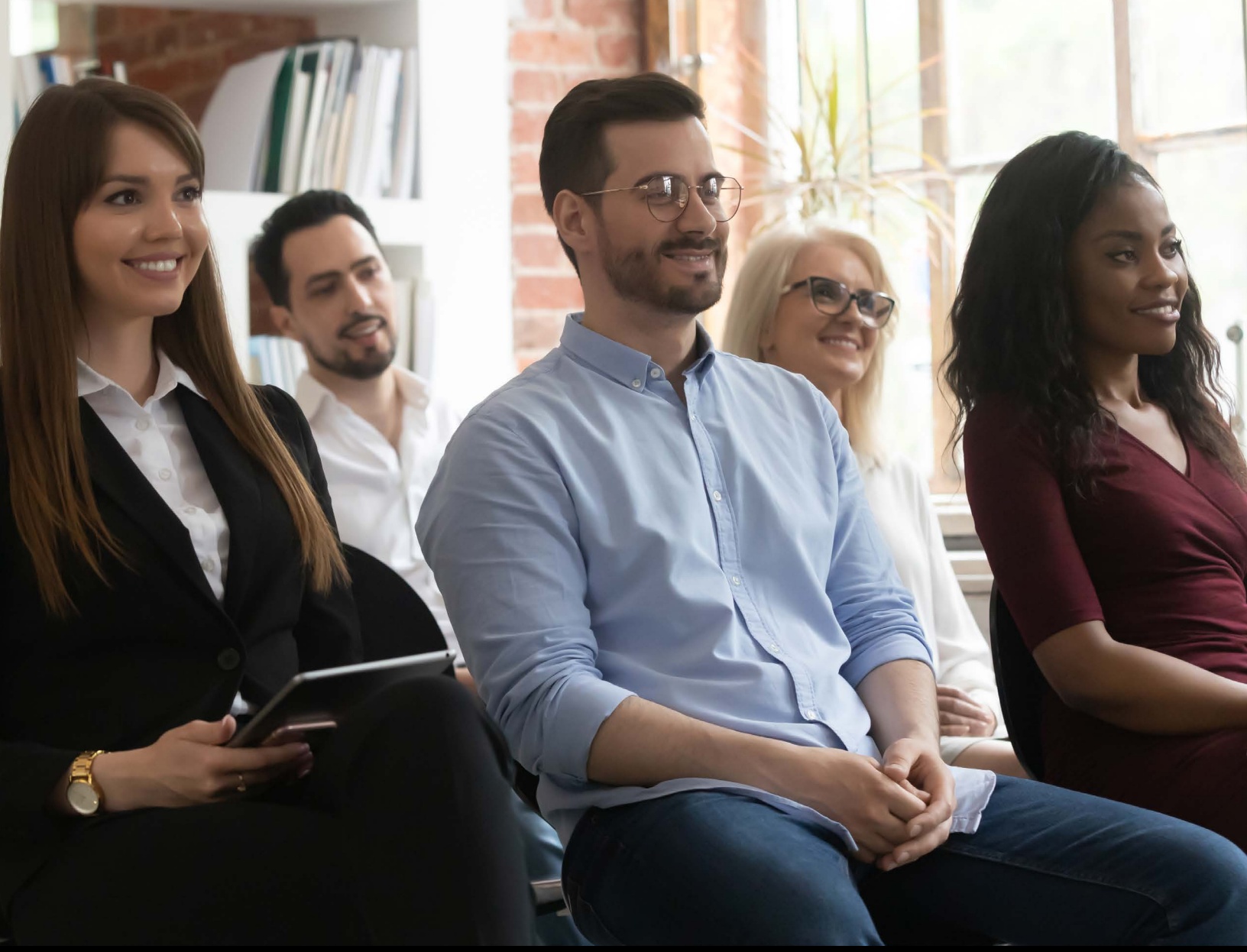

TOBACCO FREE WORKPLACE
POLICIES & OUTCOMES

Recommendations for Behavioral Health Treatment Centers' Tobacco-Free Workplace Policies and Their Implementation

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ACKNOWLEDGMENTS

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Thank you

SUMMARY

Taking Texas Tobacco Free is an academic-community partnership that has collaborated with behavioral health treatment centers across Texas to implement comprehensive tobacco-free workplace programs. The following describes commonalities between successfully implemented policies to generate concrete guidelines for policy adoption, implementation, and enforcement.

