

**TOBACCO RECOVERY  
RESOURCE EXCHANGE**

**DEVELOPING TOBACCO-FREE  
POLICIES**

THE  
**EXCHANGE**  
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**PROFESSIONAL DEVELOPMENT PROGRAM**

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## INTRODUCTION

The New York State Office of Alcoholism and Substance Abuse Services (NYS OASAS) Part 856 Tobacco Free Services Regulation requires all NYS OASAS-certified and/or funded programs to establish tobacco-free policies.

The Exchange offers this Technical Assistance document to assist program and agency administrators in developing tobacco-free policies that comply with the Part 856 regulation.

This document contains the text of the regulation, a policy checklist, and several sample policies.

- Tobacco-Free Services Title 14 NYCRR Part 856, NYS OASAS
- Tobacco Free Policy Checklist
- Sample Tobacco Treatment Policy ABC Treatment Center
- Sample Tobacco Free Client Agreement ABC Treatment Center
- Sample Tobacco-Free Policy Example House Residential Programs
- Patient Care and Facility Operating Practices, McPike Addiction Treatment Center
- Tobacco Free Treatment Agreement, Saint Peters Addiction Recovery Center
- Tobacco Free Environment Policy, Saint Peters Addiction Recovery Center

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# Regulations for Tobacco-Free Services Title 14 NYCRR Part 856

David A. Paterson, Governor  
Karen M. Carpenter-Palumbo, Commissioner

[Statutory Authority: Mental Hygiene Law Sections 19.07(e), 19.09(b), 19.21(b), 19.21(d), 32.01, & 32.07(a)]

**Notice: The following regulations are provided for informational purposes only. The Office of Alcoholism and Substance Abuse Services makes no assurance of reliability. For assured reliability, readers are referred to the *Official Compilation of Rules and Regulations*.**

## **Sec.**

[Sec. 856.1 Background and Intent](#)

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## **Section 856.1 Background and intent**

- (a) To reduce addiction, illness and death caused by tobacco products.
- (b) To provide a healthy environment for staff, patients, volunteers and visitors to entities organized and operating pursuant to the provisions of this Title and certified and/or funded by the Office of Alcoholism and Substance Abuse Services (“the Office”) as a provider of prevention, treatment or recovery services for alcoholism, substance abuse, chemical dependence and/or gambling.
- (c) To establish tobacco-free services in a tobacco-free environment.

## **Section 856.2 Legal base**

(a) Section 19.07(e) of the Mental Hygiene Law authorizes the Commissioner of the Office of Alcoholism and Substance Abuse Services (“the Commissioner”) to adopt standards including necessary rules and regulations pertaining to chemical dependence services.

(b) Section 19.09(b) of the Mental Hygiene Law authorizes the Commissioner to adopt regulations necessary and proper to implement any matter under his or her jurisdiction.

(c) Section 19.21(b) of the Mental Hygiene Law requires the Commissioner to establish and enforce certification, inspection, licensing and treatment standards for alcoholism, substance abuse, and chemical dependence facilities.

(d) Section 19.21(d) of the Mental Hygiene Law requires the Commissioner to promulgate regulations which establish criteria to assess alcoholism, substance abuse, and chemical dependence treatment effectiveness and to establish a procedure for reviewing and evaluating the performance of providers of services in a consistent and objective manner.

(e) Section 32.01 of the Mental Hygiene Law authorizes the Commissioner to adopt any regulation reasonably necessary to implement and effectively exercise the powers and perform the duties conferred by Article 32 of the Mental Hygiene Law.

(f) Section 32.07(a) of the Mental Hygiene Law authorizes the Commissioner to adopt regulations to effectuate the provisions and purposes of Article 32 of the Mental Hygiene Law.

## **Section 856.3 Applicability**

(a) This Part applies to any entity (“the service”) organized and operating pursuant to the provisions of this Title and certified and/or funded by the Office of Alcoholism and Substance Abuse Services (“the Office”) as a provider of prevention, treatment or recovery services for chemical dependence and/or gambling.

