National Behavioral Health Network
for Tobacco & Cancer Control
from NATIONAL COUNCIL FOR MENTAL WELLBEING

Taking Your Facility Tobacco-Free

A Brief Overview

Individuals with mental health and substance use (MH/SU) challenges remain at a higher risk for tobacco use and have a disproportionate burden of tobacco-related illnesses and deaths. Individuals with MH/SU challenges use tobacco at rates two to four times higher than the general population, are twice as likely to have tried e-cigarettes and three times as likely to be current e-cigarettes users compared to the general population.[1,2,3] This is attributed, in part, to having less access to care, less environmental protections through tobacco-free health care facilities, diminished quality of clinical care (including provision of evidence-based tobacco cessation services), predatorial marketing by the tobacco industry and more. As a result, individuals with MH/SUD challenges die on average 5 to 25 years prematurely, with more than half of these deaths caused by tobacco-related diseases.[4,5,6]

ADDRESSING TOBACCO USE IN MENTAL HEALTH AND SUBSTANCE USE TREATMENT SETTINGS

Engaging MH/SU treatment facilities to take campuses (facilities and grounds) tobacco-free and increase utilization of evidence-based interventions to deliver tobacco cessation services is a cost-effective way to reduce tobacco-related disparities. MH/SU treatment facilities have an opportunity to demonstrate significant cost savings and a return on investment by investing in tobacco prevention and cessation strategies. Tobacco use incurs direct and indirect costs for many stakeholders beyond individual use, including states, providers, employers and insurers because of the adverse health effects of smoking.

- National spending on tobacco-related illnesses amounts to more than $300 billion each year.[7]
- Providing tobacco cessation services concurrently with psychiatric care can prove to be a fiscally prudent approach for psychiatric facilities, generating cost-effectiveness of over $1,500 per quit.[8]
- Evidence-based interventions, such as screening, counseling and tobacco dependence treatment (nicotine replacement therapies and other FDA-approved cessation aids), has a significant benefit to health care cost savings:
  - Tobacco screening results in an estimated lifetime savings of $9,800 per person.[9]
  - The average cost of care was decreased by $2,920 per client who smoked and received tobacco dependence treatment compared to those who did not.[10]

MH/SU facilities can treat and facilitate recovery from tobacco use concurrently with recovery from other substances. Although it is normal for providers and staff to have ongoing concerns about whether concurrent, or co-treatment might impact clients, it's important to note:

There is no evidence to show that tobacco-free policy implementation will lead clients to leave treatment early or contribute to overall declines in program utilization. The implementation of tobacco-free policies in MH/SU treatment facilities has been shown to not lead to a decline in discharge rates, program enrollment, client interest or program utilization. [12,14,15]

Individuals with MH/SU challenges want to quit and show a significant willingness to receive treatment for smoking cessation. In fact, willingness to quit increases following tobacco-free policy implementation.[12,15]

Clients receiving tobacco cessation services increases following tobacco-free policy implementation. Additionally tobacco use prevalence decreases upon initiation of tobacco-free policies in MH/SU settings. The likelihood of a person quitting smoking is even greater when nicotine replacement therapy and counseling interventions are combined.[11]

Tobacco cessation in MH/SU treatment does not negatively affect recovery. In fact, evidence shows it can enhance recovery outcomes as addressing tobacco use during substance use treatment can increase overall recovery rates from both tobacco and additional substances by up to 25%.[14] Tobacco cessation is also associated with improved recovery outcomes in individuals recovering from alcohol use disorder. [12]

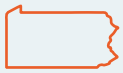
Intentions to remain drug-free following discharge is even greater when a tobacco-free policy is implemented than if no policy is present. It's essential to include tobacco supports in discharge and recovery planning [16]

Tobacco-free policy implementation in MH/SU treatment settings can be associated with an increase in staff productivity and staff morale as well as a decrease in absenteeism. Staff tobacco can decline and tobacco-related health risks can be reduced which can result in decreased health insurance premiums for an organization. Rates of staff and client smoking together also decreases.[13,18]

WHERE HAS THIS WORKED?

In **New York**, MH/SU facilities with tobacco-free campuses found that after just one year of policy implementation, the integration of screening, cessation counseling and nicotine-replacement therapy resulted in fewer clients smoking, more clients wanting to quit, clients reporting an increased awareness of the health-related harms of smoking and greater knowledge of resources available to them to quit.[17]

In **Texas**, two MH/SU treatment organizations operating 17 clinical locations adopted tobacco-free campus policies, integrated tobacco screenings and delivered evidence-based tobacco cessation services. As a result of taking the facilities tobacco free and enhancing tobacco training among clinicians, the organizations saw a 66.6% quit rate among clients in their smoking cessation groups.[19]

