assess tobacco-free policy and tobacco treatment options	May 2022	July 2022
Draft the Policy	July 2022	September 2022
Implement the policy	November 2022	May 2023
Evaluate	June 2023	September 2023

Timeline Considerations

Pick a meaningful start date that is 6-9 months out

- Great American Smoke Out
- Valentines Day
- Independence Day

Set your initial communication to come out 6-9 months before that date.

Six or Nine Months?

- Anticipated staff readiness
- Establishment of client resources
- Current tobacco-related client "rewards"
- Funding/hiring factors

ACTIVITY/EXPENDITURE	ESTIMATED TOTAL ($)
COMMUNICATION	
Develop messages	$ 500
Development of educational materials (Videos and print)	$ 4,500
Promotional Items	$ 6,000
Web development	$ 2000
ENVIRONMENT	
Smoke Free Signs	$ 2,000
Banners	$ 5,000
POLICY MANAGEMENT	
Staff Training	$ 5,000
TOBACCO TREATMENT	
Nicotine Replacement Therapy	$ 5,000
GRAND TOTAL	$ 30,000

Example Budget

PHASE 2: POLICY AND TOBACCO TREATMENT SERVICES IMPLEMENTATION

Stage 4: Implement Tobacco-Free Policy and Tobacco Treatment Services [Action]

Discuss

- Discuss policy changes with all stakeholders ahead of time.

Collaborate

- Build a community of support/champions for change.

Communicate

- Communicate policy changes prior to implementation

Implement

- Begin offering the planned evidence-based tobacco treatment services.

Reinforce

- Utilize strategies to enhance adherence to the tobacco-free policy e.g., incentives, training, informational sharing.

Educate

- Build staff capacity for engaging clients in tobacco treatment-continuous training and education.

Stage 5: Sustain Policy and tobacco treatment services [Maintenance]

1

Monitor and promote adherence to the tobacco free policy.

2

Evaluate implementation fidelity of tobacco treatment services [e.g., Are clients receiving evidence-based tobacco treatment services?].

3

Identify and address barriers to policy compliance and access to needed tobacco treatment services.

4

Continue staff education and training on tobacco-free policy and tobacco treatment services.

PHASE 3: EVALUATE THE OUTCOMES OF THE POLICY AND TOBACCO TREATMENT SERVICES IMPLEMENTATION PROCESS

Implementation and Evaluation Framework: RE-AIM Model

Component	Description
Reach	Number/ proportion of <u>participants reached</u> [e.g., staff trained in tobacco free policy and implementation of tobacco treatment services, clients/ patients' referral for community tobacco treatment services, clients/ patients receiving NRT etc.].
Effectiveness	Positive and negative <u>impacts</u> of the tobacco free policy intervention.
Adoption	Number/ proportion of <u>departments and settings engaging in implementation</u> of the tobacco-free policy intervention.
Implementation	<u>Adherence to the implementation</u> of tobacco free policy intervention as intended over time.
Maintenance	Long term effects and <u>sustainability</u> of the tobacco-free policy intervention.

Adapted from:

National Behavioral Health Network for Tobacco and Cancer Control Tobacco-Free Policy Optimization and Enforcement: Tobacco and Behavioral Health Masterclass. April 2021.
https://www.bhthechange.org/resources/tobacco-free-policy-optimization-and-enforcement-tobacco-and-behavioral-health-masterclass/

American Lung Association's "A TOOLKIT TO ADDRESS TOBACCO USE IN BEHAVIORAL HEALTH SETTINGS; A *Guide for Mental Health and Substance Use Treatment Professionals*"
https://www.lung.org/getmedia/cbdc7578-cd24-4ab0-9ef3-bcc4ae2e981c/a-toolkit-to-address-tobacco-behavioral-health.pdf.pdf

Reflection Questions

- What would be the biggest selling point for a comprehensive tobacco-free policy within your agency?

- What resources does your agency already have to support the implementation of a comprehensive tobacco-free policy?

- What outcomes do you anticipate from implementing a comprehensive tobacco-free policy?

- What has been or will be the most challenging part about implementing a comprehensive tobacco-free policy?

- On a scale of 0-10, how confident are you that you could help your organization, design, launch, and sustain a comprehensive tobacco-free policy?

Any Questions?

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