



*Exempla West Pines  
Tobacco Free Readiness Plan  
Talking Points*

***West Pines Staff and  
Management Team***



## ***Talking Points***

- We may not agree, but we are asking for your support
- Please help us to avoid “triggering” patients
- Help us to maintain a healing environment (Don’t Complain to patients)
- Maintain smoke-free appearance/hygiene
- No more “Smoke Breaks”---Fresh air/Stretch Breaks instead
- Reduce Power Struggles / Game Behavior
- Use other Positive Reinforcements



## ***Talking Points***

- Individuals with Mental Illness account for 46% of cigarettes sold in US
- Mentally Ill Die 25 years younger than the rest of the population
- Heart disease/COPD is the leading cause of death in Mentally Ill
- 80-95% of alcohol/addicted people smoke
- 25-40% of major depression smoke



## *Myth #1*

“Tobacco is not a real drug, it’s just a habit.”

- Studies of the pharmacological effects of nicotine indicate it functions in a fashion similar to other drugs of abuse in the brain (Henningfield, 1984; Schelling; 1992; Rosecrans & Karan, 1993; and Pontieri et al., 1996)
- Tobacco use is also a “habit” involving a behavioral dependence similar to that found with other drugs of abuse.



## ***Myth #2***

***“Quitting tobacco may cause patients to relapse to the use of drugs or alcohol.”***

- Rather than causing patients to relapse to drugs or alcohol, quitting tobacco use serves to enhance sobriety. (Bobo et al., 1986; Hurt et al., 1994; Martin et al., 1997; Bobo et al., 1998).
- There is also more evidence that tobacco use can trigger cravings for and relapse to other drugs and alcohol. (Stuyt, 1997; Reid et al, 1998; Frosch et al., 2000)



## ***Myth #3***

***“It’s too stressful to stop everything at once.”***

- No one has documented what is “too stressful”.
- In our experience, it is easier to stop tobacco use in treatment rather than outside the hospital after treatment.
- Patients frequently report that they wish they had stayed quit because it was harder to quit tobacco outside the hospital.



## ***Myth #4***

***“Tobacco use has no immediate consequences.”***

- It is true that there are no significant *immediate* consequences to tobacco use, but there are multiple long-term consequences that are often deadly.
- Tobacco is known to be a major cause of premature death in patients with substance abuse disorders who achieve sobriety but do not stop tobacco use (Hurt et al., 1996).



## ***Myth #5***

***“We will lose patients to other treatment centers where they can smoke.”***

- If all treatment centers were tobacco free – this would be a non-issue.
- If the decision to allow tobacco use in treatment is based on the institution’s financial bottom line and not what is best for the patient – does this say anything about the integrity of the treatment program?



## ***Myth #6***

***“We can’t make people quit smoking if they don’t want to quit.”***

- This is absolutely true.
- When did treatment become about “making” someone do something?
- Treatment, especially inpatient and residential, is about providing a drug free environment where patients have an opportunity to learn more about their disease and consequences of their behavior and practice new behaviors to begin the process of recovery.



## ***Reasons for Tobacco Free Treatment***

- The ultimate expectation of tobacco free treatment is not that the patients will quit smoking.
- Some may actually succeed in doing so, but this is just an added benefit.
- Most will move in their stage of change regarding tobacco use and be more likely to consider quitting in the near future.



## ***The most powerful benefit of tobacco free treatment***

- Patients are better able to identify thoughts and behaviors that contribute to their addiction and through immediate consequences for behavior, such as smoking in treatment, are able to connect this to behavior related to their drug of choice when they leave treatment.



## ***Conclusions***

- There are no down sides to creating a tobacco free in-patient treatment program.
- In a tobacco free environment, even patients with very poor coping skills are able to practice not smoking and develop coping skills for this which they can translate to behavior with drugs/alcohol outside treatment.
- More patients are likely to quit tobacco use in a tobacco free environment.
- A tobacco free environment encourages patients to move in their “stage of change” regarding their own tobacco use.



## *Advise*

- Make the decision to go tobacco free.
- Set a “quit date” for program becoming tobacco free.
  - Must have administrative support
  - Must have staff agreement to support the policy change
  - Provide adequate time to prepare everyone involved



## *Advise*

- Advise patients of the upcoming policy change.
  - Survey current patients regarding their knowledge, attitudes and beliefs regarding the use of tobacco in addiction treatment.
- Advise staff who use tobacco to try and quit.
- Advise referral sources of policy change.
  - Send letters to all referral agencies and patients on waiting list regarding policy change.
  - Use this as a marketing tool for the program – addressing the total health of the client.



## *Assist*

- Assist patients who express a desire to quit tobacco.
- Assist staff who express a desire to quit tobacco.
- Begin developing policy and procedure for the new policy; signage to warn staff, patients and visitors.



## *Arrange Follow-up*

- Continually talk with both staff and patients about transition to tobacco free status as the date approaches.
- Develop policies for how you will handle infractions of the rule against tobacco use – both for patients and staff.
- Purchase a Carbon Monoxide Detector.