## **Section 856.4 Definitions**

(a) Tobacco-free means prohibiting the use of all tobacco products in facilities, on grounds and in vehicles owned or operated by the service subject to this Part.

(b) Facility means any part of the service that is utilized by patients, staff, volunteers or visitors. This shall include the service buildings and grounds which are under the direct control of the facility and vehicles that are owned and operated by the facility.



- (c) Tobacco products include but are not limited to cigarettes, cigars, pipe tobacco, chewing or dipping tobacco.
- (d) Patient means any recipient of services in a facility certified or funded by the Office.

### **Section 856.5 Policy and procedures**

(a) The governing authority of the service shall determine and establish written policies, procedures and methods governing the provision of a tobacco-free environment. These policies, procedures and methods should at a minimum include the following:

- (1) Defines the facility, vehicles and grounds which are tobacco-free;
- (2) Prohibits patients, family members, and other visitors from bringing tobacco products and paraphernalia to the service;
- (3) Requires all patients, staff, volunteers and visitors be informed of the tobacco-free policy including posted notices and the provision of copies of the policy;
- (4) Prohibits staff from using tobacco products while at work, during work hours;
- (5) Establishes a tobacco-free policy for staff while they are on the site of the service;
- (6) Establishes treatment modalities for patients who use tobacco;
- (7) Describes training on tobacco use and nicotine dependence available to staff including clinical, non-clinical, administrative and volunteers;
- (8) Describes tobacco and nicotine prevention and education programs made available by the service to patients, staff, volunteers and others;
- (9) Establishes procedures, including a policy to address patients who relapse on tobacco products. This policy shall incorporate the policy and procedures contained in 816.5 (g), 817.4 (o), 818.4 (o), 819.4 (o), 820.7 (a), 821.4 (v), 822.4 (u), 828.14 (b),(c) & (d), and every effort shall be made to provide appropriate treatment services to all persons in need of alcohol and drug addiction services. Additionally, each facility shall address staff relapse consistent with the employment procedure of that facility.



### **Section 856.6 Severability**

If any provision of this Part or the application thereof to any person or circumstance is held invalid, such invalidity shall not affect other provision or applications of this Part which can be given effect without the invalid provision or applications, and to this end the provisions of this Part are declared to be severable.

### **Section 856.7 Effective Date**

This regulation will be effective July 24, 2008.



## TOBACCO FREE POLICY CHECKLIST

To comply with NYS OASAS Regulation Part 856, your program's tobacco-free policy must address the following:

### DEFINITIONS

- Define the facility, grounds, and vehicles which are tobacco-free

### RESTRICTIONS

- Prohibit all tobacco use on the site of the service
- Prohibit patients, family members and other visitors from bringing tobacco products and paraphernalia to the site of the service
- Prohibit staff from using tobacco products while at work, during work hours

### COMMUNICATION

- Describe how patients, staff, visitors, and volunteers will be informed of the tobacco-free policy (posted notices, provision of copies of the policy)

### RESOURCES

- Describe training on tobacco use and dependence made available to staff including clinical, non-clinical, administrative, and volunteers
- Describe tobacco prevention and education programs made available to patients, staff, volunteers, and others
- Describe treatment modalities (counseling, medication) for patients who use tobacco

### ENFORCEMENT

- Describe policies and procedures to monitor and respond to patient tobacco relapse
- Describe policies and procedures to monitor and respond to staff tobacco relapse

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## **SAMPLE TOBACCO-FREE POLICIES**

**Sample Tobacco Treatment Policy of ABC Treatment Center**

**Sample Tobacco Free Client Agreement of ABC Treatment Center**

**Sample Tobacco-Free Policy, Example House Residential Programs**

**Patient Care and Facility Operating Practices, McPike Addiction Treatment Center**

**Tobacco Free Treatment Agreement, Saint Peters Addiction Recovery Center**

**Tobacco Free Environment Policy, Saint Peters Addiction Recovery Center**

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## **SAMPLE TOBACCO TREATMENT POLICY**

