



Tobacco-Free Behavioral Health TOOLKIT



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Maine Center for Disease Control & Prevention
Department of Health and Human Services

Maine Tobacco-Free Behavioral Health Policy Checklist

Developing best practice tobacco-free policies and providing screening and treatment for tobacco use at behavioral health facilities will support clients to make quit attempts as well as protect all members of the organization community from the dangers of secondhand and thirdhand smoke. The Tobacco-Free Policy Checklist aligns with the template policy and is broken down by required components for a model policy and recommended additions to make the policy more comprehensive. Organizations that meet this model policy language may be eligible for free tobacco-free signs funded by Maine Prevention Services.

Model Policy Components:

- ___ Policy **rationale** (statement about why the policy has been enacted).
- ___ Policy **states where smoking and use of tobacco is prohibited**. The language explicitly includes the following:
 - Owned, leased, satellite, and affiliated buildings or at any location where employees work.
 - On owned or leased grounds.
 - At sponsored events – both indoor and outdoor.
 - In owned, leased or rented vehicles, on or off the grounds.
 - In personal vehicles parked on owned, leased, and affiliated property.
 - At all events hosted or organized by the organization.
- ___ Policy language **states who the policy applies to**.
- ___ Policy includes the **effective date** (highlighting when the policy has been enacted).
- ___ Policy language includes a **definition of smoking** with examples related to products or actions.
- ___ Policy language includes a **definition of tobacco products**, which explicitly includes smoked, smokeless, and electronic products.
- ___ Policy includes an **enforcement statement**.

Recommended Policy Inclusions:

- ___ Policy includes planned **communications strategies** (such as posting tobacco-free signs).
- ___ Policy definitions of smoking and/or tobacco include **marijuana**.
- ___ Policy incorporates information on **review and/or revision process or dates**.
- ___ Policy **extends to all locations** where employees work (such as offsite meetings, conferences, etc).

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Maine Tobacco-Free Behavioral Health Policy Template

Summary

[Behavioral Health Organization] is dedicated to providing its clients, staff, visitors, and vendors with a safe and healthy environment by implementing a 100% tobacco-free campus policy, effective [insert date].

Policy

[Behavioral Health Organization] recognizes that the use of tobacco products on our grounds is detrimental to the health and safety of everyone. This institution supports an environment where staff, clients, visitors, and vendors are not exposed to the harmful effects of secondhand smoke and are supported in efforts to live tobacco-free. Preventable chronic disease is a significant contributor to early mortality in behavioral health populations. People with serious mental illness are dying 25 years younger than average, often from preventable physical conditions such as obesity, diabetes, and heart disease. Smoking rates among persons in behavioral health populations are many times higher than the general population. A smoke-free life can be achieved by behavioral health populations and can add years of wellbeing and a healthy life. Therefore, [Behavioral Health Organization] has adopted a 100% tobacco-free campus policy, that exceeds state law (22 M.R.S.A. § 1580-A), effective [insert date].

Tobacco use is defined as the smoking, vaping, or use of all tobacco products, including but not limited to, cigarettes, cigars, spit and smokeless tobacco, chew, snuff, snus, electronic cigarettes, and other non-FDA approved nicotine delivery devices. This policy prohibits tobacco use:

- In all organization-affiliated buildings and at any locations where employees work.
- On all organization-owned or leased grounds, including parking lots.
- In all organization-owned or leased vehicles and personal vehicles used in the course of work whenever other employees or another person is in the vehicle for work-related reasons.

This tobacco-free policy applies to all staff, clients, visitors, and vendors.

Procedures

This policy will be communicated through tobacco-free signs posted at all campus entrances and throughout the facility, through staff education, including being written into training manuals and new employee orientation, and to clients through admission paperwork and discussion.

Everyone is required to comply with [Behavioral Health Organization's] tobacco-free policy. Enforcement of this policy will follow the standard procedures of the facility.

Information regarding tobacco treatment resources, such as onsite counseling and the Maine Tobacco Helpline (1-800-207-1230 or theQuitLink.com), will be made available for tobacco users who are interested in quitting.

