Behavioral Health & Wellness Program

University of Colorado Anschutz Medical Campus
School of Medicine

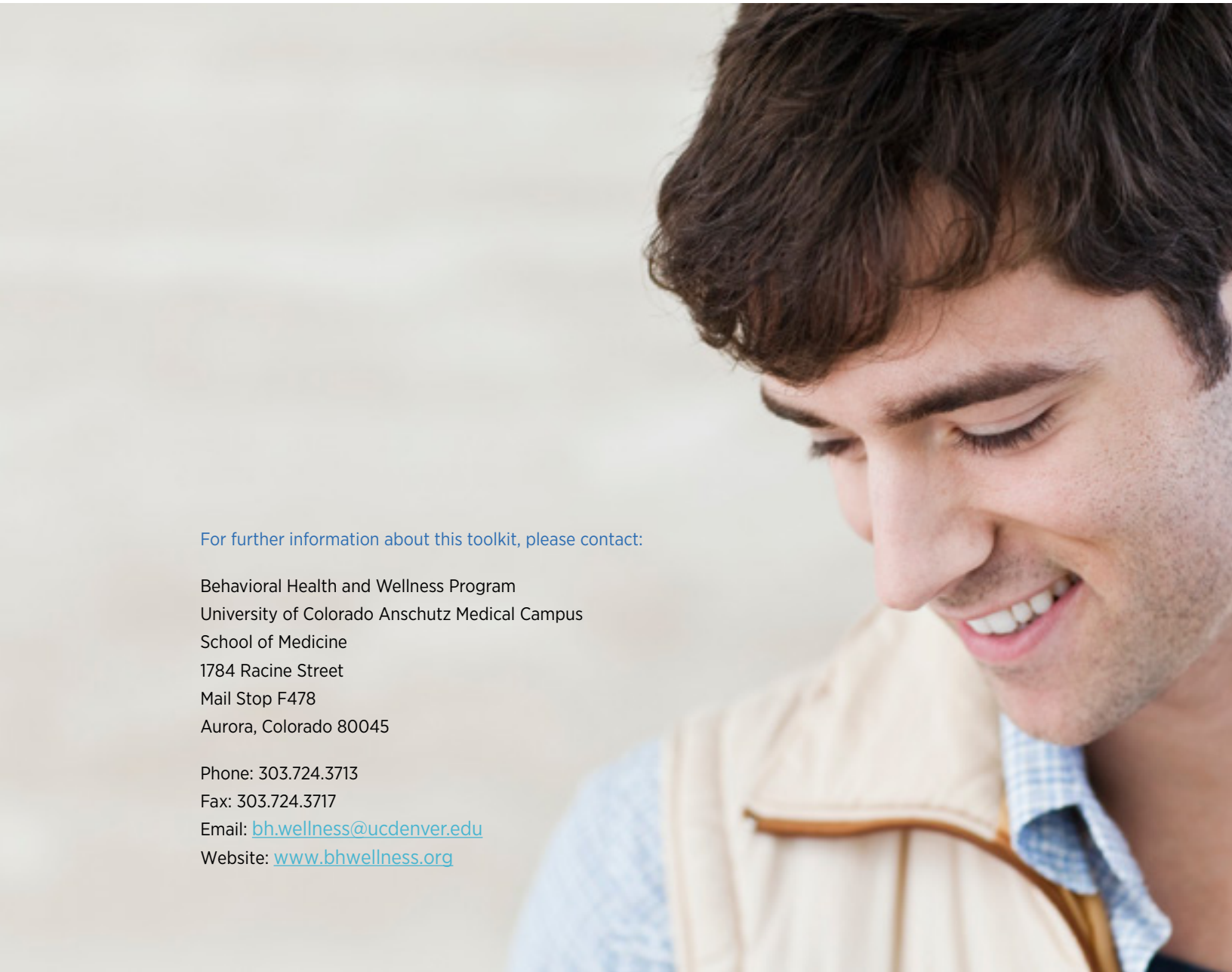
DIMENSIONS: Tobacco-Free Policy Toolkit

Behavioral Health & Wellness Program

University of Colorado Anschutz Medical Campus • School of Medicine

The DIMENSIONS: Tobacco Free-Policy Toolkit was developed by the
University of Colorado Anschutz Medical Campus, School of Medicine,
Behavioral Health and Wellness Program
September 2015

Cynthia W. Morris, PsyD
Jim Pavlik, MA
Sara J. Mumby, BA
Chad D. Morris, PhD



For further information about this toolkit, please contact:

Behavioral Health and Wellness Program
University of Colorado Anschutz Medical Campus
School of Medicine
1784 Racine Street
Mail Stop F478
Aurora, Colorado 80045

Phone: 303.724.3713
Fax: 303.724.3717
Email: bh.wellness@ucdenver.edu
Website: www.bhwellness.org

TABLE OF CONTENTS

Overview 4
- Why is a Tobacco-Free Policy Toolkit Needed? 5
- About this Update 6

Tobacco Use and Organizational Health 7
- A Tobacco-Free Policy – Making the Case 8
- The Cost of Tobacco Use in Healthcare and Community Organizations 9

Assessment and Planning 11
- Readiness to Change 12
- *Toolbox: Assess Your Organization* 13
- *Toolbox: Determine Your Organization's Stage of Change* 14

Tobacco-Free Policy Implementation 15
1. Convene Your Wellness Committee 17
   - *Toolbox: Wellness Committee Contact List* 19
2. Create Your Change Plan 20
   - *Toolbox: Sample Logic Model* 21
   - *Toolbox: Logic Model Worksheet* 22
   - *Toolbox: Sample Timeline* 24
   - *Toolbox: Sample Budget* 26
3. Draft Your Policy 27
   - *Toolbox: Policy Decision Tree* 30
   - *Toolbox: Tobacco-Free Policy Drafting Process* 31
   - *Toolbox: Sample Tobacco-Free Policy* 32
   - *Toolbox: Guidelines for Enforcement* 36
4. Communicate Your Plan 37
   - *Toolbox: Develop Your Tobacco-Free Policy Message* 38
5. Build Community Support 40
   - *Toolbox: Key Partner Contact List* 41
   - *Toolbox: Sample Neighbor Letter* 43
6. Provide Education 44
7. Offer Tobacco Cessation Services 46
8. Launch Your Policy 50
9. Enforce Your Policy 51
   - *Toolbox: Enforcement Scenarios* 52
10. Evaluate Your Program 53

Sustaining Change 55

Resources 57

Frequently Asked Questions (FAQ) 62

End Notes 65

Overview

1. Why is a Tobacco-Free Policy Toolkit Needed?
2. About this Update

Why is a Tobacco-Free Policy Toolkit Needed?

Tobacco use remains the most preventable cause of illness in the United States.[1] Smoking-related illnesses, including heart disease, cancer, and lower respiratory disease are leading causes of death in the U.S.

In order to assist people to lead meaningful lives, healthcare and other community agencies need to promote behaviors that improve health. Implementing a tobacco-free policy is one of the ways organizations can accomplish this goal – by creating a safe and healthy environment for employees as well as the people they serve.

Tobacco-Free Policies Work

Workplace bans on tobacco products encourage people to reduce the amount of tobacco they use each day and increase successful quit attempts. A 2010 systematic review concluded that workplace tobacco-free policies were associated with significant decreases in tobacco use and increases in tobacco cessation.[2] Tobacco-free work environments also lead to an average 72% reduction in second-hand smoke exposure.[3,4,5,6]

There is an overall return on investment when organizations implement tobacco-free policies, including increased productivity and job satisfaction.[7,8] There is also significant evidence that tobacco cessation interventions are effective[9,10] and that even people in high-risk populations, such as those with behavioral health conditions, can successfully stop using tobacco.[11,12]

About This Toolkit

Who is this toolkit for?

This toolkit is designed for use by a broad spectrum of organizations, including hospitals, healthcare clinics, and community agencies. Organizations that serve populations with high rates of tobacco use and disparate health outcomes associated with tobacco use, such as behavioral health, low-income, homeless, justice-involved, among others, are encouraged to utilize this toolkit. These materials are intended for administrators, a broad continuum of healthcare providers, and support staff.

The information in this toolkit is based on the most up-to-date research in the field as well as the collective expertise of the BHWP team who have helped successfully implement tobacco-free policies at hundreds of state, county, and local healthcare and community agencies across the U.S.

How do I use this toolkit?

This toolkit contains effective and evidence-based information and step-by-step instructions to:

- Determine organizational readiness to institute a tobacco-free policy;
- Plan, design, and launch an agency- or facility-wide tobacco-free policy;
- Communicate goals and expectations to employees, clients, and community members;
- Evaluate, enforce, and maintain adopted tobacco-free policies.

About this Update

By 2010, when the Behavioral Health and Wellness Program (BHWP) at the University of Colorado Anschutz Medical Campus published the *Tobacco-Free Toolkit for Community Health Facilities,* implementation of tobacco-free policies was just gaining momentum. Most states already had comprehensive workplace indoor clean air acts in place. Many local governments passed laws and ordinances governing where smoking could occur.

Since that time, significant progress has been made in creating tobacco-free environments that support decreased rates of tobacco use. Tobacco-free environments are now the norm rather than the exception. However, there is still important work to be done.

At-risk populations who continue to have high prevalence of tobacco use and related health disparities are in the greatest need of tobacco-free environments. While tobacco use has been denormalized in the general population, prevalence rates of tobacco use in these populations still range from 50% to 100%,[13] which are at least double the rates of the general U.S. population. As one example, persons with behavioral health conditions (i.e., mental illnesses and substance use disorders) are one of the largest of these at-risk populations. In the five years since the original publication of this toolkit, smoking prevalence rates for this population have seen minimal change. In some areas, the trends in rates of tobacco use among at-risk populations have actually shown an increase.[14]

Based on the growing evidence, this toolkit provides our current understanding of the most effective strategies for planning, implementing, and sustaining tobacco-free policies. This includes recommendations for how to best utilize a range of resources including community, pharmacological, counseling, and peer support. The strategies and resources contained within this toolkit focus on a range of organizations that have:

1. Never implemented a tobacco-free policy;
2. Been unable to sustain initial tobacco-free efforts;
3. Struggled with enforcement of their tobacco-free policy;
4. Successfully implemented a policy but are evaluating if any updates are needed to the existing policy.

POLICY-PLANNING TOOLBOX

The Policy-Planning Toolboxes throughout this toolkit contain worksheets to engage your wellness committee and agency champions in the process of planning your tobacco-free policy transition. The activities in these worksheets will guide your team through the tasks necessary for successful implementation of your tobacco-free policy.

Tobacco Use and Organizational Health

1. A Tobacco-Free Policy – Making the Case
2. The Cost of Tobacco Use in Healthcare and Community Organizations

A Tobacco-Free Policy—Making the Case

There is an incongruence within organizations that provide healthcare and social services but also directly or indirectly support tobacco use. In the United States alone, tobacco use still accounts for the premature deaths of 540,000 people each year, and tobacco-related diseases disable an additional 8.6 million people.[15] *Through tobacco-free policies, organizations have the opportunity to align their organizational policies with their public service values.*

Healthy workplace environments support the well-being of employees as well as the people they serve. Since adults commonly spend the majority of their time on the job, worksites are often an ideal setting in which to encourage healthy living. Healthcare and community agencies are well positioned to facilitate a parallel process of wellness for staff and clients. Those that act to implement and sustain wellness strategies, particularly tobacco-free policies, communicate a commitment to overall wellness.[16]

At-Risk Populations

Rates of tobacco use began to decline after the publication of the landmark 1964 *Surgeon Generals' Report on Smoking and Health.* Between 1963 and 2012, rates fell by 72%. In 2015, 21.3% of U.S. adults continue to use tobacco products.[17] While overall tobacco use has declined in the last 50 years, this has not been the case for at-risk communities.[18]

People with behavioral health conditions

- Use tobacco at rates 2-3 times higher than the general population; [19,20]
- Smoke more cigarettes daily;
- Smoke cigarettes down to the filter more often than other smokers; [21,22]
- Represent a surprising 44% of the total U.S. tobacco market.[23]

People diagnosed with HIV/AIDS

- Smoke at rates 2-3 times higher than the general population;
- Face increased risk for many kinds of cancer.[24]

People who are homeless or at-risk for homelessness

- Recent studies indicate that as many as 80% of adults who are homeless or at imminent risk for homelessness are smokers.[25,26]

People who are justice-involved

- Smoke at rates 3 times higher than the general population – between 70–80%;[27,28,29,30]
- Women who are incarcerated[31] and individuals in community corrections[32] smoke at similar rates.

Modifiable health behaviors, primarily tobacco use, poor nutrition, and lack of exercise are contributors to higher rates of death and disability in at-risk populations.[33,34]

The Cost of Tobacco Use in Healthcare and Community Organizations

For Employees

Exposure to tobacco causes declines in nearly every aspect of an individual's wellness—a fact with direct implications for employers. Employers experience the financial impact of lost productivity due to the physical illnesses of employees who use tobacco. Employees who use tobacco are sick more often and more severely than non-tobacco users. This increases absenteeism and "presenteeism"—showing up to work while sick—and decreases productivity. A comprehensive study estimated the financial impact of employing smokers by looking at the cost of absenteeism, presenteesim, smoking breaks, healthcare costs, and pension benefits for smokers. The study found that employers are paying an extra $3,000 to $10,000, an average of $5,816, for each smoker annually compared to employees who do not smoke.[35] And several studies demonstrate that there is an overall return on investment when organizations implement tobacco-free policies.[36,37,38,39,40,41]

Other impacts employers experience include employees taking extended or unscheduled "smoke breaks" or suffering the effects of withdrawal between cigarettes—which can cause emotional and cognitive disturbance.[42]

For Clients

Clients who use tobacco require increased and more costly care compared to clients who do not. Over half of the U.S. population currently suffers from at least one chronic disease and 26% have two or more chronic illnesses.[43] This segment of the population is responsible for over 66% of total U.S. healthcare expenditures.[44] Using tobacco is not just a cause of these chronic illnesses, but worsens existing conditions as well—making the management of chronic conditions more difficult and creating poorer health outcomes overall.

Clients with chronic illnesses place an additional burden on limited organizational resources. There are several reasons why multiple chronic conditions result in more expensive care, including age, clinical complexity, and activity limitations. For individuals who are diagnosed with multiple chronic conditions, their ability for self-management can be compromised due to lowered motivation, functioning, and other internal resources. As a result, clients, residents, and patients that use tobacco require more frequent, more precise, and more intensive care, which can be taxing to frontline staff and lead to decreased work satisfaction.