### **ABC TREATMENT CENTER**

#### **Tobacco Treatment Policy**

1. As of January 1, 2007, no use of tobacco products will be allowed in any of ABC's facilities, grounds or vehicles. "Tobacco-free" means that the use of tobacco is not permitted in any form, indoors or on the facility grounds or in facility vehicles. This differs from "smoke-free" where tobacco products, such as snuff and chewing tobacco are allowed. No tobacco paraphernalia will be allowed on the premises of any of ABC's properties. All clients will sign off on a client agreement and will be given a brochure explaining the goals and rationale of this policy.
2. All clients/patients must be screened for use at admission as part of the initial assessment and this must be noted in the record. This would include age of onset, duration of use, dosage of use, methods of use and previous attempts to stop using. A diagnosis, as well as the results of the Fagerström instrument, must be noted in the record. Assessment of a client's immediate family members will also be addressed and noted in the record.
3. All clients identified as tobacco users and entering treatment after January 1, 2007 will have a release of information for XYZ Smoking Cessation Center. This will allow information from their record of treatment to be shared with XYZ Smoking Cessation Center to assess the progress of their tobacco dependence treatment. Those clients already in treatment will have a release signed and added to their record by January 30, 2007.
4. All levels of care must incorporate tobacco dependence into the addiction treatment plan and/or service plan in the same manner as other chemical diagnoses are incorporated.
5. Whether or not the client is currently ready and willing to participate in this intervention, pharmacotherapy recommendations should be made by the identified person at each level of care within the first month of treatment and should be noted in the client record.
6. For clients in multiple ABC facilities and/or levels of care diagnosis, treatment goals and pharmacotherapy recommendations will be coordinated with each facility/level of care to provide a consistent protocol and seamless continuity of services.
7. Tobacco dependence education will be incorporated into the chemical dependence treatment provider program of services. Included in this education will be a review of current local resources. Every facility shall include tobacco education in their weekly educational session in addition to alcohol, other drug, HIV and other health issues education. Participation in these sessions must be noted in the record.

## ABC Treatment Center, Tobacco Treatment Policy, page 2

8. Review of a client's progress with their tobacco dependence goals will be addressed whenever their case is reviewed at case conference. Non-compliance with the tobacco dependence regulations will be reviewed and a level of care adjustment will be made to address this treatment goal.
9. Quality assurance protocols and indicators will be recommended by the Quality Assurance committee and implemented at each level of care. Protocols and indicators will be tracked for the first quarter of by each level of care and reviewed at the Quality Assurance meetings with further adjustments and revisions to be made at that time.
10. Local tobacco cessation programs and 12 step programs, both community based and/or ABC sponsored, will be made available to each client and their family members as an adjunct to their treatment outlined in the treatment plan. This should not be a client's sole treatment goal and should be implemented the same way other 12 step programs and recovery supports are integrated.

*Related Forms – Tobacco Free Client Agreement*

*Also, see – Fagerström Test for Nicotine Dependence*

## **SAMPLE TOBACCO FREE CLIENT AGREEMENT**

### **ABC TREATMENT CENTER**

**To support a tobacco free environment, I agree to the following:**

- I will not use any type of tobacco products while on ABC premises. I understand this includes the sidewalks near the Outpatient Clinic, Community Program, Halfway house, Detoxification/Crisis Center, Supportive Living Apartments, parking lots, and vehicles. When waiting for a ride, I will not leave the site to use tobacco and then return.
- As a tobacco user I understand treatment goals specific to nicotine dependence will be included in my treatment plan.
- I agree I will not bring tobacco products, including lighters, snuff, chewing tobacco, cigars, cigarettes, etc., to any ABC site understanding that staff will confiscate and discard these items if detected on the premises.
- In the event that I violate such policy I understand that my case will be reviewed with possible revisions to my treatment plan. I understand that if I am found to be smoking in any of the ABC's facilities I may be discharged from that program.
- In an effort to support peers who have also agreed to this initiative, I agree to take measures to remove the odor or evidence of smoking from my person before I enter the clinic (i.e., washing hands, hushing teeth, using mints, mouthwash, etc).
- As a non-smoker as part of the ABC admission process I have been informed of this policy.

