


POLICY AND PROCEDURE

<u>POLICY TITLE:</u> Nicotine Dependence and Treatment	<u>POLICY #:</u> DSAMH009
<u>PREPARED BY:</u> DSAMH Policy Committee OMD	<u>DATE ISSUED:</u> 07/19/19
<u>RELATED POLICIES:</u>	<u>REFERENCE:</u>
<u>DATES REVIEWED:</u> 7/20/22	<u>DATES REVISED:</u> 8/1/22
<u>APPROVED BY:</u>  8/16/2022 10:45 AM PDT	<u>NOTES:</u> <input type="checkbox"/> DSAMH Internal Policy <input checked="" type="checkbox"/> DSAMH Operated Program <input checked="" type="checkbox"/> DSAMH State Providers <input type="checkbox"/> Delaware Psychiatric Center <input type="checkbox"/> Targeted Use Policy (Defined in scope)

I. PURPOSE:

While nicotine can be used in several ways, smoking on its own is responsible for 200,000 deaths per year of individuals with mental illness. A study by The Journal of the American Medical Association (JAMA) reported that 44.3 percent of all cigarettes in America are consumed by individuals who live with mental illness and substance abuse disorders. This means that people living with mental illness are about twice as likely to smoke as other persons.

The purpose of this policy is to provide specific requirements for contracted DSAMH providers and to delineate obligations and expectations regarding treatment of clients' nicotine dependence.

II. POLICY STATEMENT:

It is the policy of the Division of Substance Abuse and Mental Health (DSAMH) to require that all contracted providers routinely screen all clients for nicotine use and provide them with clinical treatment, education, and additional resources to support nicotine cessation as appropriate.

III. DEFINITIONS: N/A**IV. SCOPE:**

All contracted DSAMH providers will use the [5 A's brief intervention](#) for treating nicotine dependence as outlined by the CDC. In following this, all providers will regularly screen all clients for nicotine use and offer nicotine education to all clients as well as cessation strategies and options to clients who screen positive for nicotine use.

V. PROCEDURES/RESPONSIBILITIES:

- A. Training: At a minimum, providers will ensure training for new staff and on-going annual training, as appropriate, to promote and maintain the following principles and practices:
 - 1. Knowledge of the prevalence of nicotine use among the population they serve;
 - 2. Knowledge of the serious and significant medical conditions smoking can cause or exacerbate;
 - 3. Recognition of addiction to nicotine as deserving equal clinical attention as other substances that cause addiction;
 - 4. Understanding that staff use of nicotine while in the presence of clients is strictly prohibited due to the potential harmful effects of secondary exposure and poor modeling behavior.

- B. Clinical Practices: At minimum, all providers will:
 - 1. Screen all clients for nicotine use upon admission and annually thereafter, including type frequency, and duration of nicotine use;
 - 2. Offer nicotine education to all clients, regardless of screening results;
 - 3. Offer brief interventions, referrals to treatment, and other supportive resources to those clients who screen positive;
 - 4. Provide regular follow-up and re-assessment, adjusting each client's individualized plan of care as needed;
 - 5. Documented all of the following elements in each client's clinical record:
 - a. Assessment: At a minimum, all providers will document amount, type of nicotine product(s) used, frequency, duration of nicotine use, and readiness to change.
 - b. Intervention: At minimum, any level of nicotine cessation intervention will require all providers to document the client's recovery plan goal detailing all individualized interventions, plans for future interventions, and all outcomes. Note that interventions will vary based on the client's readiness to change, their person-centered recovery plan, and site capacity. Interventions may include providing literature, assisting with calling or providing the number for the Delaware Quit Line (1-866-409-1858), follow-up with a prescriber for Nicotine Replacement Therapy (NRT), or other interventions as appropriate.

- C. Provider Agency's Internal Policy Expectations:
 - 1. Agency shall have written policies clearly outlining expectations around nicotine use by all employees as well as clients.
 - 2. Agency nicotine use policy shall include agency response to nicotine use among staff.
 - 3. Agency policy shall clearly include the use of all nicotine products and paraphernalia, such as vape products and smokeless tobacco.
 - 4. Agency policy will clearly state that all agency facilities that are on State grounds are to be completely nicotine-free, and that no nicotine products may be used in the presence of clients or in any agency-owned or used vehicles. Additionally, all agencies should comply with the [Delaware Clean Indoor Air Act](#), which prohibits smoking in all public areas, including inside substance abuse treatment facilities.
 - 5. Agency policy will clearly state that all agency facilities that are not located on State grounds are encouraged to be nicotine-free, and that no nicotine products may be used in the presence of clients or in any agency-owned or used vehicles. Additionally, all

agencies should comply with the [Delaware Clean Indoor Air Act](#), which prohibits smoking in all public areas, including inside substance abuse treatment facilities.

- a. If the facility provides a designated smoking area for clients, "Warning: Smoking Permitted" signs shall be prominently posted and properly maintained where smoking is permitted pursuant to §2904(2) and (4) of this title. Such signs shall be posted and maintained by the owner, operator, manager, or other person having control of such area. The letters on such signs shall be at least one (1) inch in height.
6. Agency nicotine policy shall be reviewed as part of orientation procedures for new employees and annually reviewed with all employees.
7. Agency nicotine policy shall be communicated to all clients receiving services or referral sources, as well as to the general public.

VI. POLICY LIFESPAN: This policy supersedes previous distributions of this policy as detailed in dates revised. This policy will be reviewed annually.

VII. RESOURCES

- A. 2009 Smoking Cessation Toolkit for Persons with Mental Health Issues, University of Colorado Department of Psychiatry. A complete and helpful guide to advance the culture and to help individuals quit. Includes many references and summaries of the literature.
- B. Smoking Cessation Leadership Center: This national center has many excellent resources, toolkits, and references to help people living with mental illness to quit smoking.
- C. Tobacco-free Living in Psychiatric Settings: A Best Practices Guide Promoting Wellness and Recovery, State Commissioners of Mental Health and State Medical Directors provide tips for advancing the culture of mental health toward smoke-free living.
- D. American Cancer Society, (800) ACS-2345 or (800) 227-2345, <http://www.cancer.org>
- E. American Heart Association, (800) AHA-USA1 or (800) 242-8721, <http://www.americanheart.org>
- F. American Lung Association, (800) LUNG-USA or (800) 548-8252, <http://www.lungusa.org>
- G. National Cancer Institute, (877) 448-7848 for smoking cessation help, (800)-4-CANCER or (800) 422-6237, <http://www.cancer.gov>
- H. Centers for Disease Control and Prevention, (800) CDC-INFO (800) 232-4636
- I. Smokefree.gov, (800) QUIT-NOW or (800) 784-8669 , U.S. Surgeon General Office
- J. CHOICES - A Model of peer support, A New Jersey-based program where individuals living with mental illness educate others about the benefits of smoking cessation and offer support and strategies to help with quitting. CHOICES is short for Consumers Helping Others Improve their Condition by Ending Smoking. This program won a 2009 Psychiatric Services Award.
- K. Centers for Disease Control and Prevention (CDC) <https://millionhearts.hhs.gov/files/Tobacco-Cessation-Action-Guide.pdf>
- L. Delaware Clean Indoor Air Act: <https://delcode.delaware.gov/title16/c029/index.html>