Clients who stop their tobacco use also benefit financially. Using a national average of $5 for a pack of cigarettes, a pack-a-day smoker would save $1,825 each year each year, or $18,250 over ten years.

Special Populations:
Tobacco-Free Environments & Behavioral Health Populations

When implementing a tobacco-free policy in an organization that serves behavioral health populations, such as community mental health agencies, inpatient or outpatient hospital settings, homeless shelters, addiction treatment centers, and criminal justice settings, there are special considerations to keep in mind. In particular, there are many myths and inaccurate beliefs held by employees that can sabotage the successful implementation of a tobacco-free policy.

Historically, these ideas in part stem from questionable research sponsored by the tobacco industry that supported the belief that people with schizophrenia are less susceptible to the harmful effects of tobacco and that they need tobacco as self-medication.[45]

Providers and clients also frequently believe that tobacco use decreases symptoms of depression, anxiety, and stress.[46] Additionally, nicotine withdrawal symptoms resemble the effects of several psychiatric conditions, which can make it difficult to distinguish between symptoms. As such, it is possible that staff reports of the exacerbation of psychiatric symptoms are instead the effects of nicotine withdrawal.[47]

As a result, it is commonly believed that smoking cessation will either directly increase psychiatric symptoms or increase perceived stress levels, which can negatively affect functioning. Such beliefs remain common. If an organization goes tobacco-free and staff continue to hold these beliefs, clients and staff will be more apt to report worsening symptoms and attribute these to tobacco cessation.[48]

The evidence actually finds that continued tobacco use causes greater long-term anxiety and depression and that smoking cessation has been associated with lower levels of perceived stress.[49] Moreover, several studies have concluded that recovery from substance abuse is actually increased if accompanied by tobacco cessation.[50,51] Evidence is growing that tobacco-free environments and tobacco cessation lead to less psychiatric symptoms and better functioning among behavioral health clients.[52,53]

A Tobacco-Free Policy for All

In a 2013 study, employees at an inpatient mental health facility were surveyed on their experiences related to the hospital's smoke-free policy.[54]

Nearly 50% of staff who had smoked prior to being assigned to the smoke-free hospital had quit prior to the survey, supporting previous studies that found that going smoke-free acts as an incentive for staff to quit.

All staff, no matter their smoking status, believed they had adequate training to help patients cope with being tobacco-free. However, staff who smoked were:

- More likely to have the opinion that patients should not be forced to be smoke-free during their stay;
- More likely to attribute patient aggression to the smoke-free policy, even though over half the staff, 86% of which were nonsmokers, perceived that patient aggression had actually decreased;
- More pessimistic about patients' ability to succeed at remaining abstinent;
- Less likely to believe that providing tobacco cessation treatment was as important as their other roles;
- Less likely to agree that patient health had improved under the policy;
- Less likely to agree that their own health had improved under the policy.

Employees who continue to use tobacco are also more likely to misperceive (and thus overrate) the supposed therapeutic benefits of smoking.

These differences in attitudes not only affect an employee's willingness to abide by the tobacco-free policy, but also their willingness to participate in the enforcement required for long-term policy sustainability.

For additional information about tobacco cessation for behavioral health populations, refer to the DIMENSIONS: Tobacco Free Toolkit for Healthcare Providers Supplement, Priority Populations: Behavioral Health.

Assessment and Planning

1. Readiness to Change

   Toolbox: Assess Your Organization
   Toolbox: Determine Your Organization's Stage of Change

Readiness to Change

For many organizations, the decision to implement a tobacco-free policy can be a challenging one. Depending upon the type of organization, there are many viewpoints to take into consideration. These perspectives are diverse and can include the leadership, employees, clients, key partners, neighbors, and the community. There are also resource and cost considerations, including the long-term financial implications of implementing a tobacco-free policy.

Most of all, there is fear. Many leaders are afraid that adopting a tobacco-free policy will negatively affect their bottom line. They may question how the clients they serve will respond. Will they choose to seek services elsewhere? How will the employees react? Will there be anger and resistance? How will enforcement be handled? They may feel stress and anxiety about how much time and resources implementing this new policy will take.

These questions and concerns are common ones and are addressed throughout this toolkit. Most often, these fears do not match the actual experience of implementation when the process described in this toolkit is followed. However, an important aspect of the change process for any organization (or individual) is to explore and resolve ambivalence to change. What are the pros and cons to making a change? What components need to be in place to support this change process?

The activities provided in this section are intended to help you to assess the readiness of your organization to adopt a tobacco-free policy. They will also help your organization to explore beliefs and values that contribute to a lack of readiness or ambivalence to change and to determine next steps.

POLICY-PLANNING TOOLBOX

Assess Your Organization

Provide your responses to the questions below. This activity will help you determine the current supports for implementing a tobacco-free policy and areas that need additional research and consideration.

	Yes	No	Don't Know
1. Has your organization's leadership considered implementing a tobacco-free policy?			
2. Is your leadership team in support of implementing a tobacco-free policy?			
3. Is a tobacco-free policy consistent with your organization's mission and values?			
4. Does your organization have an existing wellness committee or offer wellness benefits to employees or clients?			
5. Do you believe your organization's policies can have a positive effect on the behaviors of your employees and the people they serve?			
6. Does on-site tobacco use incur a financial cost to your organization?			
7. Does on-site tobacco use incur an environmental cost to your organization?			
8. Does your organization currently have policies that prohibit the on-site use of alcohol and/or drugs?			
9. Are there benefits to the implementation of a tobacco-free policy at your organization?			
10. Do the benefits of implementation of a tobacco-free policy at your organization currently outweigh the perceived barriers?			

The questions with, "Yes," responses are the areas that support your organization's implementation of a tobacco-free policy.

The questions with, "No," responses are areas that may need further assessment and consideration before implementing a tobacco-free policy.

The questions with "I don't know," responses are areas that may require further research and inquiry as you consider the implementation of a tobacco-free policy.

Organizational Stage of Change

Forces compete in each of us—some compelling us toward a positive change and some blocking such progress—and organizations are no different. Many healthcare professionals are familiar with the Stages of Change model as they use it to identify and work with ambivalence in their clients. Similarly, many management consultants have applied this approach to design organizational change strategies.[55]

POLICY-PLANNING TOOLBOX

Determine Your Organization's Stage of Change[56]

A key to self-determined, healthy action is to match action with readiness for change. The Transtheoretical Model (TTM) provides a framework that has been extensively studied as a means by which to both 1) assess readiness to change and 2) provide strategies for guiding change and maintenance of desirable behaviors.

Transtheoretical Model (TTM)
Stages of Change

Stage	Definition	Activity
☐ Pre-contemplation	Organization is not considering a policy change.	• Engage leadership in education and training on tobacco-free policies.
☐ Contemplation	Organization is considering implementing a tobacco-free plan.	• Explore supports and benefits to a tobacco-free plan. • Identify key individuals to serve on the wellness committee.
☐ Preparation	A tobacco-free plan will be implemented over the next 6 months.	• Gather information from staff and clients through town-hall meetings or focus groups. • Announce a tobacco-free date. • Notify staff and clients via various methods of communication. • Begin training and education of employees, clients and community partners.
☐ Action	A tobacco-free plan has been implemented but has not been in effect for more than 6 months.	• Evaluate how any adherence issues are being addressed. • Reassess the tobacco cessation services provided to staff and clients.
☐ Maintenance	A tobacco-free plan has been in effect for 6 months or longer.	• Conduct an evaluation and amend the policy based on findings. • Continue to educate staff and clients.

Use this model to think about your organization's readiness to implement a tobacco-free policy. Consider each of the following stages in relation to your organization's goals and the information it provides about your organization's readiness to change.

1) Check mark your organization's current stage of change.

2) What are the main reasons your organization is in its current stage of change?

_____

_____

3) What would need to happen to move your organization forward one stage?

_____

_____

Tobacco-Free Policy Implementation

1. Convene Your Wellness Committee

   Toolbox: Wellness Committee Contact List

2. Create Your Change Plan

   Toolbox: Sample Logic Model
   Toolbox: Logic Model Worksheet
   Toolbox: Sample Timeline
   Toolbox: Sample Budget

3. Draft Your Policy

   Toolbox: Policy Decision Tree
   Toolbox: Tobacco-Free Policy Drafting Process
   Toolbox: Sample Tobacco-Free Policy
   Toolbox: Guidelines for Enforcement

4. Communicate Your Plan

   Toolbox: Develop Your Tobacco-Free Policy Message

5. Build Community Support

   Toolbox: Key Partners Contact List
   Toolbox: Sample Neighbor Letter

6. Provide Education

7. Offer Tobacco Cessation Services

8. Launch Your Policy

9. Enforce Your Policy

   Toolbox: Enforcement Scenarios

10. Evaluate Your Program

Tobacco-Free Policy Implementation

Regardless of your organization's readiness for change, it will be useful to familiarize yourself with the tobacco-free policy implementation process outlined in this toolkit. The following information will assist with planning and preparation when your organization is ready to take action.

Implementation Process

Tobacco-free policy implementation is composed of ten processes. Many of these processes will occur concurrently, while others will be chronological. Following the implementation process will set up a comprehensive plan for your organization that will anticipate obstacles and establish measures that will ensure a smooth transition. Preparing a structured and informed tobacco-free policy initiative will benefit the wellness committee charged with implementation as well as benefit the staff and client groups by providing the knowledge and tools needed to successfully implement a tobacco-free policy.

- **Convene Your Wellness Committee**
- **Provide Education**
- **Create Your Change Plan**
- **Offer Tobacco Cessation Services**
- **Draft Your Policy**
- **Launch Your Policy**
- **Communicate Your Plan**
- **Enforce Your Policy**
- **Build Community Support**
- **Evaluate Your Program**

Convene Your Wellness Committee

To begin your process, it is critical to start by assembling a wellness committee, if you don't already have one. The Wellness Committee tasks are to:

- Receive input from staff;
- Adapt best practices based on unique organizational needs;
- Design, implement, and maintain the tobacco-free policy.

A majority of community service agencies are addressing wellness for staff and clients to some degree. Including your tobacco-free environment initiative in an existing whole health framework can be an effective means of engaging leadership, staff, and clients. Therefore, we refer to a "Wellness Committee" rather than a "Tobacco-Free Policy Committee." We recommend that you not create a new silo regarding your tobacco-free initiative. While a standalone tobacco-free policy committee can be used, it is expedient to treat tobacco use as one critical component of a broader wellness agenda. This strategy has assisted agencies to better integrate tobacco use into organizations' mission, values, and strategic actions.

Identifying & Recruiting Wellness Champions

The call to find and recruit "wellness champions" is an important one. There is substantial evidence that they are a necessary feature of successful organizational wellness programming.[57]

What is a Wellness Champion?

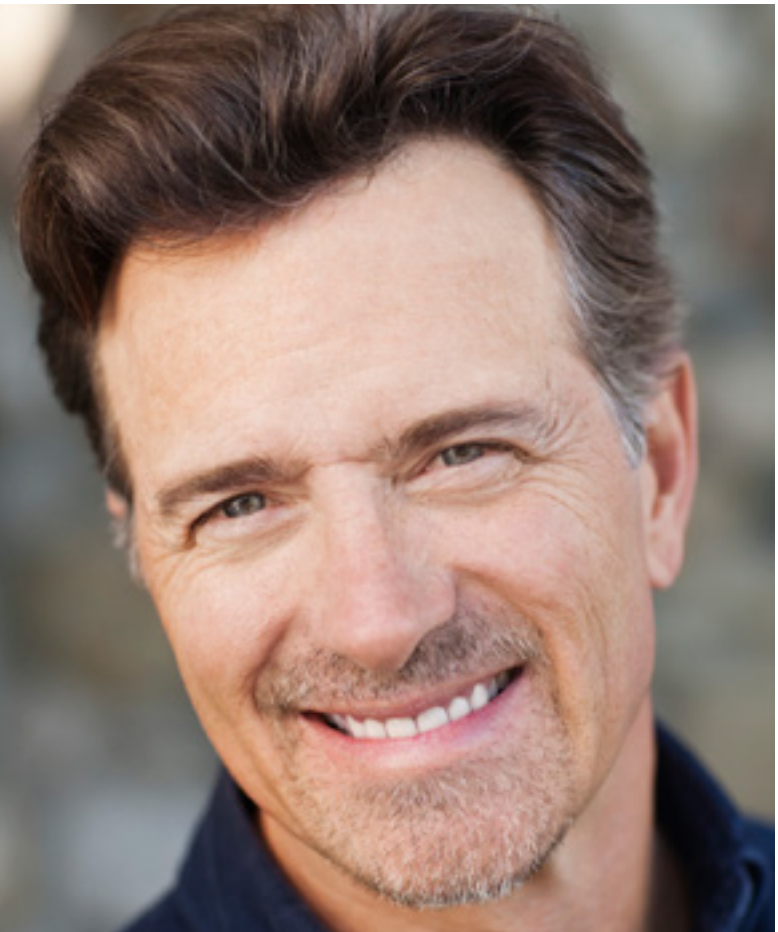
Being a champion is a calling, a passion, and the odds are your organization already has such leaders waiting to be called. Policy change, like behavior change, can be difficult. Especially at the beginning, it progresses in fits and starts. Without champions, your tobacco-free policy implementation process may easily stall.

A Wellness Champion is:

- A trusted member of the leadership, staff, or client-base who is committed to wellness and specifically creating a tobacco-free environment;
- An individual who has strong relationships in the organization, effective communication skills, and can help create a dialogue across diverse perspectives;
- A person who is aware of the impacts of tobacco use, whether they are a former tobacco user, current tobacco user, in the process of quitting, or have never used tobacco.[57]

The Wellness Committee should 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 may include:

- Clinical director
- Compliance representative
- Environmental services representative
- Facilities director
- Health education representative
- Human resources director
- Key client groups
- Key employee groups
- Medical director
- Security representative
- Pharmacy representative
- Public affairs representative
- Neighbors (residential or business)



Vocal opponents to the adoption of a tobacco-free policy are often overlooked members of a wellness committee. Current smokers, for example, are more likely to focus on the therapeutic benefits of smoking—such as staff smoking with clients as a means of strengthening rapport—and express direct opposition to the implementation of a tobacco-free policy. If not represented on the wellness committee, their collective voices have the potential to delay a smooth transition to a tobacco-free workplace. By including individuals with differing views on your Wellness Committee, leadership makes it clear that all perspectives are being considered, not just opinions from people who openly support the policy. These committee members may also end up being the strongest supporters of a policy change.