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Patient Signature

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Date

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Counselor Signature

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Date

## FAGERSTRÖM TEST FOR NICOTINE DEPENDENCE (FTND)

1. How soon after you wake up do you have your first cigarette?
  - A. Within 5 minutes (3)
  - B. 6-30 minutes (2)
  - C. 31-60 minutes (1)
  - D. After 60 minutes (0)
2. Do you find it difficult to refrain from smoking in places where it is forbidden?
  - A. Yes (1)
  - B. No (0)
3. Which cigarette would you hate most to give up?
  - A. The first one in the morning (1)
  - B. All others (0)
4. How many cigarettes per day do you smoke?
  - A. 10 or fewer (0)
  - B. 11-20 (1)
  - C. 21-30 (2)
  - D. 31 or more (3)
5. Do you smoke more frequently during the first hours after waking than during the rest of the day?
  - A. Yes (1)
  - B. No (0)
6. Do you smoke even if you are so ill that you are in bed most of the day?
  - A. Yes (1)
  - B. No (0)

TOTAL: \_\_\_\_\_

### TO SCORE

Add together the points for each answer. Use the scale below to determine the level of dependence on nicotine.

Your level of dependence on nicotine is:

- 0-2: Very low dependence
- 3-4: Low dependence
- 5: Medium dependence
- 6-7: High dependence
- 8-10: Very high dependence

**Scores under 5:** "Your level of nicotine dependence is still low. You should act now before your level of dependence increases."

**Score of 5:** "Your level of nicotine dependence is moderate. If you don't quit soon, your level of dependence on nicotine will increase and you may become seriously addicted. Act now to end your dependence on nicotine."

**Score over 7:** "Your level of dependence is high. You aren't in control of your smoking - it is in control of you! When you make the decision to quit, you may want to talk with your doctor about nicotine replacement therapy or other medications to help you break your addiction."

## **SAMPLE TOBACCO-FREE POLICY**

### **EXAMPLE HOUSE RESIDENTIAL PROGRAMS**

#### **MISSION**

Example House provides comprehensive residential chemical dependence treatment services for adults and adolescents. Example House is dedicated to providing high quality services in a safe, healthy, drug-free environment.

#### **RATIONALE**

Tobacco dependence is a chronic, relapsing chemical dependence that leads to the death of over 25,000 people in New York State and over 5 million people worldwide each year. While fewer than 18 percent of all New Yorkers use tobacco, 90 percent of recipients of chemical dependence treatment services use tobacco. Tobacco is a highly addictive, mood-altering, psychoactive substance. Since 1980, the DSM (Diagnostic and Statistical Manual of Mental Disorders) has listed both Nicotine Withdrawal and Nicotine Dependence (DSM-III and IIR used Tobacco Dependence) as diagnosable conditions. Further, in 1993, the Environmental Protection Agency (EPA) classified environmental tobacco smoke (ETS) as the highest level of carcinogens: a Class A (human) carcinogen. There is no safe level of exposure to ETS. People who receive treatment for chemical dependence are more likely to die because of their tobacco use than as a consequence of the substance use disorders for which they were treated. Tobacco use is highly related to the use of alcohol and other drugs. Patients abstaining from tobacco use during chemical dependence recovery are less likely to relapse. Treating tobacco use and dependence during treatment for other chemical dependencies is safe and improves overall treatment outcomes.