BACKGROUND & PURPOSE

Taking Texas Tobacco Free (TTTF) is a partnership between the University of Houston and Integral Care (the local mental health authority of Austin/Travis County) that promotes wellness among Texans by assisting behavioral health (i.e., mental health and substance use) treatment centers to implement comprehensive tobacco-free workplace programs.[1–3] A vital component of TTTF is the implementation of sustainable tobacco-free workplace policies that prohibit the use of all tobacco products, including electronic nicotine delivery systems, anywhere on the treatment center's grounds. The implementation and enforcement of tobacco-free workplace policies is an evidence-based tobacco control measure that has been associated with changes in social norms around tobacco use, whereby tobacco products are seen to be less acceptable and less desirable.[4] Especially when complemented with the provision of tobacco cessation support, tobacco-free workplace policies can substantially enhance health outcomes by encouraging quit attempts among current smokers and by reducing environmental tobacco smoke exposure among all setting stakeholders.[4,5] Moreover, facilitating quit attempts and tobacco-free living among clients with behavioral health disorders can reduce psychological symptomatology and improve quality of life.[6]

Percentage of centers prohibiting smoking inside & outside their premises =

48.6% OF MENTAL HEALTH TREATMENT CENTERS

34.5% OF SUBSTANCE USE TREATMENT CENTERS

Tobacco control initiatives such as tobacco-free workplace policies have not been widely adopted in behavioral health settings partly due to misconceptions surrounding smoking cessation and behavioral health treatment outcomes.[7,8] A recent national study indicated that only 48.6% of mental health treatment centers and 34.5% of substance use treatment centers prohibited smoking inside and outside their premises.[9] Thus, there is still much work to be done to increase the reach of tobacco-free workplace policy implementation and enforcement in 100% of behavioral health treatment settings. These efforts are exceedingly important for clients receiving behavioral health care, given they are more than twice as likely to smoke cigarettes compared to those without a behavioral health diagnosis and are far more likely to die from smoking-related illness than from their behavioral health conditions.[10,11]

The expertise needed to guide tobacco-free workplace policy development is not ubiquitous – creating an additional barrier to policy implementation at behavioral health treatment centers. Even when treatment centers are required by state funders to implement tobacco-free workplace policies, lack of explicit guidance, education, and enthusiasm may lead to policies "in word only" and without active enforcement, curtailing their effectiveness.[12] The literature is sparse in detailed information regarding the specific elements that should be included within behavioral health treatment centers' tobacco-free workplace policies. As such, the purpose of this "report in the field" is to synthesize the common and unique elements of the policies that were successfully implemented within behavioral health treatment centers in an attempt to generate more concrete guidelines for the field regarding the construction of tobacco-free workplace policies as informed by real-world practice.

TTTF IMPLEMENTATION TIMELINE

1. Organizational Preparation
2. Policy Implementation
3. Monitoring & Evaluation
4. Implementation Completion

*Stock image

TTTF'S TOBACCO-FREE WORKPLACE POLICY GUIDANCE

Since 2013, TTTF has worked with 23 local mental health authorities and 18 substance use treatment centers across Texas to implement comprehensive tobacco-free workplace programs that include a tobacco-free workplace policy (see [1,3,13–15] for more information). Although tobacco-free workplace policies were already in place for several centers, these policies were typically poorly enforced and/or included designated smoking areas on campus. As such, TTTF's expectation for centers to introduce a comprehensive tobacco-free workplace policy was new to some and an opportunity for "refreshing" extant policies for others. All participating centers collaborated with TTTF staff to implement tobacco-free workplace policies and to select a new or refresher "policy kick-off" date. TTTF facilitated this process by providing an "implementation timeline" that recommended specific, chronological tasks divided into four stages: organizational preparation, policy implementation, monitoring and evaluation, and implementation completion.[16] These stages included planning a roll-out, informing and educating employees, and training them on how to approach policy violators in a non-confrontational manner.[3,17,18]

TTTF required complete prohibition of tobacco (including electronic nicotine delivery systems) across workplace grounds and a plan for policy enforcement. Initially, the TTTF team provided Integral Care's tobacco-free workplace policy as a guiding model. By 2017, examples of successfully implemented tobacco-free workplace policies were made available for partnering centers' review via step-by-step implementation guides on our website.[16] TTTF additionally offered technical assistance for policy development, enforcement, and implementation upon request. TTTF did not review/approve resulting tobacco-free workplace policies; instead, partnering centers were empowered to develop tailored, agency specific policies to facilitate their buy-in.