Convene Your Wellness Committee Activities

To Do List:

- ☐ Identify key committee members
- ☐ Obtain agreement from identified individuals to serve on the committee
- ☐ Set regular meeting schedule
- ☐ Determine individual and group roles and responsibilities

Completion Date: _____

Who's Responsible: _____

_____

POLICY-PLANNING TOOLBOX

Wellness Committee Contact List

Use the table below to fill in each committee member's name, title, contact information, and their role as a committee member. Provide copies of this list to all comittee members.

Department/Group	Name	Title	Contact
☐ Clinical/Medical			
	Role:		
☐ Compliance			
	Role:		
☐ Environmental Services			
	Role:		
☐ Facilities			
	Role:		
☐ Health Education			
	Role:		
☐ Human Resources			
	Role:		
☐ Pharmacy			
	Role:		
☐ Public Affairs/ Communications			
	Role:		
☐ Security			
	Role:		
☐ Employee Group _____			
	Role:		
☐ Client Group _____			
	Role:		
☐ _____			
	Role:		
☐ _____			
	Role:		

Create Your Change Plan

Every organization is different. Each has distinct strengths existing within diverse socio-environmental contexts, which can act as a support or barrier to successful policy implementation. It is important to be aware of your organization's unique needs so that those involved in the implementation process can be flexible and responsive in their approach.

To create an effective change plan, there are three main activities that can assist with your process:

1. Construct a logic model;
2. Build a timeline;
3. Create a budget.

These activities help your organization to identify resources, clarify activities, and set goals, which will assist with decision-making during implementation.

Construct a Logic Model

A logic model is a short, visual representation of an organization's strengths and available resources. Examples of these include financial resources, outside community support, wellness champions, among others. It also includes activities involved in a successful plan as well as anticipated measurable outcomes.

Address Potential Obstacles to Success

Several studies have identified the major barriers to adopting a tobacco-free policy. Although you may find additional or different barriers in your organization, among the most common are:[58]

- Beliefs that are not based upon the current evidence;
- Negative attitudes toward tobacco cessation programs;
- Availability of resources;
- Cost of nicotine replacement therapy;
- Staff time and training;
- High numbers of employees that smoke;
- Belief that major life changes should be avoided when participating in treatment for other issues.

To the extent possible, your organization's tobacco-free process should be designed to address these issues.

POLICY-PLANNING TOOLBOX

Sample Logic Model

INPUTS/ RESOURCES	PLANNED WORK		OUTCOMES		
	ACTIVITIES	GOALS	SHORT	MEDIUM	LONG
Wellness Champions	Convene the Wellness Committee	Recruit leadership, set regular meetings	Qualitative measure of staff attitudes	Changes from baseline in staff attitudes regarding tobacco use	Numbers of sick days taken by staff as a whole and staff productivity
Committed members of senior leadership	Create the change plan	Complete Logic Model, Timeline and Budget	Performance evaluations of staff knowledge and mastery of tobacco cessation interventions	Tobacco-free policy violations	Cost of care per client
Pre-existing relationships with community organizations including local public health departments	Draft the policy	Write and approve policy	Numbers of clients asked about tobacco use	Percentage of clients that leave treatment with an intent to continue tobacco product abstinence	Clients' psychiatric and physical health symptoms, as well as life functioning
Free posters and other educational materials from government or non-profit agencies	Communicate the plan	Disseminate policy, describe in all-staff meeting	Overall census and number of clients who smoke entering treatment	Rate of staff and client tobacco use	Decreased overall use of emergency department care
Tobacco cessation groups, quitlines, and other community resources	Build community support	Identify and contact community partners		Staff and client satisfaction	Overall census and number of clients who smoke entering treatment
	Provide education	Disseminate educational materials, hold tobacco-free training/classes			Rate of staff and client tobacco use
	Provide tobacco cessation services	Identify/explore services, develop workflows			
	Launch the policy	Remove smoking shelters/ash cans, display posters			
	Enforce the policy	Review policy violation message/ actions			
	Program evaluation	Conduct pre-, midway, & post-policy launch evaluations			

ASSUMPTIONS:

- Clients have better treatment outcomes if they quit tobacco.
- Staff provide better care if they are committed to a tobacco-free lifestyle themselves.

POLICY-PLANNING TOOLBOX

Logic Model

INPUTS/ RESOURCES	PLANNED WORK		OUTCOMES		
	ACTIVITIES	GOALS	SHORT	MEDIUM	LONG
What resources do we already have available? What additional items will we need to accomplish our goals?	*What activities will we need to perform in order to accomplish our goals?*	*If all activities are performed, what will be accomplished? What evidence will there be that the goals have been met?*	*What immediate changes will we perceive? How will we evaluate those changes?*	*What changes will we perceive over the following 6 months to a year? How will we evaluate those changes?*	*What changes will we perceive over the following 2-3 years? How will we evaluate those changes?*

ASSUMPTIONS:

How will the identified changes improve our organization? Why?

Build a Timeline

To adequately prepare your organization's tobacco-free transition, a 6-month planning and implementation period is preferable. Some agencies have moved through this process in less or more time. A 6-month period provides enough time to set your organization up for success while not setting an implementation date so far in the future that it loses significance. Like the logic model, the process of building your timeline is a good exercise to visualize your plan. Setting milestones allows your Wellness Committee to set standards by which to measure the success of your plan and opportunities to revisit the plan when milestones are not met.

Some organizations have had success phasing in new tobacco use restrictions. For example, exploring a different timeline for different types of services such an inpatient, outpatient, and residential treatment settings. Most, however, find that creating a phased in tobacco-free policy prolongs the process with no long-term gains. Simple policies, consistently applied, reduce complaints and lead to more successful implementation overall.[59] Organizations that phase in policies have to grapple with enforcing differing staff and client expectations across sites. It is more effective to have the same policy and supports across an organization's continuum of care. Staff perceptions of tobacco-free policies tend to improve once the policy has been implemented. At this point, many fears have been alleviated and health benefits begin to be realized.[60,61] Therefore, it is in the best interest of organizations to reach this point as quickly as possible while at the same time being responsive to concerns.

POLICY-PLANNING TOOLBOX *Sample Timeline*

Month One	Month Two	Month Three	Month Four	Month Five	Month Six
• Identify appropriate members	• Schedule regular meetings	• Attend meetings	• Attend meetings	• Attend meetings	• Attend meetings
• Construct logic model • Create budget and timeline	• Regularly re-evaluate change plan	• Regularly re-evaluate change plan	• Regularly re-evaluate change plan	• Regularly re-evaluate change plan	• Regularly re-evaluate change plan
• Complete *Policy Decision Tree* • Create first draft (or use sample provided)	• Follow *Drafting Policy Workflow* • Provide policy for review and respond to feedback	• Finalize draft • Distribute policy to employees, clients, neighbors	• Make changes to any organizational documents	• Review all signage and any other materials	• Evaluate policy for any changes that need to be made
• Use *Develop Your Message* • Answer *who, what, where, when, why, & how?*	• Determine communication strategies	• Hold townhall meetings	• Continually communicate about process	• Continually communicate about process	• Continually communicate about process
• Identify neighbors and key partners	• Contact neighbors and key partners	• Invite to townhall meetings	• Provide policy to neighbors & partners	• Participate in national events	• Address any policy issues
• Inform early about changes • Respond quickly to concerns • Garner feedback	• Plan staff meetings/ trainings	• Inform staff and clients of final policy	• Train staff on new cessation services and enforcement protocols	• Educate clients on enforcement measures	• Plan for any additional training or education that will be required
• Determine what your agency currently provides for clients/staff	• Determine what your agency WILL provide for clients/staff	• Develop protocols for new/existing services • Develop or obtain handouts of available resources	• Create a workflow • Identify billing/ reimbursement models	• Ensure staff is notified and trained	• Implement new services or existing services
		• Plan a kick-off celebration or information session	• Develop cards/ signage	• Hold a practice day	• Post signage and handout cards/ brochures
		• Develop enforcement protocols	• Integrate enforcement into standard protocols • Develop materials	• Address any new concerns about enforcement after practice day	• Respond and adapt to issues • Assess message and placement of signage and materials
• Develop employee/client surveys (start, midway, launch, & post-policy)	• Conduct pre-policy survey	• Evaluate results	• Conduct midway survey	• Evaluate results	• Conduct launch survey • Evaluate results • Set date for post-launch survey

Create a Budget

No policy change is entirely free, and a tobacco-free policy is no exception. A successful tobacco-free policy will require an effective communications campaign—a significant component of which might be signage and other marketing materials to inform staff, clients, and other affected members of the community of the policy change. Tobacco cessation medications, groups, and other treatments may be offered, and new staff may be hired. Accounting for these new costs will provide an accurate measure of cost savings in the long term and ensure a smooth transition. We highly recommend that you reach out to both your county and state public health agencies as they often have resources at no cost and/or limited funding for items such as signage.

When creating a budget, it is important to not only consider the costs associated with policy adoption, but to also factor in the estimated cost savings and potential income from new services provided. Keep in mind that many preventive services are now reimbursable by both private and public insurance programs. In most states, Medicare and Medicaid provide tobacco cessation benefits to their enrollees.

Create Your Change Plan Activities

To Do List:

- [ ] Complete logic model
- [ ] Determine timeline
- [ ] Create budget

Completion Date: _____

Who's Responsible: _____

_____

POLICY-PLANNING TOOLBOX

Sample Budget

Expense	Quantity	Unit Cost	Total Cost
I. Materials and Supplies			
Printing and copying (announcements, handbooks, cards, letters, etc)			
Signs/posters			
Cessation resource materials (community resources, referrals forms, other flyers, etc)			
II. Tobacco Cessation Services			
NRT/ Cessation medications			
Counseling			
Groups			
III. New Hire(s)			
Tobacco treatment specialist, or similar			
Other:			
IV. Education/Training			
Tobacco cessation services			
Tobacco screening, protocols, workflows, etc			
New policy/enforcement			
V. Other			
		TOTAL EXPENSES	

Draft Your Policy

Many decisions need to be made prior to drafting the policy. Your leadership and Wellness Committee members should make these decisions prior to announcing the plan. As you receive input from employees, clients, and other interested parties, you will want to adjust and amend your policy as needed. But keep in mind that making accommodations based on feedback from all dissenting voices can weaken the policy. Be sure that the policy matches your overall intentions and goals. You will want to regularly revisit your policy, even after implementation, to respond to changes within the organization or in tobacco use and cessation treatment overall.

Smoke-Free versus Tobacco-Free Campus

Organizations need to decide how comprehensive the policy will be. Sites may choose a "smoke-free" campus, which addresses the involuntary exposure to secondhand smoke, but not the health risks associated with non-smoking forms of tobacco. A "tobacco-free" policy contains all forms of tobacco products, including smokeless tobacco.

With tobacco-free grounds as the ultimate goal, some facilities may elect to provide an outside smoking area for clients and employees, whereas others may implement a complete ban of tobacco use on the property.[62] A property-wide policy is highly recommended and the best way to denormalize tobacco use and decrease second-hand smoke exposure.

When tobacco use across the property is banned, employees and clients may congregate in neighboring areas to smoke. It is important that staff and clients' potential negative impact on the surrounding environment and neighborhood is addressed in the policy and in enforcement. Refer to the tobacco-free policy example in this toolkit for a suggestion on how to include this "good neighbor" component in your policy. It is equally important to inform neighbors that might be impacted of your new policy and how you will work with them to address any issues that arise in a timely manner. Refer to the sample good neighbor letter in this toolkit for an example.

Tobacco- and Nicotine-Free Property

Organizations will also want to consider whether to prohibit all tobacco products and any non-FDA approved devices, such as electronic nicotine delivery systems (ENDS), as part of your policy. BHWP advocates going completely tobacco-free, including all non-FDA approved devices, organization-wide.

Tobacco-Free Policies & Electronic Nicotine Delivery Systems

What is an Electronic Nicotine Delivery System (ENDS)?

An Electronic Nicotine Delivery System (ENDS) is a battery-operated device used to superheat a nicotine solution into a vapor that is inhaled. The nicotine is suspended in a propylene glycol or vegetable glycerin solution with different additives, including flavoring.

Some resemble traditional cigarettes in size and shape, called electronic cigarettes or e-cigs. Others do not. These ENDS, called mods, are modified "vaping" devices. Modifications can include changes in the nicotine cartridge, battery, heating element, and other features.

Since this product contains nicotine but not tobacco, nor does it generate smoke, ENDS are neither a "tobacco" nor a "smoked" product, thus complicating whether existing policies cover them.

Should your tobacco-free policy cover non FDA-approved devices like ENDS?

At this time, BHWP recommends extending current policies and writing new policies to treat these devices as any other tobacco product.

There are reasons to include ENDS and other devices in a tobacco-free policy.

1. There is little evidence that secondhand "vape" is less dangerous than secondhand smoke. ENDS are currently unregulated. What is found in secondhand "vape" and in what quantities is extremely variable between brands. Since ENDS are new products that have not been extensively researched, the secondhand effects are currently unknown. What is known is that what users are exhaling is more than just water vapor, which is a common misconception. Until ENDS are subject to regulation and consistency, the safety of these products cannot be ensured.

2. There are few studies evaluating the use of ENDS as a smoking cessation device. Some early studies have shown positive results in this area, but results are mixed. There is evidence that many ENDS users are in fact dual users, using them in places, (like the workplace) where smoking is banned and then continuing regular tobacco use practices at home, in the car, and elsewhere.[65,66]

Smelling Like Smoke at Work

As part of your policy, you will need to address staff who are smokers and come to work smelling strongly of tobacco. The smell of tobacco is not consistent with a tobacco-free facility and can trigger cravings in those trying to quit or who are striving to maintain abstinence. Others simply find strong tobacco odors to be unprofessional, just as smelling of alcohol may be considered unprofessional. It is important that HR representatives be involved considering how to best address this issue (refer to the tobacco-free policy example for sample language) as labor laws differ from state to state. Many states have passed laws protecting employees who engage in the lawful use of intoxicating products, like nicotine.[67] At the same time, healthcare facilities are often exempted from these laws. As a starting place, many organizations have some restrictions on fragrances within the workplace. Some agencies may find that mirroring existing fragrance guidelines is a reasonable framework for such a policy.