These facts about the impact of tobacco and nicotine, affect Example House staff, volunteers, patients, and visitors in several specific ways. First, Example House is aware that many of its patients receiving chemical dependency treatment currently use commercial tobacco products. Second, Example House recognizes that ETS is a dangerous pollutant, which harms all that are exposed to it. Third, Example House recognizes that tobacco is a psychoactive, mood-altering, addictive substance that causes significant health consequences and death. Fourth, the continued use of tobacco, after recovery from other substance dependence often leads to a return to the use of other psychoactive substances use.

#### **PURPOSE**

To reduce addiction, disease and death caused by the use of tobacco products, Example House provides a tobacco-free environment, tobacco education programs, and treatment of tobacco use and dependence. In concert with our mission to provide comprehensive treatment for all chemical dependencies, treatment services will address tobacco use and integrate tobacco dependence treatment as a routine part of our services. Example House does not permit the use of any non-prescribed psychoactive or mood-altering substances, including alcohol, during work hours.

## DEFINITIONS

1. “Tobacco-free environment” means a physical space in which tobacco products and evidence of tobacco use are absent. Example House’s tobacco-free environment includes the buildings, grounds, and vehicles of our therapeutic communities, community residences, halfway houses, and supportive living apartments.
2. Tobacco education programs” means informational programs that promote abstinence from tobacco products and recovery from tobacco dependence.
3. “Treatment of tobacco use and dependence” means behavioral and medication interventions that promote abstinence from tobacco products and recovery from tobacco dependence.

## POLICIES AND PROCEDURES

1. Establishing a tobacco-free environment
  - a. Patients, volunteers, or visitors may not possess or use tobacco products or tobacco paraphernalia in Example House facilities, vehicles, or on the grounds of any Example House properties. Any tobacco products or paraphernalia brought to any Example House property will be removed from patients’ possession.
  - b. Example House staff and volunteers may not display any evidence of tobacco use during work hours.
2. Communicating the policy
  - a. All community referral sources will be notified of this policy by letter and will continue to be notified on an ongoing basis.
  - b. All patients will be informed of this policy as part of the admission process and will sign a written statement of understanding at that time.
  - c. All visitors and family members will be informed of this policy as part of the process of scheduling visits.
  - d. All prospective employees and volunteers will be notified of this policy in employment announcements, during their first interview, prior to hire, and during orientation.
  - e. All current staff and volunteers will receive a copy of this policy.
  - f. Signs stating, “This is an Alcohol, Tobacco, and Drug-Free Program” will be posted on the grounds of Example House therapeutic communities, community residences, and halfway houses.

## Sample Tobacco-Free Policy, page 3

### 3. Providing resources to support tobacco-free services

#### a. Training

- i. Example House program directors will notify staff and volunteers of the availability of tobacco use and dependence training on an ongoing basis.
- ii. All Example House staff (clinical, non-clinical, and administrative) will be required to attend at least three hours of training on tobacco use and dependence per calendar year.
- iii. All clinical staff (counselors, case managers, social workers, psychologists, nurses and physicians) will be required to complete at least six hours of educational activity on the treatment of tobacco use and dependence per calendar year.
- iv. Training may be provided by Example House staff or another OASAS-Certified Education and Training Provider. Trainings may be in classroom settings, self-study, internet-based, or in-services.
- v. All staff will have the opportunity to fulfill their training requirements during regularly scheduled work hours.
- vi. All volunteers will receive training on their role in maintaining the agency tobacco-free policy during the volunteer orientation program, and will be invited to tobacco use and dependence trainings conducted by Example House staff on an ongoing basis.

#### b. Tobacco education programs

- i. Mandatory Tobacco Awareness Group (TAG) sessions for all patients will be held at least once a week in therapeutic communities, at least once a month in community residences and halfway houses, and at least quarterly in the supportive living apartment programs. The group will provide general information about the impact of tobacco use on recovery, medical aspects of tobacco use, and treatment resources such as medication, counseling, and self-help support groups, with the goal of addressing individuals' level of motivation about tobacco recovery.
- ii. All staff, volunteers, and visitors will be invited to attend these group sessions.