To help support healthy, tobacco-free lifestyles, [Behavioral Health Organization] will assess all clients for tobacco use at intake and address tobacco as part of a comprehensive treatment plan.



Tobacco-free policies support clients to make quit attempts and protect against secondhand and thirdhand smoke

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Maine Tobacco-Free Behavioral Health:

POLICY ANNOUNCEMENT LETTER TO CLIENTS TEMPLATE

[Current Date]

New Tobacco-Free Policy at [Behavioral Health Organization] Paves the Way for Health and Recovery

To Our Clients:

Beginning on [policy date], [Behavioral Health Organization] will adopt a campus-wide tobacco-free policy. This policy means that clients, visitors, employees, and providers are prohibited from using any tobacco products inside buildings, in parking lots, in company owned vehicles, or on facility grounds.

Tobacco use remains the leading cause of death and disease in this country with over 480,000 deaths per year, almost half of those from smokers with a mental health diagnosis. This population consumes almost 40% of all cigarettes consumed in the US. Research has shown that adults with a mental health diagnosis are interested in quitting smoking and participation in tobacco treatment helps patients address their alcohol use and use of other substances, as well. Therefore, to further promote wellness and recovery, [Behavioral Health Organization] is adopting a tobacco-free policy.

Upon your visit or admission to [Behavioral Health Organization], staff will conduct an assessment about your tobacco use and any interest in being tobacco-free. This information will be used to support tobacco treatment, including the use of treatment medications, and to discuss available resources. If you choose to quit or reduce your tobacco use, our trained behavioral health providers can provide you with the necessary tools to undergo treatment. In addition to your provider, free tobacco treatment is available through the Maine Tobacco Helpline at 1-800-207-1230 or theQuitLink.com.

Thank you for your cooperation with this [Behavioral Health Organization] policy as we transition to a clean air environment for staff, clients, vendors, and visitors.

Sincerely,

CEO or Clinical Director

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Maine Tobacco-Free Behavioral Health:

POLICY ANNOUNCEMENT LETTER TO EMPLOYEES TEMPLATE

[Current Date]

Contact: [Name], [Phone]

New Tobacco-Free Policy Will Support Health and Recovery

On [Policy Date], [Behavioral Health Organization] will take an important step in supporting the health of its employees, clients, vendors, and visitors by ensuring a clean air environment through the adoption of a tobacco-free policy.

Tobacco use remains the leading cause of death and disease in this country with over 480,000 deaths per year, almost half of those from smokers with a mental health diagnosis. This population consumes almost 40% of all cigarettes consumed in the US. This higher rate of smoking is often prevalent within behavioral health settings leading to higher rates of secondhand smoke exposure for individuals. As we transition to being a tobacco-free environment, we ask for your support and compliance with this policy to protect the overall well-being of all members of our organization community.

[Behavioral Health Organization] will offer a complete tobacco treatment program for clients and employees. Services will include [List Resources]. In addition to [Behavioral Health Organization]'s resources, free tobacco treatment support is available to anyone in Maine through the Maine Tobacco Helpline at 1-800-207-1230 and TheQuitLink.com. The policy change will be effective [policy date].

Over the course of the next several months, look for more information and details about our tobacco-free campus in employee and member publications, as well as posters, flyers, and other healthy activities. If you have any questions regarding the tobacco-free policy, please contact [Contact Person], Human Resources, at [Phone]. Or see our Policy Frequently Asked Questions Document.

Sincerely,

CEO

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Maine Tobacco-Free Behavioral Health:

POLICY ENFORCEMENT TEMPLATE

Tobacco-Free Policy Enforcement

Accountability

It is the responsibility of all staff members to enforce the [Behavioral Health Organization] tobacco-free policy by encouraging their colleagues, clients, visitors and others to comply. The community, staff, clients and visitors will be informed of the policy through a variety of communication methods.