This issue is more complicated with clients, and we recommend that this be woven into treatment. For example, just like other matters of self-care, providers can discuss the implications of smelling of smoke in the context of a greater difficulty in finding employment, housing, and healthy friends.

Tobacco Cessation Medications

To address physical addiction, organizations should offer or facilitate access to nicotine replacement therapy (NRT) or other FDA-approved cessation medications. There are 7 medications that have been approved by the FDA for tobacco cessation which can be used in a workplace to support a tobacco-free policy. As you go tobacco-free, the last thing that you want to do is put staff and clients into withdrawal without offering assistance. Without medication cessation aids, withdrawal symptoms may lead to behavioral escalation and lowered functioning. Medication 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. These provisions should be addressed within the policy.

Tobacco Cessation Counseling

To address the psychological addiction or the "habit" of tobacco use, organizations should offer employees and clients access to tobacco cessation counseling services. These services may be provided onsite by counselors who work at the organization or by outside services providers. As with tobacco cessation medications, 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. These provisions should be addressed within the policy.

Quitlines

Agencies that are unable to provide cessation counseling and medications can still ask about tobacco use, advise staff and clients to quit, and refer to evidence-based community services such as the state quitline. State quitlines offer a range of counseling and medication treatment and are often funded by the state, Medicaid, or third-party insurance. There is increasing evidence that quitlines are effective for many at-risk populations such as persons with behavioral health conditions.[68]

POLICY-PLANNING TOOLBOX

Policy Decision Tree

Use the decision tree as a guide to assist in making decisions about certain aspects of your policy. Make sure that you clearly, simply, and effectively communicate all aspects of your policy.

Do you want to be a tobacco-free property?

- YES → Your policy should list ALL of the prohibited tobacco products.
- NO → Only prohibiting smoking sends the message that people may use other forms of tobacco instead.

Do you want to include all products not approved by the FDA?

- YES → Your policy will prohibit all tobacco products and any non-FDA approved devices, such as e-cigarettes.
- NO → The health effects of non-FDA approved products, like e-cigs, have not been verified. You'll likely have to revisit this in the future.

Will your policy prohibit use on the entire grounds?

- YES → Inform staff and clients about your property's boundaries to ensure compliance.
- NO → Designating areas for tobacco use undermines your policy and will likely be an issue you'll need to confront in the future.

Will your policy prohibit employees from smelling like smoke at work?

- YES → When drafting this part of the policy, be sure that you have consulted with your legal and HR departments.
- NO → Including strongly smelling of smoke in your policy is an ideal way to reinforce a tobacco-free environment.

Will your policy have a good neighbor section for staff and clients?

- YES → Your policy should address the importance of not burdening neighbors with tobacco use.
- NO → Staff and clients will likely use neighbors' properties to use tobacco. If you don't address this, you'll likely deal with neighbor complaints.

Will you offer NRT/ cessation medications to staff and clients?

- YES → Your policy should clearly state what cessation services will be offered, to whom, the duration and the evidence-base that supports the options provided.
- NO → If your organization is unable to offer cessation services, you can still ask individuals about tobacco use, advise them to quit, and refer to community resources.

Will you offer behavioral counseling services to staff and clients?

- YES → Your policy should clearly state what cessation services will be offered, to whom, the duration and the evidence-base that supports the options provided.
- NO → If your organization is unable to offer cessation services, you can still ask individuals about tobacco use, advise them to quit, and refer to community resources.

Will you refer staff and clients to a quitline?

- YES → Your policy should clearly state what cessation services will be offered, to whom, the duration and the evidence-base that supports the options provided.
- NO → If your organization is unable to offer cessation services, you can still ask individuals about tobacco use, advise them to quit, and refer to community resources.

Tobacco-free policies can take different forms and be implemented in different ways depending on the unique characteristics of your organization and its specific needs. However, all successful policies should be written simply and the various components communicated effectively.[69] This means providing a clear rationale for the policy's terms, including citing the documented health risks that tobacco use poses to clients and staff and acknowledging the right of employees to work in a healthy environment free of second- and third-hand smoke.

Revise Current Policies and Other Materials

Consistency and communication is important. Staff and clients should be informed of the new policy through a variety of methods. Integrating the new policy into employee handbooks, new employee orientation materials, client service materials, and any training requirements demonstrates your commitment to the implementation of this policy agency-wide.

Draft Your Policy Activities

To Do List:

- ☐ Complete Policy Decision Tree Worksheet
- ☐ Use Drafting Process Toolbox
- ☐ Draft Tobacco-Free Policy

Completion Date: _____

Who's Responsible: _____

_____

POLICY-PLANNING TOOLBOX

Tobacco-Free Policy Drafting Process

Drafting the policy could be a lengthy process since it will need to be reviewed by various departments and employee groups. Follow these steps to ensure you draft a policy that is approved by leadership and staff and also complies with other organizational policies and local or state laws.

STEP 1. Complete the *Policy Decision Tree* worksheet.

STEP 2. Write policy. Use the sample policy provided as a template.

STEP 3. Policy review by legal & human resources departments.

STEP 4. Obtain feed-back from staff/clients. Integrate as agreed upon by leadership & Committee.

STEP 5. Policy review by organization leadership.

New drafts reviewed by Wellness Committee.

STEP 6. Finalize policy. Distribute to all employees, contractors, clients & visitors. Notify community partners of your policy change.

STEP 7. Update any agency policies affected by the policy. Add policy to employee orientation & to any materials new clients receive.

POLICY-PLANNING TOOLBOX

Tobacco Free Policy for Employees, Clients, and Visitors

PLEASE NOTE: This policy supersedes all previous agency policies referencing tobacco or smoking.

1. PURPOSE

The purpose of this policy is to establish a 100% tobacco-free workplace and to address nicotine addiction. It is the policy of [Organization] to prohibit tobacco and nicotine use or the use or sale of any tobacco or other non-FDA approved products on [Organization] property.

Tobacco use remains the leading cause of preventable disease and death in the United States. The use of these products has many effects including health problems for the individual using the product, environmental effects through second-hand smoke exposure and fire hazards, as well as a financial impact including increased medical expenses and productivity loss. [Organization] is taking a leadership role on the major public health issue of tobacco use by prohibiting tobacco and nicotine use in the workplace and anywhere within its property boundaries.

2. POLICY

[Organization] is committed to the health and safety of staff, clients, visitors, and business associates. To promote [Organization]'s commitment to public health and safety and to reduce the health and safety risks to those served and employed at the workplace, all [Organization] properties are tobacco-free environments as of [date].

This policy applies to the smoking of cigarettes, cigars, or pipes or the use of chewing or spit tobacco, electronic nicotine delivery systems, non-FDA approved devices, or other tobacco products. The use of any of these products or non-FDA approved devices will NOT be permitted on any [Organization] properties on or after that date.

This policy is applicable to all staff on [Organization] property whether they are employees of [Organization] or other agencies, and to all clients, visitors, students, volunteers, vendors, lessees and contractors.

A ban on tobacco does not take away an individual's rights as there is no right to use tobacco in [State]. [Organization] does not require staff, clients or visitors to stop using tobacco; however, it is required that people do not use tobacco on [Organization]'s physical site(s) or use tobacco during work time. Employees will not be allowed to smoke or use any tobacco products during their paid work time (breaks) and are encouraged not to use tobacco products during their unpaid work time (lunch).

[Organization] wishes to maintain good relationships with its neighbors, so trespassing on, loitering on or littering on neighboring properties in not permitted. This includes public right-of-ways including neighboring sidewalks, bus stops, tree lawns and alleys.

For employees, smoke odors at any time are not allowed. (Cross reference organization's Dress Code/Personal Appearance Policy)

POLICY-PLANNING TOOLBOX

Tobacco Free Policy for Employees, Clients, and Visitors

DEFINITIONS

Tobacco, Non-FDA Approved Nicotine Delivery Products or Other Devices– Cigarettes, cigars, pipes, pipe or rolling tobacco, tobacco substitutes (e.g., clove cigarettes), chewing or spit tobacco, or any type of electronic delivery system (e.g. e-cigarettes, vape pens, etc).

Tobacco Paraphernalia – items that are needed to use tobacco (e.g., lighters, matches, rolling papers, pipes, etc.).

Nicotine Replacement Products – FDA-approved nicotine replacement therapy products (e.g., gum, patches, lozenges, inhalers)

Property – property means physical areas including but not limited to clinics, facilities, office buildings, out-buildings, parking lots, public side-walks or streets within [Organization] property lines, [Organization]-owned vehicles, and property leased or rented out to other entities. This policy applies regardless of whether [Organization] property is owned or whether or not the other tenants follow similar guidelines. Employees and clients attending off-site activities and representing the [Organization] organization are prohibited from using any tobacco products. Use of tobacco, non-FDA approved nicotine delivery products or other devices are also prohibited in all company vehicles or private vehicles used to transport clients.

3. ACCOUNTABILITY

It is the shared responsibility of all [Organization] staff members to enforce the tobacco-free environment policy by encouraging their colleagues, clients, visitors and others to comply with the policy. Staff members should communicate this policy to clients and visitors with courtesy and respect. If staff members encounter difficulty with enforcing this policy, they should contact their supervisor or call security.

Supervisors are responsible for implementing and enforcing [Organization]'s tobacco-free environment policy among their staff. This includes ensuring staff are adequately informed of the policy and of the disciplinary actions that will be taken should they not meet compliance.

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

4. GENERAL POLICY PROVISIONS

1. No tobacco products or related paraphernalia will be used, sold or bartered anywhere on [Organization] property and may be possessed only in locked personal vehicles.
2. Signs declaring the [Organization] property "tobacco-free" will be posted at entrances and in other conspicuous places.
3. [Organization] employees and other employees who work on [Organization] property will be advised of the provisions of this policy during New Employee Orientation.
4. [Organization] will post this policy in employee common areas and in the [Organization] New Employee Orientation Handbook.

5. PROCEDURES

1. Employees, Volunteers, Students and Contract Workers

   a. Respectful enforcement of this policy is the responsibility of all [Organization] employees.

   b. Employees, volunteers, students, contract workers, vendors, and lessees are expected to comply with this policy.

   c. This policy will be explained to employees during New Employee Orientation.

   d. Job announcements for all positions on [Organization] property will display a notice that [Organization] has a tobacco-free environment policy.

   e. Employees are prohibited from smoking or using other tobacco products during any and all parts of their paid work shift excluding lunch breaks. Employees may not smoke or use other tobacco products in their private vehicles while the vehicle is on [Organization] property. Employees are prohibited from smelling like smoke while at work as defined in [Organization] Human Resources and Staff policies. Employees and clients attending off-site activities and representing the [Organization] organization are prohibited from using any tobacco products.

   f. Employees who encounter staff who are violating this policy are encouraged to politely explain the policy and report the violation to the person's supervisor, if known.

   g. Staff who fail to adhere to this policy or supervisors who fail to hold their employees accountable will be subject to progressive discipline culminating in corrective or disciplinary action as defined in [Organization] Human Resources and Staff policies.

2. Clients

   a. Clients are prohibited from smoking or using tobacco on [Organization] property.

   b. All clients admitted to [Organization] will be informed of this policy and assessed for history of tobacco use. The need for interventions related to tobacco addiction will also be assessed.

   c. Clients may not possess any tobacco or related paraphernalia on [Organization] property except in the individual's locked personal vehicle.

   d. Employees who encounter clients who are violating this policy are encouraged to politely explain the policy and report the violation to the client's treatment team, if known.

   e. Violation of this policy by clients is a treatment issue to be addressed by the treatment team.

POLICY-PLANNING TOOLBOX

Tobacco Free Policy for Employees, Clients, and Visitors

3. Visitors

   a. Signs will be posted at entrances and in strategic locations on [Organization] property, both indoors and outdoors.

   b. Employees who encounter a visitor who is violating this policy are encouraged to politely explain the policy to the visitor.

   c. Visitors who become agitated or unruly or repeatedly refuse to comply when informed of this 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.

4. Outside Groups

   a. Outside groups who use [Organization] 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 [Organization]'s property.

POLICY-PLANNING TOOLBOX

Guidelines for Enforcement

For Staff Members and Employees				
Violation Examples	First Offense	Second Offense	Third Offense	Fourth Offense
	The supervisor must have verifiable reports of the infractions and/or have witnessed the infractions directly.			
• Smoking outside on property but complies with request to stop. • Smoking outside on property and refuses to comply with policy. • Smoking in personal vehicle on property. • Excessive absences from the workplace during assigned shift (extra breaks, longer lunch breaks, etc.). • Employee's clothing smells strongly of tobacco smoke.	Verbal intervention with employee. Review policy and perimeter of the property. Give clear expectation it is not to reoccur. Review cessation materials available and provide assistance with obtaining nicotine replacement or alternative therapies to help with compliance while at work.	Repeat first offense interventions 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.	Present the employee with a 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.	Document the new infraction and forward all previous documentation to the appointing authority for consideration of a meeting for corrective or disciplinary action. Action may changes to pay, status, or tenure, or possible termination.
For Clients				
• Smoking outside on property but complies with request to stop. • Smoking outside on property and refuses to comply with policy. • Smoking in personal vehicle on property.	Verbal intervention. Review the policy and perimeter of the property. Inform treatment team, if known. Inform client to ask treatment team to provide assistance with obtaining nicotine replacement or alternative therapies to help with compliance while in care.			Treatment team should meet with leadership to discuss further action, including discharge.
For Visitors				
• Smoking outside on property but complies with request to stop. • Smoking outside on property and refuses to comply with policy. • Smoking in personal vehicle on property.	Verbal intervention. Review the policy and perimeter of the property.			Report to appropriate organizational personnel or security. The identified personnel will respond to the situation as appropriate.

Communicate Your Plan

A successful transition relies on open communication from the early stages of the planning to policy implementation. Inform employees and clients of the tobacco-free policy timeline as early as possible. The best strategy involves a two-way conversation in which there is an exchange of information. In this way, any resistance that may arise regarding the new policy can be addressed at the early stages.