#### c. Treatment of tobacco use and dependence

- i. Clinical staff will screen all patients for tobacco use and dependence upon admission and at regular reviews. Nicotine dependence and withdrawal will be diagnosed and documented. Counseling, educational, and pharmacotherapy recommendations will be included on the treatment plan.

## Sample Tobacco-Free Policy, page 3

- ii. Tobacco Recovery Group (TRG) sessions for all patients in preparation, action and maintenance stages of a tobacco recovery plan will be held immediately following TAG sessions in all Example House programs. The TRG sessions will focus on each person's progress, including positive steps and roadblocks, and encourage group support. It is expected that persons in this group will be receiving individual counseling and support from their primary counselor or case manager and may also be consulting with their physician about tobacco dependence medications and be in a community self-help group.
  - iii. Clinical staff will advise patients of their options to obtain tobacco dependence medications via the New York State Smoker's Quitline, Example House medical staff, or a community health care provider.
  - iv. Clinical staff will coordinate treatment goals and pharmacotherapy recommendations with other community-based treatment providers to provide a consistent protocol and seamless continuity of services.
  - v. All programs will maintain a supply of over-the-counter nicotine replacement therapy (OTC NRT) products available to all patients and staff who do not have insurance coverage for NRT, along with written physician or nurse orders.
  - vi. All programs will maintain a supply of printed tobacco self-help materials.
  - vii. Local tobacco self-help programs, both community-based and Example House-sponsored, will be made available to all patients and their family members as an adjunct to their treatment as outlined in the treatment plan. Patients attending community-based self-help program meetings may attend all meetings that are smoke-free.
- d. Tobacco recovery assistance for staff, volunteers, family, and other visitors
- i. Staff, volunteers, family members, and other visitors who currently use tobacco products will be encouraged to discontinue use and offered the following resources:
    1. Self-help reading materials
    2. Referral to their primary care physician to explore pharmacotherapy interventions.
    3. New York State Smoker's Quitline
    4. Community-based self-help groups (e.g., Nicotine Anonymous)

## Sample Tobacco-Free Policy, page 4

ii. Staff will also be offered the following resources:

1. Referral to Employee Assistance Program for counseling and support
2. OTC NRT

### 4. Monitoring and Compliance

- a. All employees, patients, volunteers and visitors are expected to adhere to this policy.
- b. All employees are expected to be familiar with this policy and are responsible for monitoring compliance. This includes the use of breath carbon monoxide (CO) monitors to assess patient compliance and progress.
- c. Employees who violate this policy will be subject to the same disciplinary procedures used for any other policy violation related to work performance.
- d. Violation of this policy by patients will be addressed as a treatment issue first, and as a disciplinary issue if violations persist. The treatment staff will address non-compliance with the patient. Repeated violations may result in termination, which is consistent with the way staff deals with other addictions.
- e. Visitors who violate this policy will be informed of the policy and asked to comply. A visitor who persists in violating this policy will be asked to leave the premises.
- f. Volunteers who violate this policy will be reminded of the policy and asked to comply. A volunteer who persists in violating the policy will be relieved of duty until that volunteer agrees to and demonstrates compliance.
- g. The Example House Quality Assurance Committee's regular chart audit protocol will include indicators to determine whether patients are routinely screened, diagnosed, and treated for tobacco use and dependence.





**MCPIKE ADDICTION TREATMENT CENTER • UTICA, NEW YORK**

## **PATIENT CARE AND FACILITY OPERATING PRACTICES**

### **PATIENT CARE #111 TOBACCO FREE**

EFFECTIVE NOVEMBER 16, 2005, MCPIKE ATC WILL BECOME TOBACCO FREE.

Since 1980, the DSM (Diagnostic and Statistical Manual of Mental Disorders) has listed both Nicotine Withdrawal and Nicotine Dependence as diagnosable conditions. The U. S. Public Health Service has also reported that the nicotine in tobacco has been shown to be a mood altering, psychoactive substance that is highly addictive and that “Smoking is the chief avoidable cause of death in our society.” Further, in 1993, the Environmental Protection Agency (EPA) classified environmental tobacco smoke (ETS) as the highest level of carcinogens: a Class A (human) carcinogen and reported that there is no safe level of exposure to ETS.