TOBACCO-FREE WORKPLACE POLICY COMPARISON PROCESS

To provide guidance to the field, we requested access to the tobacco-free workplace policies of former TTTF behavioral health partners. Overall, 16 centers (39% of partnering centers) provided their tobacco-free workplace policy. Competing demands of COVID-19 and/or non-receipt of the request due to employee turnover may have accounted for non-responses. Each policy's purpose, scope, and procedures were examined, with attention to the identification of both shared and unique characteristics and attitudes towards tobacco-free workplace policies.

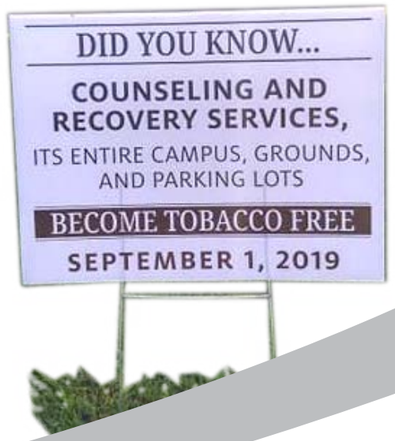
COMMONALITIES BETWEEN POLICIES

Overall, commonalities between policies included bans on: 1) tobacco usage for all non-residential clients, employees, and visitors; and 2) tobacco-related product use on workplace grounds. One policy did not specify to whom the ban applied, but workplace signage and the center's website specified application to all individuals on campus.

The majority of policies had a standard layout that highlighted:

1) the agency's purpose;
2) procedures for enforcement;
3) definitions of key components and roles;
4) training (e.g., how to screen for and address tobacco use) and/or treatment resources (e.g., nicotine replacement therapy) being provided to accompany the policy implementation; and
5) exceptions, if any, to the tobacco ban. The most common exception listed was that the ban did not apply to nicotine replacement therapy.

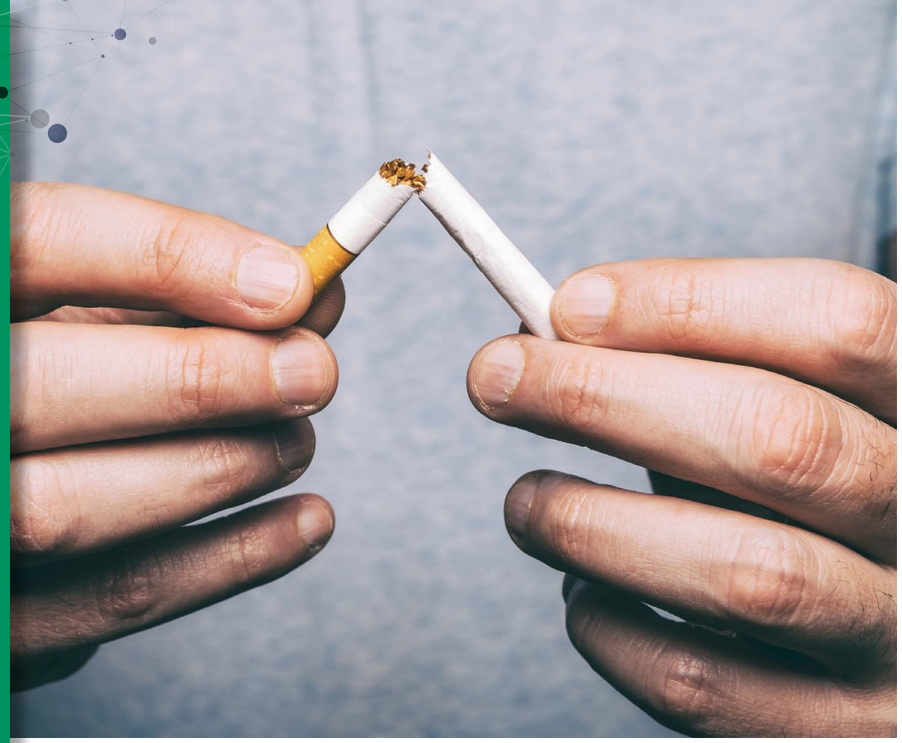
Almost all centers included the purpose of their tobacco-free workplace policy, such as "promoting healthy living," as well as the scope and procedures of their policy. Procedures often included advising supervisors to ensure their employees abided by the rules listed in the policy's scope and that new hires were informed about the tobacco-free workplace policy. Several centers also included, in their procedures section, their plans to notify and remind their employees of the tobacco ban by posting signage. Signs were placed in targeted locations around the facilities whereby reach to employees, volunteers, and clients/residents would be maximized, including in areas where smokers tended to gather and/or in places that were considered official "designated smoking areas" prior to policy implementation or refreshment.