POLICY

- [Behavioral Health Organization] is dedicated to providing its clients, staff, visitors, and vendors with a safe and healthy environment by implementing a 100% tobacco-free campus policy, effective [date].
- This [Behavioral Health Organization] supports an environment where staff, clients, visitors and vendors are not exposed to the harmful effects of secondhand smoke and are supported in efforts to live tobacco-free.
- Tobacco use is defined as the smoking or use of all tobacco products, including but not limited to, cigarettes, cigars, spit and smokeless tobacco, chew, snuff, snus, electronic cigarettes and other non-FDA approved nicotine delivery devices.
- This policy prohibits tobacco use:
 - In all organization-affiliated buildings and at any location where employees work.
 - On all organization-owned or leased grounds, including parking lots.
 - In all organization-owned or leased vehicles and personal vehicles used in the course of work whenever other employees or another person is in the vehicle for work-related reasons.
- This tobacco-free campus policy applies to all staff, clients, visitors and vendors.

A. Employees

a. First Offense

- i. The supervisor must have a verifiable report of the infraction and/or have witnessed the infraction directly. Verbal intervention with employee. Review policy and perimeter of the campus, give clear expectation it is not to reoccur. Possible assistance with nicotine replacement therapy and treatment resources for difficulties with compliance while at work.

b. Second Offense

- i. The supervisor must have a verifiable report of the infraction and/or have witnessed the infraction directly.
- ii. Repeat first offense interventions and document all discussion in a supervisory log. Refer to the first verbal intervention and make the expectation clear in writing. Sign the log and have the employee sign that this was reviewed and discussed with them. Again review the assistance available to comply at work.

c. Third Offense

- i. The supervisor must have a verifiable report of the infraction and/or have witnessed the infraction directly.
- ii. Present the employee with a Memorandum of Expectation clearly stating the expectation and consequences if the policy is violated again. Clarify that the behavior will affect the performance rating and may result in further corrective or disciplinary action.

Maine Tobacco-Free Behavioral Health:

POLICY ENFORCEMENT TEMPLATE

d. Fourth Offense

- i. The supervisor must have a verifiable report of the infraction and/or have witnessed the infraction directly.
- ii. Document the new infraction and forward with previous documentation to the appointing authority for consideration of a meeting for corrective or disciplinary action that may affect pay, status, or tenure and possible termination.

B. Clients

- a. Signs will be posted at campus entrances and in selected locations inside and outside the facility.
- b. All clients treated at or admitted to [Behavioral Health Organization] will be assessed for history of tobacco use and the need for treatment related to tobacco use. Treatment options may include nicotine replacement therapy and/or treatment education.
- c. Violation of this policy by clients is a treatment issue to be addressed by the treatment team.

C. Visitors and Vendors

- a. Signs will be posted at campus entrances and in selected locations inside and outside the facility.
- b. Employees who encounter a visitor who is violating the tobacco policy are encouraged to politely explain the policy to the visitor.
 - i. Visitors who become agitated or unruly or repeatedly refuse to comply when informed of the tobacco-free campus policy may be reported to (Name of appropriate department or personnel). (The identified personnel) will respond to the situation as appropriate, according to their professional judgment and need to maintain a safe environment.

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Tobacco-Free Behavioral Health:

STAFF POLICY VIOLATION TEMPLATE

Staff Policy Violation Notice

TO: [Employee Name]

FROM: [Administrator Name, Title]

DATE:

SUBJECT: Memorandum of Expectation

[Behavioral Health Organization] seeks to provide a cleaner air environment for staff, clients, vendors and visitors. Therefore, as an employee at [Behavioral Health Organization], the administration expects that your actions reflect compliance and support of our tobacco-free policy. You are receiving this memorandum as a result of one or more violations of the [Behavioral Health Organization] tobacco-free policy. Your behavior will affect your performance rating as an employee and may result in further disciplinary action

Sincerely,

CEO

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Maine Tobacco-Free Behavioral Health:

FREQUENTLY ASKED QUESTIONS TEMPLATE

[Behavioral Health Organization] Tobacco-Free Policy Frequently Asked Questions

ABOUT THE POLICY:

1. Why did [Behavioral Health Organization] implement a tobacco-free policy?

Tobacco use and secondhand smoke exposure are among the country's most preventable causes of death today. There is no safe level of exposure to secondhand smoke. As a quality behavioral health provider, [Behavioral Health Organization] is committed to protecting the health of its employees, clients, visitors, and vendors by providing a safe and clear air environment. Creating a tobacco-free environment and providing support for tobacco-free lifestyles through our tobacco treatment programs and activities show our commitment and leadership in health promotion and disease prevention for our staff, clients, and communities.