These facts about tobacco/nicotine affect McPike ATC in several ways.

1. As an addiction treatment facility, we are aware that the use of tobacco/nicotine products is at a rate several times higher among those people addicted to alcohol and other drugs than it is in the general population.
2. McPike ATC recognizes that tobacco smoke at this facility is a dangerous pollutant which harms non-smokers and smokers alike.
3. McPike ATC recognizes that nicotine is a psychoactive, addictive, mood-altering substance. The goal is to provide comprehensive treatment for all chemical dependencies. It is in keeping with the mission of McPike ATC to adopt a tobacco-free policy which will include adopting a comprehensive plan dealing with tobacco use and nicotine dependence treatment.

The intent is to reduce addiction, illness, and death caused by tobacco products. It is the intent of McPike ATC to do the following:

- provide a healthy environment for staff, patients, volunteers and visitors, that is free from tobacco smoke pollution and cues to use tobacco products;
- establish a tobacco-free treatment program that includes tobacco-free grounds;
- provide nicotine dependence recovery assistance to staff in the form of education and emotional support; and
- include nicotine dependence as a specific concern within the treatment offered the patients of the McPike ATC through assessment, education, prevention, treatment, and continuing care.

## IMPLEMENTATION

1. Based on the results of a nicotine use assessment that the admitting nurse completes on each admission and on a physical assessment performed by the admitting practitioner, the patient will be offered the opportunity to avail him or herself of Nicotine Replacement Therapy to be provided by the facility. These therapies will consist of transdermal nicotine patches, nicotine lozenges, or Wellbutrin Tablets. The dosage of the replacement therapy will be determined by the nicotine assessment and physical assessment completed upon admission. Transdermal patches will be prescribed in dosages of 21 or 14 mgs to a maximum of 42 mgs daily applied once daily for a period of 16 to 24 hours per application. Lozenges will be prescribed in dosages of 4 mgs, 1 lozenge to be dispensed up to 4 times per day. When not contraindicated by a preexisting medical condition or drug-to-drug interaction with another required medication, Bupropion, also known as Zyban or Wellbutrin may be used, dispensed at a dosage of 150mg po up to a maximum of twice daily. Unless contraindicated by a sensitivity or allergic reaction, the transdermal patch will be the prescribed as the first line of treatment for nicotine replacement therapy.
2. All nicotine replacement medications will be ordered on the Physician's Order Sheet, (form 89A Med) by the prescribing practitioner. The order will be written to include the name of the medication, the dosage, route of administration, and frequency of dosage. The order shall also include the rationale for ordering the medication and the length of time for which the medication is to be used not to exceed thirty days per order. When Bupropion or Nicotine Lozenges are ordered in lieu of transdermal patches, the prescriber shall also document in the progress note section of the chart the rationale for the use of these therapies instead of the transdermal patches.
3. All medication and treatment orders are to be transcribed from the Physician's Order Sheet (form 89A MED) to the Medex (form 223A MED) by a registered nurse or a licensed practical nurse under the supervision of a registered nurse. The Medex contains information necessary to carry out Prescriber's orders and to provide documentation of administration. Each administration of a medication or treatment is immediately initialed on the Medex. If the medication or treatment is not administered, the reason for non-administration is coded on the Medex.

Orders shall be transcribed exactly as written to include dosage form, frequency, route, dose, reason for medication, and start and stop dates. Start and stop dates are based on the duration prescribed in Physician's Orders (89AMED).

4. A listing of persons authorized to prescribe and administer medications and treatments is posted in the Nursing Station. Such listing is approved by the physician and nurse administrator, and is updated at least annually in the spring.