Craft Your Message

Use simple, direct, and concise language to announce the upcoming policy. Clearly outline the steps that will be involved to ensure that the policy meets the needs of both staff and clients.[70]

Be sure to include information about the:

- Rationale behind the decision to implement a tobacco-free policy;
- Goals for policy outcomes;
- Implementation process and timeline;
- Expectations for employees and clients;
- Support available for people who use tobacco;
- Individuals responsible for coordinating this initiative;
- Guidelines by which the policy will be enforced;
- Ways individuals can get involved.

POLICY-PLANNING TOOLBOX

Develop Your Tobacco-Free Policy Message

Answer these questions to help pinpoint why you feel a tobacco-free policy will benefit your organization as a whole.

1) What are the reasons your organization is becoming tobacco-free?

_____

_____

_____

2) Pick the three most important reasons. List them here and describe why they're most important.

_____

_____

_____

3) How does implementing tobacco-free policies benefit your organization?

_____

_____

_____

4) How is your organization going tobacco-free personally relevant to you?

_____

_____

_____

Create a statement compiling your responses to the questions above. Incorporate the reasons why, the benefits and remember why it's relevant to you. This statement will help you to develop a clear, concise message explaining why your organization is choosing to be tobacco-free.

_____

_____

_____

_____

_____

_____

Communication Strategies

There are many ways to communicate your plan. To ensure a broad reach, it is advisable to use multiple strategies. To foster buy-in, start early with your communication strategies so people have time to plan and adjust to the transition. Create multiple opportunities for employees, clients, and community partners to give voice to their reactions. The most successful process is one in which leadership clearly communicates that the tobacco-free policy will be implemented, but input is needed on how to make this the smoothest transition possible.

Town Hall Meetings

Separate town hall meetings with clients, employees, and community members will allow individuals to voice their perspectives and provide an opportunity for leadership to more fully describe the tobacco-free initiative. Gather suggestions from participants on ways to make this a smooth and successful transition. Most importantly, these meetings should be used as a space for people to process their reactions, moving through any initial negative emotions and concerns. Meeting facilitators should respond to any questions, comments or concerns from a non-defensive, but firm stance. Remember that many tobacco users are not yet ready to change and may inaccurately view such a policy as a violation of their rights. Additionally, many staff, including both people who use tobacco and those who live tobacco-free, may view a tobacco-free policy as disruptive and openly challenge the policy. However, as the process proceeds, training, education, and services will assuage most fears and reduce opposition.

Web-based Materials

Post information about your tobacco-free policy implementation process on your organization's website or intranet. Anticipate potential questions and provide answers in a FAQ (Frequently Asked Questions) section. For more information, refer to the FAQ section of this toolkit.

Printed Materials

There are many different ways to announce your plan through printed materials, including:

- Signage – notice boards, posters and banners inside and outside buildings, appointment card announcements, a prominently displayed countdown to the kick-off day;
- Letters – communication from the CEO, Executive Director, or Chief Clinical or Medical Director to employees, clients, community partners, and neighbors;
- Informational materials – brochures, fact sheets, and handouts.

Draft Your Policy Activities

To Do List:

- ☐ Craft your message
- ☐ Schedule and hold several town hall meetings
- ☐ Create web-based and printed materials

Completion Date: _____

Who's Responsible: _____

_____

Build Community Support

Community Partners

All effective wellness programs share a commitment to helping staff and clients connect with resources outside the work environment. Obtain support from local and state health departments and tobacco-free coalitions. These agencies and coalitions are often able to provide good resources - such as signage, technical assistance, and educational materials in multiple languages - that can be used to engage your staff, clients, and surrounding community.

Providers who work in other organizations in your community can also be key partners to help reinforce a tobacco-free message.

A list of potential agencies to engage include:

- Mental health and addictions
- Primary care
- Criminal justice
- Public health
- School systems
- Colleges and universities
- Mayor's office
- Insurance companies
- State Medicaid office
- Homeless shelters
- Neighboring businesses

POLICY-PLANNING TOOLBOX

Key Partners Contact List

Use the table below to fill in the contact information of your organization's neighbors, key partners, and local health departments. You can also use this form to brainstorm events/activities your organization will participate in.

Neighbors	Contact Name	Phone/Email
☐ _____		
	Who will contact?	
☐ _____		
	Who will contact?	
☐ _____		
	Who will contact?	
Key Partners	**Contact**	**Phone/Email**
☐ _____		
	Who will contact?	
☐ _____		
	Who will contact?	
☐ _____		
	Who will contact?	
☐ _____		
	Who will contact?	
Local Health Departments	**Contact**	**Phone/Email**
☐ _____		
	Who will contact?	
☐ _____		
	Who will contact?	
Events/Activities		

Neighbors

Potential problems with neighbors need to be anticipated. Cigarette butts, other litter, and loitering are good examples of problems that can arise. Reach out to neighborhood residents and businesses before there is a conflict. Take steps to work with neighbors:

1. Provide a letter to explain your rationale and provide plenty of notice;
2. Invite neighbors to participate in a town hall meeting;
3. Offer a meeting with leadership to discuss concerns;
4. Include neighbors in policy kick-off celebration or other activities.

Build Community Support Activities

To Do List:

- ☐ Identify community partners to contact
- ☐ Create contact list of community partners
- ☐ Contact and engage neighbors and community partners
- ☐ Participate in local and national events

Completion Date: _____

Who's Responsible: _____

_____

Local and National Events

There are a variety of national events that that can be used to showcase local initiatives. Examples include:

American Cancer Society's Great American Smokeout

This event is held annually on the 3rd Thursday of November. Many people use this day to challenge others to quit or simply as a means of raising awareness around the effects of tobacco use on individuals, organizations, and communities.

http://www.cancer.org/healthy/stayawayfromtobacco/greatamericansmokeout/history-of-the-great-american-smokeout

World Health Organization's World No Tobacco Day

This event is held annually on May 31st. WHO and its partners use this date to highlight the health risks associated with tobacco use and advocate for effective policies to reduce tobacco consumption worldwide.

http://www.who.int/campaigns/no-tobacco-day/2015/event/en/

POLICY-PLANNING TOOLBOX

Sample Neighbor Letter

Dear Neighbor:

Effective [Date], [Organization name] will take a leadership role on the major public health issue of tobacco use by implementing a tobacco-free environment policy on [location(s)]. The tobacco ban will apply to all employees, clients, visitors, contractors, and vendors. Our tobacco-free policy will prohibit the use of tobacco of any kind on [Organization name]'s property, including within our buildings and on our grounds.

[Organization Name] will not ask employees and clients to stop using tobacco; however, we are requiring them to refrain from tobacco use on our property. To assist with this, [Organization Name] is developing programs and providing resources for employees and clients to support tobacco cessation or symptom management.

Though we do not endorse it, some employees or clients may leave our grounds to use tobacco products. We have asked everyone to act with consideration for you and your property. However, if you notice any problem behaviors, whether related to smoking or not, please contact me at the number below.

As an organization committed to public health and safety, [Organization name]'s primary mission is to protect the health of those in our community, while promoting a culture of health. Implementing a tobacco-free policy expresses this commitment and is a positive step towards eliminating the use of tobacco in our community.

We appreciate your help and support as we get closer to [Date].

Sincerely,

[NAME OF ADMINISTRATIVE CHAMPION]

[TITLE NAME OF FACILITY]

[CONTACT INFORMATION, INCLUDING PHONE, ADDRESS, EMAIL ADDRESS]

Provide Education

Employees

Staff education should be offered—even required—very early in the process. For new staff, such education should be integrated into the orientation process. Employees, rather than clients, are typically the most vocal opposition to the implementation of a tobacco-free policy. This opposition typically arises out of misinformation or inaccurate beliefs about tobacco and tobacco use, as well as anxiety among staff who are smokers. Clearing up misconceptions can turn even the most vocal of opponents into voices of support. "Myth busting" regarding common misconceptions around tobacco-free policies and tobacco cessation - along with clearly demonstrating the financial and health impacts of tobacco use - can promote changes in attitudes and tobacco-related practices.[71]

Healthcare personnel or other service providers may experience uncertainty about their own knowledge, skills, and ability to successfully help people live tobacco-free. They may question how to incorporate tobacco cessation interventions into their current daily duties and workflow. Often, staff may validly feel like they cannot add one more task to their already full list of competing demands. Therefore, it is essential to teach providers the tobacco cessation information, skills, and strategies they will need to be effective. The most successful approaches incorporate tobacco cessation into the work they are already doing—tobacco cessation need not be a separate task from many of the roles and responsibilities staff already have.

Staff should be encouraged to learn more about tobacco cessation through continuing education and supervision. Training opportunities to support tobacco cessation can include:

- Integration of tobacco cessation into service workflows;
- Brief screening and assessment tools;
- Motivational interventions;
- Evidence-based pharmacotherapy and counseling;
- Practical treatment planning approaches;
- Strategies to work with priority populations;
- Community referrals and resources.

Clients and Other Community Members

Learning accurate information about tobacco use and cessation can be very empowering for people who may not have had prior access to this knowledge. Even people who consider themselves well-educated on this topic will often learn something new or understand something in a new way. For example, individuals are often surprised by how the tobacco industry has targeted the most at-risk populations. This type of information often quickly shifts individuals' perspectives on the compelling need to go tobacco-free, particularly among staff who are smokers. Clearing up misconceptions can turn even the most vocal of opponents into voices of support.

Provide Education Activities

To Do List:

- [ ] Identify the types of training and educational opportunities needed
- [ ] Contract with trainers to provide needed services
- [ ] Provide ongoing training opportunities for employees, clients, and community members

Completion Date: _____

Who's Responsible: _____

_____

Refer to the Resources section of this toolkit for educational information, materials, and training programs to achieve your organization's education and training goals.

Offer Tobacco Cessation Services

For a successful implementation of a tobacco-free policy, organizations should offer tobacco cessation medication and counseling services and/or resources to both employees and clients. People who use tobacco need support to enhance their motivation and their ability to live tobacco-free.

Only 4-7% of unaided quit attempts are successful, but there are proven treatments that significantly increase the possibility of long-term cessation. The combination of counseling and nicotine replacement therapy (NRT) and/or other FDA-approved tobacco cessation medications is the most effective option.[72]

Tobacco Cessation Medications

There are 7 FDA-approved tobacco cessation medications shown to be effective in helping people to stop using tobacco. These include:

- Nicotine replacement therapies (NRT) – nicotine patches, gum, and lozenges are available over-the-counter. The nicotine inhaler and nasal spray are available by prescription only.
- Bupropion – Also called Zyban (to support tobacco cessation) or Wellbutrin (to treat symptoms of depression), bupropion was the first non-nicotine medication shown to be effective for tobacco cessation and was approved by the FDA for that use in 1997.
- Varenicline – Also called Chantix, varenicline is a medication that was approved by the FDA for the treatment of tobacco dependence in 2006. Varenicline has been shown to be widely effective in assisting smokers quit.[73,74]
- Research supports the use of tobacco cessation medication combination therapy as the most effective treatment of tobacco dependence. For instance, it is common to use the nicotine patch combined with nicotine gum to control cravings.[75,76]

Tobacco Cessation Counseling

Effective tobacco cessation counseling formats include individual, group, and telephonic. Regardless of the treatment modality, the Stages of Change Model can be utilized to gauge an individual's readiness for treatment.[77,78] As providers tailor their interventions to match an individual's readiness to change, they can enhance motivation to change and increase tobacco users' confidence in their ability to quit.[79,80]

Individual or group treatment should include cognitive and behavioral interventions with the highest abstinence rates.[81] These include:

1. Skills-building/problem-solving;
2. Support and encouragement.

A general rule regarding tobacco cessation efforts is that more is better. Multiple interventions and longer sessions can improve quit rates. However, abstinence rates can increase with just a 3-minute intervention. Also, multiple formats (individual, group, telephonic) and multiple types of clinicians lead to greater success.[82]

For additional information about tobacco use and cessation treatment, refer to the DIMENSIONS: Tobacco Free Toolkit for Healthcare Providers.

Quitlines

Quitlines are a tobacco cessation resource with demonstrated effectiveness.[83,84,85] 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 contacted by calling the national toll-free number: 1-800-QUIT-NOW.

Most quitlines offer services in Spanish and, depending on the regions they serve, other languages as well. Quitlines can also connect users to the Asian Smokers' Quitline, which offers services in Cantonese, Mandarin, Korean, and Vietnamese.

Peer Recovery Programs

Peer specialists have a particular lived experience within a specific community, such as behavioral health, and are trained to work with their peers to support them along their journey. Peer-led interventions are a good way to support and extend provider treatment. Depending upon your setting, peers can be employees or clients who are former tobacco users. Peers uphold the values of recovery and resiliency, serving as role models for wellness, responsibility, and empowerment. In their interactions, peers have the opportunity to communicate warmth, empathy, and a non-judgmental stance while honoring the unique needs of specific at-risk populations. While precise job descriptions vary widely across agencies, peers focus heavily on the identification of strengths, skill building, effective symptom management, and goal setting. They can also provide outreach, advocacy, social and logistical support, and education.

Peers need specialized training to incorporate tobacco cessation interventions into their roles and responsibilities. Some potential skills include:

- Conduct one-on-one motivational interventions;
- Facilitate tobacco cessation groups;
- Provide internal and external referrals to tobacco cessation services;
- Raise awareness through agency and community trainings.

For information about specialized peer and provider trainings offered by the Behavioral Health & Wellness Program at the University of Colorado, School of Medicine visit: http://www.bhwellness.org

Funding Tobacco Cessation Services

There are many ways to fund tobacco cessation services for both employees and clients. The Affordable Care Act requires that insurance companies provide some level of tobacco cessation support. However, not all private insurers offer the full range of available services. Insured people interested in accessing tobacco cessation treatment should be encouraged to verify their coverage. If your organization provides an employer-sponsored insurance plan, confirming what the coverage is, how services can be obtained, and at what cost to employees is an important and much appreciated part of your staff communication plan.

As of August 2010, the Centers for Medicare and Medicaid Services (CMS) began covering tobacco cessation counseling for outpatient and hospitalized Medicare beneficiaries. Although coverage differs depending upon whether a tobacco-related diagnosis has been made, services are covered regardless of the patient's signs and symptoms of tobacco-related disease.[86] If the Medicare recipient has not been diagnosed with a disease caused or exacerbated by tobacco, Medicare treats tobacco-cessation counseling as a preventive treatment. Otherwise, Medicare covers counseling at regular rates. Medicare often does not cover over-the-counter nicotine replacement therapy, but does cover prescription pharmacotherapy. Medicaid can cover all FDA-approved cessation medications, but benefits are state specific.

