

POLICY AND PROCEDURE

<u>POLICY TITLE:</u> Nicotine Dependence and Treatment	<u>POLICY #:</u> 09
<u>PREPARED BY:</u> DSAMH Policy Committee	<u>DATE ISSUED:</u>
<u>RELATING POLICIES:</u>	<u>REFERENCE:</u>
<u>DATES REVIEWED:</u> 07/19/19	<u>DATES REVISED:</u>
<u>APPROVED BY:</u>	<u>NOTES:</u>

I. PURPOSE:

The purpose of this policy is to provide specific requirements for DSAMH providers and to delineate obligations and expectations in the area of nicotine treatment.

II. POLICY STATEMENT:

It is the policy of the Division of Substance Abuse and Mental Health (DSAMH) to require that all contracted providers recognize nicotine dependence and abuse as significant health concerns and to provide clients with clinical treatment and resources for nicotine cessation. This policy is aimed at promoting wellness, and responsible choices for clients interfacing with DSAMH providers.

III. SCOPE:

All DSAMH providers will offer nicotine cessation strategies and options to clients who use nicotine. 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.

IV. PROCEDURES/RESPONSIBILITIES:

1. Training: At a minimum, providers will ensure training for new staff and on-going annual training, as appropriate to staff scope of responsibility, to promote and maintain the following principles and practices:
 - a. Knowledge of the prevalence of nicotine use among the population they serve;
 - b. Knowledge of the serious and significant medical conditions smoking can cause or exacerbate;
 - c. Recognizing the addiction to nicotine deserves the same clinical attention as other substances of abuse;

- d. Understanding that staff use of nicotine while in the presence of clients is not allowed due to potential harmful secondary effects and poor modeling behavior.
2. Clinical Practices: Each provider will assess and offer services/interventions to clients' regarding nicotine use, upon admission. The following elements must be documented in clinical record:
 - a. Assessment: At a minimum, will ascertain amount, type, frequency, and duration of nicotine use. Upon determining a client's use of nicotine, clients will be asked if they are interested in nicotine cessation. The level of interest of the client and the medical capacity of the provider will determine the level of intervention provided.
 - b. Intervention: Interventions will vary based on person-centered plan and site capacity. These may include utilization of clients current stage of change: providing literature: a phone call to the Delaware Quit Line (1-866-409-1858); follow up with a prescriber for Nicotine Replacement Therapy (NRT); or other interventions as required. Any level of nicotine cessation intervention will require a recovery plan goal detailing the individualized intervention and plan for future interventions.
 - c. Agencies should have a written policy or policies which address Nicotine use by all employees and clients. Agency policy should clearly address the use of all nicotine products and paraphernalia, such as spit nicotine use. Agency policy ideally will clearly state that all agency facilities and grounds are to be completely nicotine-free. Completely nicotine-free facilities are advised and all agencies should comply with the Delaware Clean Air Act, which prohibits smoking in all public areas, including inside substance abuse treatment facilities. The agency nicotine policy should be reviewed as part of orientation procedures for new employees and periodically reviewed with all employees. The nicotine policy should be communicated to individuals receiving services, referral sources and the public.

V. ADDITIONAL RESOURCES:

- 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.
- Smoking Cessation Leadership Center: This national center has many excellent resources, toolkits, and references to help people living with mental illness to quit smoking.
- 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.
- American Cancer Society, (800) ACS-2345 or (800) 227-2345, <http://www.cancer.org>
- American Heart Association, (800) AHA-USA1 or (800) 242-8721, <http://www.americanheart.org>
- American Lung Association, (800) LUNG-USA or (800) 548-8252, <http://www.lungusa.org>
- National Cancer Institute, (877) 448-7848 for smoking cessation help, (800)-4-CANCER or (800) 422-6237, <http://www.cancer.gov>
- Centers for Disease Control and Prevention, (800) CDC-INFO (800) 232-4636
- Smokefree.gov, (800) QUIT-NOW or (800) 784-8669 , U.S. Surgeon General Office
- 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.