



ALAMEDA COUNTY ALCOHOL, TOBACCO & DRUG TREATMENT PROVIDER NETWORK

Tips for Developing a Tobacco Policy and Time-Line

General Tips- (There will be ways to obtain nicotine patches for staff/clients and have lead staff trained to be Tobacco Treatment Specialists -TTS)

- √ Design your tobacco policies with “Quality of Care” as the most important guideline and keep the wording positive.
- √ Think of all of your staff as positive role-models for clients.
- √ Keep the policies as simple and clear as possible (written).
- √ Develop a reasonable timeline for implementation and implement in phases. Use the 6 month timeline.
- √ Tackle easy, doable things first (such as posting signs).
- √ Don’t think you have to have all the answers up front (they emerge in the process of development and implementation).
- √ Don’t target staff who smoke to attend cessation classes or to tell them they have to quit smoking.
- √ Don’t get bogged down in trying to “take care of” staff who smoke. Let them make their own decisions about how they will respond to and comply with the new policies.
- √ Address the 4 most important areas of policy impact:
 - your agency as a whole;
 - staff
 - client assessment and treatment.
 - Ongoing monitoring and surveillance
- √ Provide adequate training and allow for the process to work.
- √ Designate a committee of relevant staff to draft the policies (keep the process “on the front-burner” and allow for discussion among ALL staff). Draft Documents will be available.

1. General Agency Tobacco Policies

- Start your tobacco policy by re-stating your mission statement and address quality of care.
- If your organization continues to have a smoking area for consumers or staff - as a step to comprehensive tobacco-free grounds - implement no smoking by staff in sight of clients.
- Tobacco-free grounds with “tobacco-free zone signs” posted at facility doorways and/or around grounds.
- Include a system to enforce tobacco policies for staff and clients (be specific).
- Require that prospective new hires are notified of your tobacco policies during their interview and what is expected of them to comply.- Have them sign acknowledging receiving the policies.
- Have a notification system for referral agencies of your tobacco policies.

2. Staff Issues

If you plan to make your campus completely tobacco free this generally involves “tobacco free workdays”. As you work on this it is very important to present this in the context that this really protects staff and clients from second and third hand smoke and it supports clients and staff who want to quit to be successful.

- **Emphasize to all staff that they are very important to the agency and that the purpose of this policy is to offer quality of care in supporting clients to have healthy lives and to fulfill agency mission of continuous improvement in the health of our communities. In keeping with that let staff know that you want to keep every employee with the agency during the transition and offer support for staff and specific incentives to help staff recognize your sincerity.**
- Examples of support: Reimburse up to \$100 for documented expenses for medical copay or class copay.

Provide information to ALL staff on tobacco treatment services offered by agency health insurance plan and free services of Smokers' Helpline- When possible provide free Nicotine Replacement Therapy (NRT) for staff.

Give staff paid time off to attend a one day "Staff Who Smoke Workshop" to support them around this transition.

- Examples of incentives: tobacco free t-shirt/mug after 1 month tobacco free and/or day off with pay at 3 months. Offer paid gym memberships at a local gym for 3 months for those quit for 3 months.
- Have a system to provide tobacco education to all staff and specialized training for clinical staff.
- Include tobacco polices in new hire orientation and require tobacco training for new staff.
- As of a specific date in the next 6 months require staff to have tobacco-free workdays to protect staff and clients from 2nd and 3rd hand smoke (be specific about what this means: not smoking during work hours and not carrying cigarettes and lighters on their person, no clothing with tobacco logos, not smelling like smoke, not glamorizing smoking in talking with clients).
- Present clear information about how violations will be handled. Consider following existing guidelines for other policy breeches at your agency. It is best to consider progressive interventions if violations continue.

3. Client Tobacco Education and Tobacco Dependence Treatment

- Have a system to routinely assess and diagnose client tobacco dependence on admission using a consistent Tobacco Use Assessment (TUA) that includes cigarette use, pipe use cigar use, smokeless use and e-cigarette use.
- Monitor compliance with TUA's in clients charts quarterly. Low numbers indicate need for more training/support.
- Include tobacco in client drug education classes. ATOD
- Treat tobacco as a drug in treatment planning.
- Inform clients they will be asked about their tobacco dependence and encouraged to quit.
- Have established tobacco treatment protocols.
- In residential programs require all clients to be abstinent from tobacco use (if applicable).
- Offer voluntary tobacco treatment support and/or classes to clients who want to quit and integrate tobacco into all SUD groups
- Refer clients to tobacco treatment classes/groups/helpline as appropriate.
- Offer nicotine patches and/or tobacco treatment medications to support clients to quit (some resources will be available)
- Offer recognition to clients who have quit smoking. Incorporate into any existing client recognition.