2. What does the tobacco-free policy entail?

The tobacco-free policy prohibits the smoking of, or use of, any tobacco products including but not limited to cigarettes, cigars, snuff, chewing tobacco, snus, and non-FDA approved nicotine delivery devices, such as e-cigarettes (vape pens/JUUL) anywhere on the [Behavioral Health Organization] campus. This includes all organization-affiliated buildings, on all facility grounds, including parking lots, and in all organization-owned or leased vehicles.

3. How will the policy be enforced?

Our hope is that we can work together to enforce this policy through friendly interactions. All employees who are seen using tobacco products on the premises after [Date] will be asked to stop, reminded of the new policy, and informed of tools that can ease symptoms while they are at work.

4. Can I use e-cigarettes?

Electronic cigarettes, or e-cigarettes, are non-FDA approved nicotine delivery devices which are prohibited on [Behavioral Health Organization]'s campus. Electronic cigarettes, and other nicotine delivery devices (vape pens, JUULs, etc.), contain nicotine which may yield negative health effects for clients and those exposed to the aerosol that the device emits.

ABOUT QUITTING TOBACCO & TREATMENT:

5. I'm a tobacco user. How can I get help?

We know that quitting is a process that doesn't happen the same way for everyone. Research shows that you will be most successful with a combination of support, coaching, and medications.

- 1) Employees can talk with an administrator within their organization about available treatment options.
- 2) Talk with your healthcare provider.
- 3) Connect with the Maine Tobacco Helpline at 1-800-207-1230 or theQuitLink.com for free tobacco treatment, including nicotine replacement therapy. You can enroll online or over the phone and connect with resources that best meet your needs.

6. Can I use Nicotine Replacement Therapy (NRT) products, such as gum, lozenges, or patches, at work?

Yes. Some tobacco users may choose to use NRT products—particularly gum or lozenges—to manage their nicotine cravings while they quit or during work hours. If you are still smoking or using tobacco, please be cautious if you choose to use NRT therapy at work. Taking too much nicotine by using NRT while you still use tobacco can cause unpleasant side effects. If you want to use NRT at work, you may want to talk to your physician about appropriate dosing and use.

Maine Tobacco-Free Behavioral Health:

FREQUENTLY ASKED QUESTIONS TEMPLATE

7. How can we expect people to quit smoking, while they're quitting everything else? We are here to deal with "real drugs," not cigarettes. Besides, clients don't want to quit. Even those who want to quit, won't be able to.

Tobacco products are "real drugs". They contribute to more illness and early death than any other drug - legal or illegal. As we transition to a healthier environment, we will train staff and clients about tobacco use, treatment options, and how use impacts other addictions. Evidence suggests that stopping tobacco product use can actually increase chances of maintaining abstinence from other substances. Clients will also learn refusal skills, be able to identify triggers, and regain control if they relapse. Our organization recognizes that quitting is hard, especially in environments where tobacco use is acceptable. We hope our commitment to healthy behaviors will inspire other behavioral health facilities in our community to similarly prohibit tobacco use in hopes of promoting wellness and recovery.

8. Smoking calms clients down. When they can't smoke, won't we experience complete mayhem?

Prohibiting smoking in behavioral health organizations actually *reduces* mayhem. Facilities that do not allow smoking report fewer incidents of seclusion and restraint and a reduction in coercion and threats among patients and staff. We are carefully planning this effort so the clients, staff, and visitors here have plenty of time and support to prepare for change. We will reduce uncomfortable nicotine withdrawal symptoms by appropriately using nicotine replacement therapy and other medications. We plan to post a countdown to our launch date in the main lobby. Meanwhile, we invite you to voice your concerns and join our team as we become tobacco-free and embrace recovery.

9. People come to behavioral health organizations in crisis. These are times they most need to use tobacco. Won't this new policy worsen their crises? Or worse yet, people won't get help when they need it because they don't want to quit smoking or vaping.