State Snapshot: The Colorado QuitLine

The Colorado QuitLine, managed by National Jewish Health, is frequently held up as a national model of telephonic tobacco cessation counseling services.

The Colorado QuitLine contracts with the state department of health and several third-party payers—mostly the insurance companies licensed to operate within the state—to help defer costs of nicotine replacement therapy. This cost-sharing model allows the Colorado QuitLine to offer free or subsidized NRT (gum, patches, or lozenges) to qualifying callers.

The QuitLine offers up to five outbound calls to clients and accepts unlimited inbound calls. The QuitLine operates seven days a week from 6am to 11pm. There is also an online service available 24-hours a day. QuitLine counseling and web services are offered to tobacco users, ages 15 and older (NRT is only available to 18 and older). Pregnant tobacco users can opt-in to a dedicated service with nine outbound calls, a dedicated counselor for the length of the process, and rewards.

Offer Tobacco Cessation Services Activities

To Do List:

- [ ] Identify internal and external services that will be provided
- [ ] Explore funding and income sources for services
- [ ] Set up workflow for services
- [ ] Develop informational materials for tobacco cessation services
- [ ] Train staff and peer tobacco cessation providers
- [ ] Create referral list for external resources for employees and clients

Completion Date: _____

Who's Responsible: _____

_____

Launch Your Policy

Practice Day

Organize a "Practice Day" prior to the policy implementation date. This provides an opportunity for staff and clients to test out the policy and make last minute adjustments. Most importantly, this activity helps to alleviate fears about the tobacco-free transition. Typically, through the "Practice Day," leadership, staff, and clients learn that their fears are not realized, which increases confidence about the actual launch.

Signage

Before your policy is launched, be sure that all needed signage is posted. Your local and state health departments will be valuable resources for guidance and direction. Signage should be placed at building entrances and in key locations around the property perimeter, particularly in areas where staff and clients smoke. Signage should also be in the different languages that represent the primary languages of your client population.

Enforcement

All visitors will need to be informed about the new tobacco-free policy. Print cards or brochures for distribution to clients, visitors, or co-workers violating the tobacco-free policy to support implementation and enforcement. These materials can include a message about the policy and information about how to quit, such as contact information for the quitline or other community resources. You should also make changes to the environment that discourage policy violations, such as removal of smoking shelters and ashtrays.

Kick-off Celebration

On the day you launch your policy, plan 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. Ask staff and clients to share their tobacco-free journeys in person at the launch event, through a company email, newsletter, intranet site, or on posters hung around the facility. Personal stories can be very powerful motivators to help people to understand, appreciate, and value the new policy.

Launch Your Policy Activities

To Do List:

- ☐ Develop and post signage
- ☐ Develop and print tobacco-free policy enforcement cards
- ☐ Organize and plan a "Practice Day"
- ☐ Organize and plan a kick-off celebration

Completion Date: _____

Who's Responsible: _____

_____

Enforce Your Policy

As organizations go tobacco-free, there is almost always anxiety related to enforcing the policy. As with most major organizational shifts, there will be a subset of individuals who challenge the change. Even so, policy enforcement issues are typically far less intense than feared. People who use tobacco make up only 11-24% of community and social service healthcare providers and staff.[87] Moreover, nearly 70% of current smokers want to quit, and each year, even in the absence of a tobacco-free policy at work, nearly half make quit attempts.[88] This means that at any given time, almost all staff and clients are either non-tobacco users, want to quit, are actively trying to quit, or have recently quit.

After the transition, most staff and clients report being happier, healthier, and more productive.[89,90,91,92] For clients, treatment outcomes are better for those who successfully stop their tobacco use.[93,94]

Staff may indicate that they do not want to be responsible for policing clients, visitors, and co-workers. Leadership must make it clear that it is everyone's job to create a healthy work environment, which includes policy enforcement. Enforcement need not lead to escalating a situation. Staff can be trained to use scripts to provide information regarding the policy in a non-confrontational way. If a violation poses a safety risk, security or police should be notified.

Client Violations

Progressive consequences in response to client policy violations are encouraged. Initially, it is the responsibility of the treatment team or service provider to address infractions as a component of treatment. Treatment teams can acknowledge how highly addictive nicotine is and work with clients to make healthy lifestyle changes. Clients who continually refuse to follow agency policy should be subject to consequences, including a ban from accessing services, but it is rare that someone would be denied services based solely on tobacco-free policy violations. Individuals who continually refuse to adhere to the tobacco-free policy are typically acting out in other ways as well.

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 should all clearly outline progressive disciplinary actions. It may include verbal coaching with the first violation, then a written warning, followed by suspension, and finally termination.

Enforce Your Policy Activities

To Do List:

- ☐ Review your policy outline of actions to address policy violations
- ☐ Ensure that all employees and clients are aware of the consequences for policy violations
- ☐ Practice your enforcement scripts
- ☐ Consistently follow through with disciplinary actions

Completion Date: _____

Who's Responsible: _____

_____

POLICY-PLANNING TOOLBOX

Enforcement Scenarios

Enforcement is often cited as the most difficult obstacle to implementing and maintaining tobacco-free policies. Use this worksheet to brainstorm resolutions to potential enforcement scenarios. We've provided some messages that can be used in these scenarios.

Scenarios:

1. A member of the leadership team asks why they should enforce the policy since they're getting a lot of pushback from employees and clients alike.
2. A client at an inpatient facility complains that they have already given up alcohol and their freedom and worries that giving up one more thing will push them to relapse.
3. A patient at a hospital comes out of surgery. It's been hours since they had a cigarette and want to go outside to smoke. They're upset when they realize they can't smoke on hospital grounds.
4. An employee complains that using tobacco is a personal freedom and that their employer should not try and control their choices.
5. A client suggests that instead of banning tobacco altogether that the organization simply create designated outdoor smoking areas.

Sample Response:

1. This policy helps to provide a healthy and safe environment for employees, clients, and visitors and promotes positive health behaviors.
2. Tobacco acts as a cue for other drug use and maintains coping through addiction.
3. Policies that discourage tobacco use can improve health outcomes—Smoking slows wound healing, increases infection rates in surgeries, and is the most common cause of poor birth outcomes.
4. We are not saying you must stop using tobacco. What we are saying is that you cannot use tobacco while you are at work. If you are ready to quit, we want to support your efforts.
5. (Name of 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.

Your Response:

1. _____
2. _____
3. _____
4. _____
5. _____

Evaluate Your Program

Going tobacco-free has been shown to offer organizations a return on their financial investment as well as to increase the quality of life for staff and clients, refine clinical practice, and improve patient care. How quickly these gains are achieved and to what extent will depend on a variety of factors, including the initial stage of change of your organization, the prevalence of tobacco use in your community, staff and client resistance, funding levels, and the ability to adopt a tobacco-free environment initiative that meets your organization's unique needs. Evaluation of policy outcomes should ideally start before the tobacco-free policy is implemented and continue long-term as an ongoing organizational metric.

As your organization moves through activities on your 6-month timeline, it is helpful to engage in a process evaluation. This includes qualitative feedback from the Wellness Committee and other key stakeholders on progress to date. Building this into your tobacco-free initiative will ensure that your Wellness Committee and leadership can address any potential barriers early in the process. Structured reporting of progress will also assist your organization to describe its tobacco-free journey following implementation. It is much more difficult to recreate this process in retrospect.

Baseline Data

An effective tobacco-free policy is expected to affect several areas, all of which are subject to evaluation. Agencies might initially measure staff beliefs, attitudes, and knowledge regarding tobacco-free policies and tobacco treatment.

LINK: Sample Attitudes, Knowledge, and Utilization Survey

https://www.bhwellness.org/resources/surveys/tobacco-free-program/Attitudes-Knowledge-and-Utilization.pdf

The intent of a tobacco-free policy is straight-forward–it provides a healthful environment for staff and clients. To this end, a baseline survey can be used to determine the prevalence, frequency, and intensity of tobacco use in the client community; the willingness and desire to quit; knowledge of tobacco's harms; knowledge of and access to currently available cessation resources; and general attitudes about going tobacco-free. Similar surveys can be used for both staff and clients.

LINK: Sample Community Health Agency Employee and Client Survey

https://www.bhwellness.org/resources/surveys/tobacco-free-program/Community-Health-Agency-Employee-and-Client.pdf

You may also want to solicit input from community sites that you wish to engage as tobacco-free environment partners or coalition members. It is helpful to get a baseline from these partners on their attitudes and the status of their associated tobacco-free initiatives.

LINK: Sample Community Partner and Coalition Member Survey

https://www.bhwellness.org/resources/surveys/tobacco-free-program/Community-Partner-and-Coalition-Member.pdf

The act of simply asking every client at every visit whether they use tobacco and whether they are interested in quitting is an established, evidence-based best practice.[95] Screening and assessment are now mandated in many treatment environments. As a prime example, recording smoking status is one of the 13 core requirements for the CMS meaningful use standards. Many state and federal public health, client registries, and quality improvement datasets can also be used to provide a baseline with which you can compare your organization's outcomes.

Short- and Long-Term Outcomes

After implementation, your organization can collect outcomes to compare to baseline data, such as staff attitudes, knowledge, utilization of evidence-based practices, prevalence of staff and client tobacco use, and satisfaction. Other potential outcomes include client census (including number of tobacco-users entering treatment), percentage of clients who leave treatment with an intent to continue tobacco abstinence, rate and type of policy violations, employee sick days, health outcomes, client life functioning, and cost of client care. We suggest that organizational outcomes be measured at 6 months and one year following policy implementation. Thereafter, we recommend that core outcomes be integrated into an organization's quality assurance process and timelines.

Evaluate Your Program Activities

To Do List:

- ☐ Gather baseline data
- ☐ Evaluate tobacco-free policy implementation process
- ☐ Complete follow-up evaluations

Completion Date: _____

Who's Responsible: _____

_____

Sustaining Change

Sustaining Change

As you develop your implementation plan, a key aspect to consider is a long-term strategy to sustain your tobacco-free policy. Putting structures in place during policy development will encourage continued momentum long after the initial implementation process is complete.

Integrate Tobacco into Your Strategic Plan

Make the choice to integrate your tobacco work into your organization's strategic plan. Incorporating it into your strategic plan will ensure continued commitment and attention to your tobacco efforts. This integration helps to keep your tobacco-free policy and other activities on the forefront when making decisions and planning your distribution of resources.

Ongoing Evaluation

With any ongoing program or policy, a recurring process of evaluation should be held on an annual basis. The evaluation should assess the effectiveness and outcomes of the tobacco-free policy. Collect data on the impact of the policy on the health of your organization, employees, and clients. Remember to set and reset new goals as your organization achieves them.

Maintain Enforcement

It is important to consistently maintain enforcement of your tobacco-free policy over time. Be sure to pay attention to any problem areas and make adjustments as needed. Check in regularly with neighbors and community partners to resolve issues that may arise.

Regular Wellness Committee Meetings

Facilitating wellness at your organization is an ongoing process. It requires regular attention and energy to keep programs fresh and engaging. Your tobacco-free policy should be a consistent area of focus for program development and maintenance. Rotate employees who serve on the Wellness Committee or act as Wellness Champions so as many people who are interested can be involved. Adjust work duties or schedules to accommodate Wellness Committee activities. In order to communicate the importance of this work, be sure to recognize and reward employees accordingly.

Training and Education

Ensure that all new employees receive information about your tobacco-free policy. Educate them on tobacco use and cessation so they can in turn support and educate those with whom they work. In particular, healthcare and other service providers should learn how to enhance motivation to quit and provide the necessary support to successfully stop tobacco use. One-time training is not enough. Refresher courses and ongoing practice of skills are needed to maintain competence.

Resources

Resources

Name of Program	Description and Resources
American Cancer Society	The American Cancer Society website provides a model policy for a tobacco-free workplace as well as the *Quit Tobacco and Smoking Toolkit*, a comprehensive toolkit with promotional messaging, activities that promote smoking cessation and policy enforcement strategies. http://www.cancer.org/healthy/stayawayfromtobacco/smoke-freecommunities/createasmoke-freeworkplace/index
American Lung Association – State and Legislated Action on Tobacco Issues (SLATI)	This website is home to the online version of SLATI, which tracks state tobacco control laws, such as restrictions on smoking in public places and workplaces and tobacco taxes, on an ongoing basis. It is the only comprehensive and up-to-date summary of tobacco control laws in all 50 states and the District of Columbia. http://www.lungusa2.org/slati/
American Lung Association – Tobacco Cessation and the Affordable Care Act	A valuable resource providing materials and analyses exploring ACA provisions that address tobacco cessation and prevention. http://www.lung.org/stop-smoking/tobacco-control-advocacy/reports-resources/tobacco-cessation-affordable-care-act/
Americans for Nonsmokers' Rights	Americans for Nonsmokers' Rights is the leading national lobbying organization, dedicated to nonsmokers' rights, taking on the tobacco industry at all levels of government, protecting nonsmokers from exposure to secondhand smoke, and preventing tobacco addiction among youth. The website provides information on establishing tobacco-free policies in a variety of settings as well as a comprehensive list of smoke-free businesses. http://www.no-smoke.org
Association for the Treatment of Tobacco Use and Dependence (ATTUD)	ATTUD is an organization of providers dedicated to the promotion of and increased access to evidence-based tobacco treatment. The website provides a variety of presentations and information regarding the Medicare benefit for tobacco counseling. http://www.attud.org/

Name of Program	Description and Resources
Behavioral Health and Wellness Program (BHWP), University of Colorado	BHWP's mission is to improve quality of life by facilitating evidence-based health behavior change for communities, organizations, and individuals. BHWP offers numerous trainings and resources to promote positive health behavior change through tobacco cessation, weight management, and policy-making, including the ATTUD-accredited Rocky Mountain Tobacco Treatment Specialist Certification (RMTTS-C) Program. http://www.bhwellness.org
California Youth Advocacy Network (CYAN)	CYAN is a statewide organization dedicated to supporting youth and young adult tobacco prevention advocates and tobacco control agencies throughout California. The website provides resources such as program specific materials, educational materials, fact sheets, and suggested reading lists by topic area. http://www.cyanonline.org/
Center for Disease Control (CDC) – 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 and include recently published tobacco-related articles from peer-reviewed journals of behavioral, scientific, and medical literature. http://nccd.cdc.gov/shrl/quickSearch.aspx
Legacy Tobacco Documents Library (LTDL)	The 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. http://legacy.library.ucsf.edu/
National Association of State Mental Health Program Directors (NASMHPD)	NASMPHD serves as the national representative and advocate for state mental health agencies and supports effective stewardship of state mental health systems. The website includes several policy and research reports concerning tobacco use in treatment settings as well as a toolkit, *Tobacco-Free Living in Psychiatric Settings.* http://www.nasmhpd.org