In addition to using messaging consistent with the tobacco-free workplace policy (e.g., signage), many policies encouraged clinicians to provide clients with education on the harms of tobacco use, the benefits of tobacco cessation, and how/where to access these cessation services. Most tobacco-free workplace policies explicitly listed the tobacco products being banned in detail. Employee obligations and duties in enforcing the policies were also described.

BARRIERS TO IMPLEMENTING A TOBACCO-FREE WORKPLACE POLICY

1. Tobacco control efforts not seen as a priority for behavioral health providers relative to the treatment of behavioral health conditions
2. Belief that smoking cessation will worsen behavioral health outcomes and drive clients away from treatment
3. Lack of available cessation resources (e.g., counseling and nicotine replacement therapy) to both clients and employees
4. Lack of resources to enforce and monitor policy changes including strong leadership to facilitate systems-level changes



DIFFERENCES BETWEEN POLICIES

Relative to tobacco-free workplace policies for local mental health authorities, substance use treatment centers' policies were more likely to omit details about banned tobacco products and the roles of administrators regarding policy implementation. Likewise, substance use, as opposed to mental health, treatment centers' policies, were less likely to reference the need for ongoing employee education and clinician training in cessation screening and treatment. Although several centers did not include within their policies a need for further clinician education and training, those that did detailed the content of these trainings and the gains they hoped to achieve.

Additionally, in 2 cases, policies specified that residential clients (inpatients) were exempt from the tobacco ban due to concerns regarding a reduced patient census and/or violating these clients' "rights" to smoke. Although the literature is mixed, several studies support that tobacco bans in state-supported residential treatment centers do not significantly affect census numbers.[19–21] Likewise, numerous courts in the United States have recognized that smoking is not a "right," but instead a privilege that may be restricted when it is detrimental to others.[22] To date and to the authors' knowledge, there are no current legal precedents that would support the aforementioned smokers' "rights."[22] Thus, TTTF recommends a universal tobacco ban at behavioral health treatment centers for the protection of non-smokers' health via the elimination of exposure to second and third-hand environmental tobacco smoke, accompanied by continuing workforce education on tobacco cessation treatment.

EXAMPLE TOBACCO-FREE WORKPLACE POLICY IMPLEMENTATION

A notable example of a tobacco-free workplace policy implementation was within a behavioral health treatment center that primarily served LGBTQ community members. This centers' tobacco-free workplace policy prohibited all tobacco usage on site and described an accompanying cessation program offered to clients called the *My Quit Kit Program* to guide implementation. Eligibility for the program included being >18 years of age and wanting to quit using tobacco. After screening clients for eligibility, clients completed the *My Quit Kit Program* application, agreement, and provided consent for services. They next completed an orientation wherein a center clinician reviewed program scope and expectations. The clinician followed up with the participating client to develop a quit plan that identified support resources, a target quit date, and an appropriate nicotine replacement therapy product regimen within the *My Quit Kit Handbook*. Clients received a month supply of nicotine replacement therapy (patches and gum), free of charge, and a gradual step-down in nicotine replacement therapy strength over time in conjunction with the target quit date outlined in the *Handbook*. In addition to having accessible nicotine replacement therapy, the center also provided both inpatient and outpatient cessation treatment via individual counseling, peer recovery support services, and case management. Additional nicotine replacement therapy was available throughout the quit attempt, with distributions documented in an electronic health record, along with data on the client's progress and outcomes.