At a time of crisis, our immediate job is to deal with the crisis, not with tobacco use. As the person recovers, we will provide a healthy environment that promotes wellness, and being free of nicotine and tobacco is part of becoming well. We will not and cannot require anyone to quit smoking or vaping for a lifetime. What we will do is provide a safe environment where clients or staff members can learn how tobacco and nicotine impact their lives and find resources and opportunities that will support them to quit. Research has not yet determined the best time to help someone quit smoking. We know, however, that the best time to encourage healthy behavior is now.

10. Will prohibiting clients from using tobacco products on [Behavioral Health Organization] property negatively impact their treatment outcomes?

Research has shown that those who have a mental illness see a decrease in depression, anxiety, and stress levels after they quit using tobacco. For individuals receiving services for chemical dependency, quitting tobacco can actually increase the likelihood of long-term abstinence by 25%. However, it is important to recognize nicotine withdrawal symptoms that often mimic psychological disorders (such as increased agitation, anxiety, restlessness) and can be confused as exacerbating psychological conditions. Nicotine Replacement Therapy (NRT) can help address these symptoms and can be considered as part of a treatment plan.

11. How do we (as providers) convince staff members to comply and adhere to this policy?

A survey of more than 2,000 substance abuse counselors by Knudsen & Studts (2010) found that nearly half of counselors were in addiction recovery themselves. These individuals tend to smoke at rates higher than the general population (Ratschen et al., 2009) and the likelihood of staff members discussing quitting with clients is linked to their smoking status (Bobo & Davis, 1993). The high prevalence of tobacco use among treatment staff requires that organizational leadership quickly create staff buy-in for the program and that a full tobacco cessation program be offered to both clients and staff members. Staff buy-in can be created through:

- 1) Communicating the policy change openly to all staff members;
- 2) Conducting a survey or focus group with staff members to gather feedback;
- 3) Holding educational meetings to inform staff about the importance of discussing treatment with clients, as well as providing research related to the results of concurrent tobacco treatment with addiction or mental health treatment; and
- 4) Providing an employee treatment program similar to the one offered to clients.

Maine Tobacco-Free Behavioral Health:

FREQUENTLY ASKED QUESTIONS TEMPLATE

ABOUT LEGAL AND SAFETY ISSUES:

12. Isn't smoking or vaping a personal legal right?

Recent court rulings maintain that smoking or vaping is a privilege, not a right. Smokers are not entitled to protection against discrimination as "addicts" or as "disabled persons". Smokers are addicted to the nicotine, not the cigarette or electronic product, which is the delivery device.

13. What about client and staff safety when leaving the [Behavioral Health Organization] property to use tobacco products? This could include being struck by a vehicle while needing to go into or across the street.

Client and staff safety is a priority for [Behavioral Health Organization]. We recognize that for those who continue to use tobacco products there may be times where the individual leaves the campus to use tobacco products. Individuals are encouraged to be mindful of surroundings and practice caution if crossing streets. There is no evidence showing an increase of people being struck by a vehicle when leaving campus grounds to use a tobacco product.

14. Can clients and staff go onto neighboring property to use tobacco products? Are these businesses and homeowners aware of the [Behavioral Health Organization] policy and supportive?

[Behavioral Health Organization] recognizes that staff and clients who use tobacco may leave campus to do so but we ask that individuals be good neighbors and be respectful neighbors and refrain from using tobacco products directly in front of neighboring businesses or homes. Those who use tobacco products off campus should dispose of any cigarette butts or other tobacco related litter appropriately after use.

As a component of preparing for this policy change, [Behavioral Health Organization] notified neighboring businesses and homeowners of the new tobacco-free policy. Concerns or questions from neighbors should be directed to [Organization contact] who will work to ensure any issues are addressed.

15. Is it legal for residential housing complexes to adopt smoke- and tobacco-free policies? Shouldn't someone be able to do what they want in their own unit?

Smoke-free multi-unit housing policies are permitted under both federal and Maine laws. Common areas of the building, like hallways, stairwells, and laundry rooms, must be smoke-free under Maine's public place smoking law. Additionally, the US Department of Housing and Urban Development (HUD) has rules requiring Public Housing Authorities to be smoke-free.