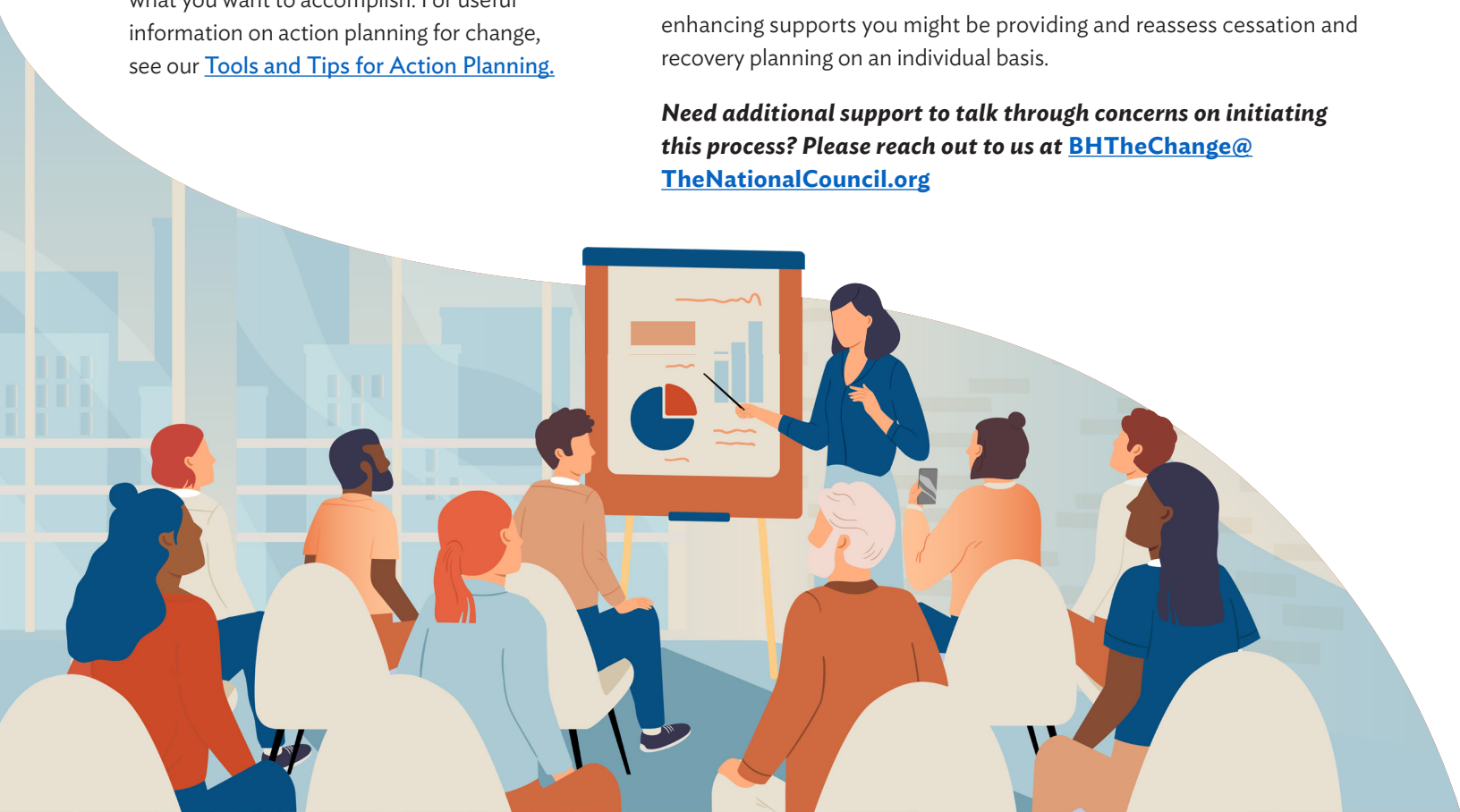


In **Pennsylvania**, a MH/SU treatment provider implemented a tobacco-free campus policy across all their 60+ locations in Pennsylvania. Their new tobacco-free policy impacted more than 1,700 employees and the 26,000 individuals served annually. In addition, the organization teamed up with programs, both within and outside of the organization, to continue to offer valuable support to those that use tobacco products. This included those in residential programs and coordinating delivery of vouchers for free nicotine replacement therapy. [21]

NEXT STEPS IN ADDRESSING TOBACCO USE IN MENTAL HEALTH AND SUBSTANCE USE TREATMENT SETTINGS

1. **Is your organization ready to go tobacco-free?** The following How To Implement a Tobacco-free Policy one-pager provides a quick overview of how to kickstart these efforts, and additional resources are provided that can be used to implement tobacco-free policies, engage staff, improve cessation services and sustain implementation success.
2. **Convene a Tobacco-free (Wellness) Committee** – Build a diverse coalition of administrators and staff at all levels and clients dedicated to policy change within your organizational setting. Assembling a tobacco-free committee can be a crucial part of initiating a policy implementation process. Read more here.
3. **Create an Action Plan** - Create an action planning and implementation timeline, discuss intentions and goals and identify what you want to accomplish. For useful information on action planning for change, see our Tools and Tips for Action Planning.
4. **Draft the Policy** - Include a clear rationale, consult staff and clients, consider whether a revision to your human resource policies is needed and cessation medications are available to ensure a successful policy implementation process for clients. For more information, visit this toolkit and visit this model policy to get started. Find other sample policies here.
5. **Communicate, Educate and Train** - Inform employees, clients, neighbors, and partner agencies ahead of time and be prepared to speak to concerns by developing a script or FAQ document. You can find a great example script here. Educate staff about tobacco cessation by providing training on evidence-based best practices including screening and counseling, nicotine-replacement therapies, pharmacological supports, Quitline's, the 5 A's, the 5 R's, motivational interviewing (MI) and screening brief intervention and referral to Screening, Brief Intervention, and Referral to Treatment (SBIRT). Read more about tobacco cessation treatment services and learn more about MI, SBIRT and tobacco-free policy enforcement by visiting our archived webinars page.
6. **Monitor and Respond to Challenges** - You might face resistance from leadership, staff and clients initially, but establish methods to support implementation – from allowing voices to be heard, ensuring clear timelines and proper signage and developing scripts around violations. Use violations as an opportunity for therapeutic intervention with clients around tobacco use instead of punitive measures. This will ensure that individuals are not denied treatment or kicked out of treatment. Focus on enhancing supports you might be providing and reassess cessation and recovery planning on an individual basis.

Need additional support to talk through concerns on initiating this process? Please reach out to us at BHTheChange@TheNationalCouncil.org



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