LIMITATIONS/BARRIERS TO IMPLEMENTATION

There were several barriers to tobacco-free workplace policy implementation within behavioral health treatment centers. For example, tobacco control efforts are not typically seen as a priority for behavioral health providers relative to the treatment of behavioral health conditions.[10,23] Likewise, behavioral health professionals may believe that smoking cessation will worsen behavioral health outcomes and that tobacco-free workplace policies will drive clients away from treatment.[7,8] For this reason, to facilitate stakeholder buy-in for the tobacco-free workplace policy implementation, TTTF recommends that any tobacco-free workplace policy be accompanied with education to employees and clients that: 1) substance use treatment outcomes are worsened by concurrent tobacco dependence; 2) long-term sobriety is supported by treatment of tobacco dependence; and 3) mental health recovery is not negatively affected, and may be positively affected, by concurrent tobacco treatment.[24,25,26.] Further, a lack of available cessation resources (e.g., counseling and nicotine replacement therapy) to both clients and employees can serve as a barrier to implementing a tobacco-free workplace policy. This may particularly affect substance use treatment centers that, relative to local mental health authorities, are more likely to be independent agencies without a large governing body and funding that facilitates across-center collaboration and resource availability. In these cases, TTTF recommends that resources are identified and publicized prior to tobacco-free workplace policy implementation (e.g., directing employees to cessation benefits in their insurance coverage, publicizing the national Quitline number).

In addition to adopting a tobacco-free workplace policy, centers must have the resources to enforce and monitor such efforts.[8] Without strong leadership, the necessary paradigm shift and legitimacy of the program intervention cannot be established. Strong leadership paired with a clear outline for going tobacco-free can facilitate systems-level changes.[8] However, insufficient funding can lead to fewer client-facing staff members with greater workloads.[27] Without appropriate staffing, established timelines may be delayed and clinicians may not be able to effectively treat tobacco-using clients.[27] Given that clinicians already frequently endorse a lack of time for concurrently addressing tobacco use,[28,29] expanding clinician workloads is contrary to best practices. Behavioral health treatment centers interested in becoming tobacco free should ensure that a majority of stakeholders are invested in the proposed tobacco control efforts and that funding is sufficiently allocated to support both clients and clinicians. Such funding may be sought from external foundations, or otherwise obtained via partnership with funded programs like TTTF.

BENEFITS OF IMPLEMENTATION OF TOBACCO-FREE WORKPLACES

1. Reduced absenteeism
2. Reduction in smoking-related fires
3. Increases in staff productivity
4. Averted medical costs
5. Sustenance of cessation through the elimination of tobacco cues
6. Reduction in exposure to environmental tobacco smoke among non-smokers

CALL TO ACTION FOR SUCCESSFUL POLICY IMPLEMENTATION

In conclusion, we call upon behavioral health treatment centers to embrace evidence-based tobacco-free workplace policies and programs for the health of their employees and to mitigate the tobacco-related health disparities experienced by their clientele.[30–32] A sample policy draft is available on the next page. Step-by-step guides and models from other behavioral health treatment centers provide necessary direction for tobacco-free workplace policies and demonstrate the feasibility of their successful implementation.[1–3,14,17,18]

SAMPLE POLICY DRAFT: "MENTAL HEALTH WELLNESS CENTER"

I. **Purpose:** The Mental Health Wellness Center is committed to securing and maintaining a healthy and safe environment by promoting and fostering healthy lifestyle choices.

II. **Policy:** The Mental Health Wellness Center is now a designated tobacco, smoke, and vapor free facility. Cigarette smoking, as well as any and all other forms of tobacco and tobacco related products, are prohibited anywhere on campus grounds. This includes, but is not limited to, parking lots and vehicles.

III. **Scope:** This tobacco free policy applies to all employees, clients, visitors, and volunteers of The Mental Health Wellness Center.