Name of Program	Description and Resources
National Behavioral Health Network for Tobacco & Cancer Control (NBHN)	NBHN is 1 of 8 CDC National Networks that ignite action to eliminate tobacco use and cancer disparities. NBHN serves as a resource hub for organizations, healthcare providers, and public health professionals seeking to combat these disparities among individuals with mental illnesses and addictions. http://bhthechange.org/
National Council for Behavioral Health	The National Council's mission is to advance their members' ability to deliver integrated healthcare. The website provides information regarding tobacco cessation for people with mental illnesses and addictions. http://www.thenationalcouncil.org/topics/tobacco-cessation/
Partnership for Prevention	Partnership for Prevention is made up of a variety of members including government agencies, healthcare delivery organizations, associations of health professionals, patients groups, and others. It is dedicated to making disease prevention and health promotion a national priority by increasing the use of clinical preventive services. The website provides a list of development resources around business and health, policy and advocacy, as well as research and community prevention. http://www.prevent.org/Publications-and-Resources.aspx
Smoking Cessation Leadership Center (SCLC), University of California, San Francisco	SCLC aims to increase smoking cessation rates and increase the number of health professionals who help smokers quit. The website provides recent publications, presentations, toolkits, and fact sheets. http://smokingcessationleadership.ucsf.edu/resources
Substance Abuse and Mental Health Services Administration (SAMHSA)	SAMHSA-HRSA promotes the development of integrated primary and behavioral health services to better address the needs of individuals with mental health and substance use conditions. The website provides general resources, research and articles, webinars, and policy information. http://www.integration.samhsa.gov/
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 a variety of tobacco-related topics and can be easily customized for your areas of interest. It also features a searchable database of the current and archived news summaries. http://www.tobacco.org/

Name of Program	Description and Resources
Tobacco Control Evaluation Center (TCEC), University of California, Davis	TCEC provides evaluation-related resources on evaluation plans, other evaluation issues, and on the development of evaluation tools to help projects produce effective and useful evaluations. TCEC also maintains a database of data collection instruments. http://tobaccoeval.ucdavis.edu/index.html
Tobacco Recovery Resource Exchange	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. http://www.tobaccorecovery.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. http://www.ttac.org/

Frequently Asked Questions

Sample of Frequently Asked Questions

These are typical questions asked by employees, clients, and other interested parties. We've provided sample responses. Organizations may want to post these or similar FAQs on their website or in their printed materials.

Why are we implementing a tobacco-free policy?

As healthcare leaders, we are dedicated to improving the health of our employees, clients, and community. Through a tobacco-free policy, we have an opportunity to demonstrate our commitment and leadership by creating a safe and healthy environment for all.

Don't people have a right to smoke (or use tobacco)?

No. There is no legal right to smoke. Our organization has a right to create a tobacco-free environment within our buildings and grounds. This initiative is consistent with our goal to create a foundation for good health and well-being.

How will clients, visitors and others learn of our new tobacco-free policy?

We will announce our new tobacco-free policy through the media, informational materials, and post signs around our property. We will also send information to all employees, including service providers, so they can be informed and inform others about our tobacco-free policy. We ask that managers discuss this policy with employees as soon as possible, so we can all prepare for this change. Additionally, neighbors and community partners will receive letters about the upcoming policy change, encouraging their active participation in our tobacco-free efforts.

Does this new policy comply with union contracts?

Yes. Our 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 closely with them throughout our implementation process.

How will the policy be enforced?

Our hope is that we can all work together to enforce this policy. All employees, clients, and other visitors who use tobacco products or e-cigarettes on the premises will be asked to stop, reminded of the policy, and, if they are ready to quit, we will provide resources to help them. If an employee or client chooses not to comply with the policy, please inform their supervisor or service provider. Inform security if anyone poses a safety threat. Repeat offenders are subject to disciplinary action.

What about people who are short- or long-term residents?

Our tobacco-free policy applies to everyone. Residents will be provided with tobacco cessation support and resources during their stay.

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

No. As good neighbors, we ask that both staff and clients do not negatively impact the adjoining areas by loitering near our organization's property to smoke. This includes public areas such as sidewalks and bus stops.

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

No. We want to ensure fair treatment to all employees. 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?

Smoking inside your car is only allowed if your car is parked off-site and not located in a parking lot on organization property. Additionally, the use of tobacco products or e-cigarettes is not allowed in any organization-owned vehicle no matter its location.

Will there be more litter around the campus because of cigarette butts?

We expect that all employees, clients, and other visitors will treat surrounding public areas and private properties with respect. This means that people will not leave litter, including cigarette butts and other trash.

Can an employee be disciplined for carrying unlit cigarettes or other tobacco products?

Yes. All tobacco products or e-cigarettes should be kept in a locked personal vehicle.

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

Yes. We encourage people who use tobacco to use NRT to help manage cravings while on-site.

Do contract workers and other outside employees need to follow this policy?

Yes. All vendors and contracted employees are expected to comply with this policy.

I feel uncomfortable approaching people who are violating our tobacco-free policy. What am I supposed to do?

Managers and security staff have the primary responsibility for policy enforcement. They will talk with employees or visitors who violate our tobacco-free policy. We anticipate that most employees, clients, and other visitors will comply with the policy once they are aware of it.

However, there may be times when you observe someone violating our policy when there is not a manager or security staff around. We understand that conversations about someone's personal behavior, like smoking, can be uncomfortable. We hope you'll help us create a healthier environment by educating people about the new policy. Remind them that this is a tobacco-free campus. You may want to carry some tobacco-free policy announcement cards with information about tobacco-cessation resources to hand out.

Other questions

Questions addressing the resources available to employees and clients who are interested in stopping their tobacco use are important to include in your FAQs. Since this content is unique to your organization, we have not included sample content. Remember to include information about services and resources offered by your organization as well as those offered in your community.

End Notes

End Notes

[1] U.S. Department of Health and Human Services (2014). *The Health Consequences of Smoking—50 Years of Progress: A Report of the Surgeon General*. Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health.

[2] Callinan, J. E., Clarke, A., Doherty, K., & Kelleher, C. (2010). Legislative smoking bans for reducing secondhand smoke exposure, smoking prevalence and tobacco consumption. *Cochrane Database Library, 4.*

[3] Task Force on Community Preventive Services. (2000). *The Guide to Community Preventive Services: Effectiveness of Smoking Bans and Restrictions to Reduce Exposure to Environmental Tobacco Smoke.* Retrieved from: http://www.thecommunityguide.org/tobacco/smokingbans_archive.html

[4] Stolz, D., Scherr, A., Seiffert, B., Kuster, M., Meyer, A., Fagerström, K.O., & Tamm, M. (2014). Predictors of success for smoking cessation at the workplace: A longitudinal study. *Respiration,* 87, 18-25.

[5] Ham, D. C., Przybeck, T., Strickland, J. R., Luke, D. A., Beirut, L. J., & Evanoff, B. A. (2011). Occupation and workplace policies predict smoking behaviors: Analysis of national data from the current population survey. *Journal of Occupational and Environmental Medicine, 53*(11), 1337-45.

[6] Task Force on Community Preventive Services. (2005). *The Guide to Community Preventive Services: What Works to Promote Health?* New York: Oxford University Press. Retrieved from http://www.thecommunityguide.org/tobacco/Tobacco.pdf

[7] Centers for Disease Control and Prevention. (2011). Tobacco use: Targeting the Nation's Leading Killer. Retrieved from http://www.cdc.gov/chronicdisease/resources/publications/AAG/osh.htm

[8] U.S. Department of Health and Human Services. (2004). *The Health Consequences of Smoking:* A Report of the Surgeon General. Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health.

[9] U.S. Department of Health and Human Services. (2010). *Decision memo for counseling to prevent tobacco use (CAG-00420N).* Baltimore, MD: U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services. Retrieved from http://www.cms.gov/medicare-coverage-database/details/nca-decision-memo.aspx?NCAId=242&NCDId=342&ncdver=1&IsPopup=y&bc=AAAAAAAAAgAAAA%3D%3D&

[10] Fiore, M. C., Jaén, C. R., Baker, T. B., et al. (2008). *Treating tobacco use and dependence: 2008 update. Clinical Practice Guideline.* Rockville, MD: U.S. Department of Health and Human Services. Public Health Service.

[11] Evins, A. E., Mays, V. K., Cather, C., Goff, D. C., Rigotti, N. A., & Tisdale, T. (2001). A pilot trial of bupropion added to cognitive behavioral therapy for smoking cessation in schizophrenia. *Nicotine & Tobacco Research, 3*(4), 397-403.

[12] George, T. P., Vessicchio, J. C., Termine, A., Jatlow, P. I., Kosten, T. R., & O'Malley, S. S. (2003). A preliminary placebo-controlled trial of selegiline hydrochloride for smoking cessation. *Biological Psychiatry, 53*(2), 136-143.

[13] el-Guebaly, N., Cathcart, J., Currie, S., Brown, D., & Gloster, S. (2002). Smoking cessation approaches for persons with mental illness or addictive disorders. *Psychiatric Services, 53*(9), 1166-1170.

[14] Gay, M. (2014, September 15). New York City's adult smoking rate climbs. *Wall Street Journal.* Retrieved from http://www.wsj.com/articles/new-york-citys-adult-smoking-rate-climbs-1410812653

[15] Carter, B. D., Abnet, C. C., Feskanich, D., Freedman, N. D., Hartge, P., Lewis, C. E., ... Jacobs, E. J., (2015). Smoking and mortality—Beyond established causes. *New England Journal of Medicine, 372*(7), 631-640.

[16] Guydish, J., Ziedonis, D., Tajima, B., Seward, G., Passalacqua, E., Chan, M., ... & Brigham, G., (2012). Addressing tobacco treatment through organizational change (ATTOC) in residential addiction treatment settings. *Drug and Alcohol Dependence, 121, 30-37.*

[17] Agaku, I.T., King, B.A., Husten, C.G., Bunnell, R., Ambrose, B.K., Hu, S.S.,... & Day, H.R. (2014). Tobacco product use among adults, 2012-2013. *Morbidity and Mortality Weekly Report. 63*(25): 542-547.

[18] 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.

[19] 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. *Morbidity and Mortality Weekly Report, 62*(5), 81-87.

[20] Lasser, K., Boyd, J. W., Woolhandler, S., Himmelstein, D. U., McCormick, D., & Bor, D. H. (2000). Smoking and mental illness: A population-based prevalence study. Journal of the *American Medical Association, 284*(20), 2606-2610.

[21] D'Mello, D. A., Banlamudi, G. R., & Colenda, C. C. (2001). Nicotine replacement methods on a psychiatric unit. *American Journal of Drug and Alcohol Abuse, 27*, 525-529.

[22] Lasser, K., Boyd, J. W., Woolhandler, S., Himmelstein, D. U., McCormick, D., & Bor, D. H. (2000). Smoking and mental illness: A population-based prevalence study. *Journal of the American Medical Association, 284*(20), 2606-2610.

[23] Lasser, K., Boyd, J. W., Woolhandler, S., Himmelstein, D. U., McCormick, D., & Bor, D. H. (2000). Smoking and mental illness: A population-based prevalence study. *Journal of the American Medical Association, 284*(20), 2606-2610.

[24] Kwong, J., & Bouchard-Miller, K. (2010). Smoking cessation for persons living with HIV: A review of currently available interventions. *Journal of the Association of Nurses in Aids Care, 21*, 3-10.

[25] Okuyemi, K. S., Goldade, K., Whembolua, G. L., Thomas, J. L., Eischen, S., Sewali, B., . . . & Ahluwalia, J. S. (2013). Motivational interviewing to enhance nicotine patch treatment for smoking cessation among homeless smokers: a randomized controlled trial. *Addiction, 108*(6), 1136-1144.

[26] Torchalla, I., Strehlau, V., Okoli, C. T. C., Li, K., Schuetz, C., & Krausz, M. (2011). Smoking and predictors of nicotine dependence in a homeless population. *Nicotine & Tobacco Research, 13*(12), 1-9.

[27] Ritter, C., Stover, H., Levy, M., Etter, J. F., & Elger, B. (2011). Smoking in prisons: The need for effective and acceptable interventions. *Journal of Public Health Policy, 32*(1), 32-45.

[28] Kauffman, R. M., Ferketich, A. K., Murray, D. M., Bellair, P. E., & Wewers, M. E. (2010). Measuring tobacco use in a prison population. *Nicotine & Tobacco Research, 12*(6), 582 – 588.

[29] U.S. Department of Health and Human Services. (2006). *The health consequences of involuntary exposure to tobacco smoke: A report of the Surgeon General.* Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health.

[30] Chavez, R., Oto-Kent, D., Porter, J., Brown, K., Quirk, L., & Lewis, S. (2005). *Tobacco Policy, Cessation, and Education in Correctional Facilities.* Chicago, IL: National Commission on Correctional Health Care and National Network on Tobacco Prevention and Poverty.

[31] Nijhawan, A. E., Salloway, R., Nunn, A. S., Poshkus, M., & Clarke, J. G. (2010). Preventative healthcare for underserved women: Results of a prison survey. *Journal of Women's Health, 19*(1), 17-22.

[32] Cropsey, K. L., Jones-Whaley, S., Jackson, D. O., & Hale, G. J. (2010). Smoking characteristics of community corrections clients. *Nicotine & Tobacco Research, 12*(1), 53- 58.

[33] Baker, A., Richmond, R., Haile, M., Lewin, T. J., Carr, V. J., Taylor, R. L., ... & Wilhelm, K. (2006). A randomized controlled trial of a smoking cessation intervention among people with a psychotic disorder. *American Journal of Psychiatry, 163,* 1934-1942.

[34] Mauer, B. (2006). Morbidity and mortality in people with serious mental illness. *Technical Report, 13.*

[35] Berman, M., Crane, R., Seiber, E., & Munur, M. (2014). Estimating the cost of a smoking employee. *Tobacco control, 23*(5), 428-433.