5. Upon admission, an order may be written for a stat dose of the transdermal patch or Nicotine Lozenge. From that point on, the times for administration of these medications will be as follows.

- Transdermal patch is to be administered once daily between 0815 and 0845.
- Bupropion is to administered daily or bid, daily administration to be at 0630 med pass and bid to be at 0630 med pass and 1730 med pass.
- Nicotine Lozenges are to be administered up to four times daily at the routine medication times.

The patch is to be dispensed by the dispensing nurse and applied by the patient in the presence of the nurse after patient returns the previously dispensed patch to the nurse. The Bupropion and Lozenges are to be opened by the dispensing nurse and the patient is to orally administer the medication in the presence of the prescribing nurse. All forms of Nicotine Replacement Therapy are to be administered by the dispensing nurse from the Medication Room.

6. For patients that are admitted after normal business hours when a prescriber is not present at the facility, a telephone order may be obtained by the admitting nurse to initiate nicotine replacement therapy in the form of the transdermal patch or the lozenge. This is to be done in accordance with Medication Guidelines #303 under the guidelines for telephone orders.

Approved: \_\_\_\_\_  
Charles Markason, M.D. Date

Approved: \_\_\_\_\_  
David J. Esper, Director Date

Distribution: All Staff

Released: September 2005

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# St. Peter's Addiction Recovery Center

A Member of St. Peter's Health Care Services

Albany, NY 12208

Patient Information Label

## TOBACCO FREE TREATMENT AGREEMENT

On May 1, 2006, SPARC became a tobacco free agency. Please support our commitment to a healthy environment and strong recovery by refraining from use of tobacco products during treatment program and on any SPARC grounds.

To support a tobacco free environment, I agree to the following:

- I will not use any type of tobacco products while on SPARC premises. I understand this includes the sidewalks near the clinic, parking lots, and vehicles. When waiting for a ride, I will not leave the site to use tobacco and then return. I understand I am being asked to refrain from the use of tobacco until my time at the clinic is over for the day.
- As a tobacco user I understand treatment goals specific to nicotine dependence will be included in my treatment plan.
- In an effort to support peers who have also agreed to this initiative, I agree to take measures to remove the odor or evidence of smoking from my person before I enter the clinic (i.e., washing hands, use of alcohol free breath mints, etc.).
- I agree I will not bring tobacco products to the SPARC site understanding that staff will confiscate these items if detected on the premises.
- In the event that I violate such policy I understand that my case will be reviewed with possible revisions to my treatment plan.
- As a non-smoker as part of the SPARC admission process I have been informed of this policy.

***CLEAN, SOBER...FREE!***

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Counselor Signature

\_\_\_\_\_  
Date





**St. Peter's Hospital**

A Member of St. Peter's Health Care Services  
Albany NY 12208

**POLICY NO. SPARC CLN-527**

**Title: Tobacco Free Environment**

Approved by: Robert J. Doherty  
Executive Director, SPARC

Date approved: 9/12/06

**Applies to:**

All  Inpatient  Inpatient Rehab  OP/Amb Care  Home Care  Addiction Services

Department:

**PURPOSE**

To continue to promote and maintain the health of all patients.

**POLICY STATEMENT**

SPARC will insure that all facilities, grounds, and vehicles are "tobacco-free". Tobacco-Free means that the use or possessions of tobacco products is not permitted in any form indoors or on facility grounds.

**PROCEDURE**

**A. Establish a Tobacco Free Facility**

1. As of May 1, 2006 all staff are prohibited from using tobacco products during work hours which includes no evidence of tobacco use. Evidence of tobacco use is considered to be smelling of tobacco and visibly carrying tobacco products or paraphernalia.
2. All patients are to be informed of this policy as part of the admission process and will sign a written agreement that they have been informed of the policy. (See Attachment A)
3. All prospective employees are to be notified of this policy through employment recruitment, during the first employment interview, and during orientation at their prospective site.
4. Community based referral sources are to be notified of this policy by letter and will continue to be notified on an ongoing basis.