IV. **Definitions:**

a. Tobacco & Tobacco Related Products: Any and all products containing tobacco, which includes cigarettes, electronic cigarettes, cigars, pipes, chewing tobacco, and snuff. This procedure does NOT ban the use of smoking cessation products/tools such as nicotine replacement patches, gum, and lozenges.

b. Facilities or Campus Grounds: All property owned, leased, and operated by the Mental Health Wellness Center for the means of business including, but not limited to:

- indoor and outdoor spaces, common areas, and walkways;
- parking lots and driveways;
- vehicles owned or leased by the Mental Health Wellness Center
- sidewalks, curbs, and gutters on the Mental Health Wellness Center property.

c. Employee: This procedure and policy applies to all Mental Health Wellness Center staff. This includes all patient and non-patient facing employees, interns, and volunteers.

d. Patient: Considered to be any individual receiving services from the Mental Health Wellness Center.

e. Third Party Contractor: Any person or persons that is not formally a center employee but may be engaged or employed by the Mental Health Wellness Center to provide services in relation to the scope of our practice.

f. Visitor: Any individual using or visiting the Mental Health Wellness Center facilities who is NOT an employee, client, volunteer, or intern.

V. **Procedure:**

a. Tobacco-Free Facilities: Smoking and tobacco use will not be allowed anywhere on Mental Health Wellness Center property, or within facilities and vehicles. Signs promoting the tobacco ban are to be displayed at all entrances within the facility and parking lots.

b. Employees: All employees of the Mental Health Wellness Center are responsible for monitoring adherence to this policy as well as assisting with enforcement. Employees are expected to refrain from using tobacco products. Those in violation of this policy will be subject to appropriate disciplinary action.

c. Visitors: Employees must inform visitors who are in violation of this policy of the policy itself, as well as respectfully ask them to comply with these procedures. Employees should not be confrontational in this exchange.

d. Patients: All patients are to be given information regarding this policy and procedures at their intakes. If an employee sees a patient engaging in tobacco use, the employee should not be confrontational with the patient, but rather respond by respectfully asking them to comply with the procedure.

SAMPLE POLICY DRAFT: "MENTAL HEALTH WELLNESS CENTER"

e. Third Party Contractors: All Mental Health Wellness Center contracts with third party contractors and vendors must contain writing informing the aforementioned parties of the tobacco free workplace policy and procedures. Any employee who observes a third-party contractor in violation of the policy must inform them of their violation and explain the tobacco ban in place.

f. Employee and Client Applicants: All applicants for services as well as employment are to be informed about the tobacco free procedures and policies. Clients will be informed of the tobacco-free policy during the admission and/or pre-admission process. Clients will also be provided alternatives to smoking (e.g., nicotine replacement therapy) following screening or assessment; smoking alternatives will also be provided to employees interested in quitting smoking.

g. The Mental Health Wellness Center will adopt clinical practices that provide client and employee education and training on health-related topics, including: the harms of tobacco use and information/resources to assist with tobacco cessation.

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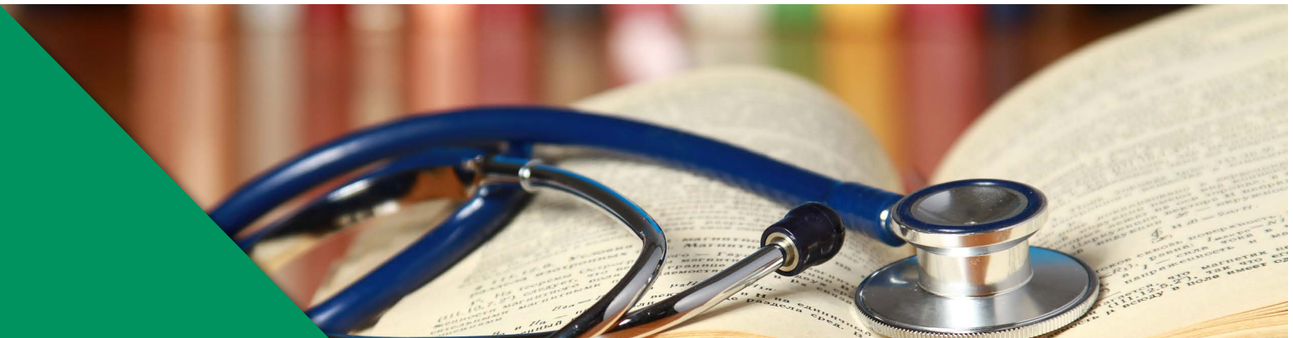

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