[36] Centers for Disease Control and Prevention. (2006). *Save Lives, Save Money: Make Your Business Smoke-Free.* Retrieved from http://www.cdc.gov/tobacco/basic_information/secondhand_smoke/guides/business/pdfs/save_lives_save_money.pdf

[37] Fichtenberg, C. M., & Glantz, S. A. (2002). Effect of smoke-free workplaces on smoking behaviour: Systematic review. *British Medical Journal, 325*, 188-191.

[38] Halpern, M. T., Shikiar, R., Rentz, A.M., & Khan, Z. M. (2001). Impact of smoking status on workplace absenteeism and productivity. *Tobacco Control, 10*, 233-238.

[39] Max, W. (2001). The financial impact of smoking on health-related costs: A review of the literature. *American Journal of Health Promotion, 15*, 321-331.

[40] Monihan, K., Schacht, L., & Parks, J. (2006). *A Comparative Analysis of Smoking Policies and Practices among State Psychiatric Hospitals.* National Association of State Mental Health Program Directors Research Institute, 1-7.

[41] U.S. Department of Health and Human Services. (2014). *The Health Consequences of Smoking—50 Years of Progress: A Report of the Surgeon General.* Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health.

[42] U.S. Department of Health and Human Services (2014). *The Health Consequences of Smoking—50 Years of Progress: A Report of the Surgeon General.* Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health.

[43] Ward, B. W., & Schiller, J. S. (2013). Prevalence of multiple chronic conditions among US adults: Estimates from the National Health Interview Survey, 2010. *Preventing Chronic Disease, 10.* Retrieved from http://www.cdc.gov/pcd/issues/2013/12_0203.htm

[44] Anderson, C. M., & Zhu, S. H. (2007). Tobacco quitlines: Looking back and looking ahead. *Tobacco Control, 16*(Suppl 1) i81-86.

[45] Prochaska, J. J., Hall, S. M., & Bero, L. A. (2007). Tobacco use among individuals with schizophrenia: What role has the tobacco industry played. *Schizophrenia Bulletin, 34*(3), 555-567.

[46] Campion, J., Chesinski, K., Nurse, J., & McNeill, A., (2008). Smoking by people with mental illness and benefits of smoke-free mental health services. *Advances in Psychiatric Treatment, 14,* 217-228.

[47] Campion, J., Chesinski, K., Nurse, J., & McNeill, A., (2008). Smoking by people with mental illness and benefits of smoke-free mental health services. *Advances in Psychiatric Treatment, 14*, 217-228.

[48] Hehir, A. M., Indig, D., Prosser, S., & Archer, V. A. (2013). Implementation of a smoke-free policy in a high secure mental health inpatient facility: staff survey to describe experience and attitudes. *BMC Public Health, 13*, 315.

[49] Campion, J., Chesinski, K., Nurse, J., & McNeill, A., (2008). Smoking by people with mental illness and benefits of smoke-free mental health services. *Advances in Psychiatric Treatment, 14*, 217-228.

[50] Prochaska, J. J., Delucchi, K., & Hall, S. A. (2004). A meta-analysis of smoking cessation interventions with individuals in substance abuse treatment or recovery. *Journal of Consulting and Clinical Psychology, 72*(6), 1144-1156.

[51] Hall, S. M., Tsoh, J. Y., Prochaska, J. J., Eisendrath, S., Rossi, J. S., Redding, C. A., ... & Gorecki, J. A. (2006). Treatment for cigarette smoking among depressed mental health outpatients: A randomized clinical trial. *American Journal of Public Health, 96*(10), 1808-1814.

[52] McCarthy, W. J., Zhou, Y., Hser, Y. I., & Collins, C. (2002). To smoke or not to smoke: impact on disability, quality of life, and illicit drug use in baseline polydrug users. *Journal of Addictive Diseases, 21(*2), 35-54.

[53] Shoptaw, S., Peck, J., Reback, C. J., & Rotheram-Fuller, E. (2003). Psychiatric and substance dependence comorbidities, sexually transmitted diseases, and risk behaviors among methamphetamine-dependent gay and bisexual men seeking outpatient drug abuse treatment. *Journal of Psychoactive Drugs, 35*(sup1), 161-168.

[54] Hehir, A. M., Indig, D., Prosser, S., & Archer, V. A. (2013). Implementation of a smoke-free policy in a high secure mental health inpatient facility: staff survey to describe experience and attitudes. *BMC Public Health, 13*, 315.

[55] Prochaska, J. M., Prochaska, J. O., & Levesque, D. A. (2001). A transtheoretical approach to changing organizations. *Administration and Policy in Mental Health, 28*, 247-261.

[56] Prochaska, J. O., & DiClemente, C. C. (1983). Stages and processes of self-change of smoking: Toward and integrative model of change. *Journal of Consulting and Clinical Psychology, 56*, 520-528.

[57] Kaspin, L. C., Gorman, K. M., & Miller, R. M. (2013). Systematic review of employer-sponsored wellness strategies and their economic and health-related outcomes. *Population Health Management, 16*(1), 14-21.

[58] Guydish, J., Ziedonis, D., Tajima, B., Seward, G., Passalacqua, E., Chan, M., ... & Brigham, G., (2012). Addressing tobacco treatment through organizational change (ATTOC) in residential addiction treatment settings. *Drug and Alcohol Dependence, 121,* 30-37.

[59] Campion, J., Chesinski, K., Nurse, J., & McNeill, A. (2008). Smoking by people with mental illness and benefits of smoke-free mental health services. *Advances in Psychiatric Treatment, 14,* 217-228.

[60] el-Guebaly, N., Cathcart, J., Currie, S., Brown, D., & Gloster, S. (2002). Smoking cessation approaches for persons with mental illness or addictive disorders. *Psychiatric Services, 53*(9), 1166-1170.

[61] Lawn, S., & Pols, R. (2005). Smoking ban in psychiatric inpatient settings? A review of the research. *Australian and New Zealand Journal of Psychiatry, 39,* 866-885.

[62] Ziedonis, D. M., Guydish, J., Williams, J., Steinberg, M., & Foulds, J. (2006). Barriers and solutions to addressing tobacco dependence in addiction treatment programs. *Alcohol Research & Health, 29*(3), 228-235.

[63] McRobbie, H., Bullen, C., Hartmann-Boyce, J., & Hajek, P. (2014). Electronic cigarettes for smoking cessation and reduction. [Online Publication]. *The Cochrane Library.*

[64] Rahman, M. A., Hann, N., Wilson, A., & Worrall-Carter, L. (2014). Electronic cigarettes: Patterns of use, health effects, use in smoking cessation and regulatory issues. *Tobacco Induced Diseases, 12*(1), 21.

[65] Dutra, L. M., & Glantz, S.A. (2014). Electronic cigarette and conventional cigarette use among U.S. adolescents: A cross sectional study. *JAMA Pediatrics, 168*(7), 610-617.

[66] Rahman, M. A., Hann, N., Wilson, A., & Worrall-Carter, L. (2014). Electronic cigarettes: Patterns of use, health effects, use in smoking cessation and regulatory issues. *Tobacco Induced Diseases, 12*(1), 21.

[67] Sulzberger, A.G. (2011, February 10). Hospitals shift smoking bans to smoker bans. *New York Times.* Retrieved from http://www.nytimes.com/2011/02/11/us/11smoking.html?pagewanted=all

[68] Morris, C. D., Tedeschi, G. J., Waxmonsky, J. A., May, M., & Giese, A. A. (2009). Tobacco quitlines and persons with mental illnesses: Perspective, practice, and direction. *Journal of the American Psychiatric Nurses Association, 15*(1), 32-40.

[69] Campion, J., Chesinski, K., Nurse, J., & McNeill, A. (2008). Smoking by people with mental illness and benefits of smoke-free mental health services. *Advances in Psychiatric Treatment, 14,* 217-228.

[70] National Association of State Mental Health Program Directors. (2007). *Tobacco-Free Living in Psychiatric Settings: A Best-Practices Toolkit for Promoting Wellness and Recovery.* Retrieved from http://www.nasmhpd.org/docs/publications/docs/2007/April142011TCIP_tk_FINAL_electronic0414.pdf

[71] Guydish, J., Ziedonis, D., Tajima, B., Seward, G., Passalacqua, E., Chan, M., ... & Brigham, G., (2012). Addressing tobacco treatment through organizational change (ATTOC) in residential addiction treatment settings. *Drug and Alcohol Dependence, 121*, 30-37.

[72] Fiore, M. C., Jaén, C. R., Baker, T. B., et al. (2008). *Treating tobacco use and dependence: 2008 update. Clinical Practice Guideline.* Rockville, MD: U.S. Department of Health and Human Services. Public Health Service.

[73] McRobbie, H., Bullen, C., Hartmann-Boyce, J., & Hajek, P. (2014). Electronic cigarettes for smoking cessation and reduction. [Online Publication]. *The Cochrane Library.*

[74] Rennard, S., Hughes, J., Cinciripini, P. M., Kralikova, E., Raupach, T., Arteaga, C., ... & Russ, C. (2012). A randomized placebo-controlled trial of varenicline for smoking cessation allowing flexible quit dates. *Nicotine & Tobacco Research, 14*(3), 343-350.

[75] George, T. P., Vessicchio, J. C., Sacco, K. A., Weinberger, A. H., Dudas, M. M., Allen, T. M., ... & Jatlow, P. I. (2008). A placebo-controlled trial of bupropion combined with nicotine patch for smoking cessation in schizophrenia. *Biological Psychiatry, 63*(11), 1092-1096.

[76] Fagerström, K. O., Schneider, N. G., & Lunell, E. (1993). Effectiveness of nicotine patch and nicotine gum as individual versus combined treatments for tobacco withdrawal symptoms. *Psychopharmacology, 111*(3), 271-277.

[77] Miller, W.R., & Rollnick, S. (2013). *Motivational Interviewing: Helping People Change.* New York: Guilford Press.

[78] Prochaska, J. O., & DiClemente, C. C. (1982). Transtheoretical therapy: Toward a more integrative model of change. *Psychotherapy: Theory, Research & Practice, 19*(3), 276-288.

[79] Deci, E. L., & Ryan, R. M. (1985). *Intrinsic motivation and self-determination in human behavior.* New York: Plenum Press.

[80] Williams, G. C., McGregor, H. A., Sharp, D., Levesque, C., Kouides, R. W., Ryan, R. M., & Deci, E. L. (2006). Testing a self-determination theory intervention for motivating tobacco cessation: Supporting autonomy and competence in a clinical trial. *Health Psychology, 25*(1), 91-101.

[81] Fiore, M. C., Jaén, C. R., Baker, T. B., et al. (2008). *Treating tobacco use and dependence: 2008 update. Clinical Practice Guideline*. Rockville, MD: U.S. Department of Health and Human Services. Public Health Service.

[82] Fiore, M. C., Jaén, C. R., Baker, T. B., et al. (2008). *Treating tobacco use and dependence: 2008 update. Clinical Practice Guideline.* Rockville, MD: U.S. Department of Health and Human Services. Public Health Service.

[83] Pavlik, J., Young, S., Richey, R., Mumby, S., & Morris, C. (2014). *Increasing low income callers access to and utilization of the Colorado QuitLine.* Report prepared for the Colorado Department of Public Health and Environment. Behavioral Health and Wellness Program, School of Medicine, University of Colorado, Denver, Colorado.

[84] Stead, L. F., Perera, R., & Lancaster, T. (2007). A systematic review of interventions for smokers who contact quitlines. *Tobacco Control, 16*(Suppl 1), i3-i8.

[85] Anderson, C. M., & Zhu, S. H. (2007). Tobacco quitlines: Looking back and looking ahead. *Tobacco Control, 16*(Suppl 1) i81-86.

[86] U.S. Department of Health and Human Services. (2010). *Decision memo for counseling to prevent tobacco use (CAG-00420N).* Baltimore, MD: U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services. Retrieved from http://www.cms.gov/medicare-coverage-database/details/nca-decision-memo.aspx?NCAId=242&NCDId=342&ncdver=1&IsPopup=y&bc=AAAAAAAAAgAAAA%3D%3D&

[87] Centers for Disease Control and Prevention. (2011). Current cigarette smoking prevalence among working adults--United States, 2004-2010. *Morbidity and Mortality Weekly Report, 60(*38), 1305-1309.

[88] U.S. Department of Health and Human Services. (2014). *The Health Consequences of Smoking—50 Years of Progress: A Report of the Surgeon General.* Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health.

[89] Centers for Disease Control and Prevention. (2006). *Save Lives, Save Money: Make Your Business Smoke-Free.* Retrieved from http://www.cdc.gov/tobacco/basic_information/secondhand_smoke/guides/business/pdfs/save_lives_save_money.pdf

[90] Fichtenberg, C. M., & Glantz, S. A. (2002). Effect of smoke-free workplaces on smoking behaviour: Systematic review. *British Medical Journal, 325*, 188-191.

[91] Halpern, M. T., Shikiar, R., & Rentz, A.M. & Khan, Z. M. (2001). Impact of smoking status on workplace absenteeism and productivity. *Tobacco Control, 10*(3), 233-238.

[92] Max, W. (2001). The financial impact of smoking on health-related costs: A review of the literature. *American Journal of Health Promotion, 15*(5), 321-331.

[93] Monihan, K., & Schacht, L. (2006). *A comparative analysis of smoking policies and practices among state psychiatric hospitals.* Alexandria, Virginia: National Association of State Mental Health Program Directors Research Institute, Inc.

[94] U.S. Department of Health and Human Services. (2014). *The Health Consequences of Smoking—50 Years of Progress: A Report of the Surgeon General.* Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health.

[95] Fiore, M. C., Jaén, C. R., Baker, T. B., et al. (2008). *Treating tobacco use and dependence: 2008 update. Clinical Practice Guideline.* Rockville, MD: U.S. Department of Health and Human Services. Public Health Service.

The Behavioral Health and Wellness Program's DIMENSIONS: Tobacco-Free Policy Toolkit contains evidence-based information and step-by-step instructions to plan, design, implement, and evaluate a facility- or agency-wide tobacco-free policy. Contact the Behavioral Health and Wellness Program at bh.wellness@ucdenver.edu for more information.

Behavioral Health & Wellness Program

University of Colorado Anschutz Medical Campus
School of Medicine