Smoking is a leading cause of home fire death in Maine and also continues to be a leading location of exposure to secondhand smoke. Research has found that up to 65% of air moves between units in a multi-unit building, so if smoking is allowed secondhand smoke travels through air ducts and ventilation systems. ASHRAE has said that "the only means of effectively eliminating the health risk associated with indoor exposure is to ban smoking activity."

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Maine Tobacco-Free Behavioral Health:

POLICY IMPLEMENTATION TIMELINE

PHASE 1

Establish a Policy Committee (1-2 months)

1. Establish a Policy Committee that will guide the tobacco-free transition and that will show broad support/commitment for the establishment of a tobacco-free environment.
 - Include administrators, providers, staff, clients and staff who smoke, nonsmokers, former smokers, and representatives of any officially recognized employee organization.
2. Acknowledge the challenge within your organization.
3. Identify the individual(s) who will be responsible for coordinating the implementation of the tobacco-free environment.
 - Form a workgroup of individuals who will assist in the implementation process.
4. Set a specific date to be tobacco-free.
 - It is recommended to avoid holidays and be mindful of other institutional events.
 - Consider a fair-weather start date if your organization chooses to replace smoke breaks with 'fresh air' breaks or other outdoor activities.

PHASE 2

Develop a Policy (1 month)

1. Develop three or four simple messages to explain the following why the organization is going tobacco-free, this could include how it aligns with the mission or wellness activities.
2. Draft smoke and tobacco-free policy.
 - Define your tobacco-free policy terms:
 - Include all tobacco products
 - Define physical boundaries of campus
 - Prohibit tobacco use in cars for clients, staff, and visitors
 - Revise the tobacco or scent/fragrance policy to include thirdhand smoke
3. Draft an Enforcement Policy.
 - Include actions taken for violation of policy for clients, staff, and visitors.
4. Announce the policy to all employees through a letter from leadership.
5. Announce policy to all campus community and the community at large.
6. Involve Human Resources to release internal and external news.

PHASE 3

Train Staff and Educate Clients (2 months)

1. Develop policy educational material documents and begin distributing to campus community, such as:
 - Company newsletter, all staff emails
 - Signs, displays, leaflets
 - Post flyers/posters in waiting areas
 - Reminders in pay stubs for employees
 - Notices in currently designated smoking areas
 - News releases to local media
2. Conduct training sessions for all employees, including:
 - Training providers to address client tobacco use.
 - Train employees and providers to assess Tobacco Dependence in clients as part of intake process.
 - Implement integration of tobacco treatment into treatment plan.
 - Include tobacco treatment resources in discharge plan.

Maine Tobacco-Free Behavioral Health:

POLICY IMPLEMENTATION TIMELINE

3. Consider obtaining insurance coverage for employees of at least one tobacco treatment medication.
4. Have tobacco-free policy approved by Board or appropriate leadership.

PHASE 4

Prepare for Policy Launch (1 month)

1. Begin countdown to launch 3-4 weeks out so campus community members can better adjust and comply with changes. Remind everyone of key dates and events.
2. Prepare a fun kick-off event for employees to celebrate the upcoming policy change.
3. Contact, educate, and assist adjacent community neighbors in becoming part of the tobacco-free area. Consider their concerns in anticipation of the new policy and possible impact on their property.
4. Prepare media releases.

PHASE 5

Implement your Policy (1 month)

1. Make changes to facilitate the tobacco-free environment:
 - Install signage.
 - Remove designated smoking areas and ash receptacles.
 - Replace “smoking breaks” with ‘fresh air’ breaks.
2. Kick-off policy by:
 - Sending out a media release.
 - Hanging signage with positive messages.
 - Making tobacco treatment counseling available.
 - Distributing materials about tobacco treatment resources and benefits.
 - Handing out a token gift to acknowledge those who have quit tobacco or are supporting others to quit.
 - Encouraging all employees to sign in at the launch event and have door prizes.
3. Recognize those who have helped make implementation successful.
4. Begin enforcing tobacco-free policy.

PHASE 6

Maintain Long-Term Success (Ongoing)

1. Have regular announcements reminding people of the tobacco-free policy and tobacco treatment options.
2. Educate new employees on the policy during New Employee Orientation.
3. Be flexible and patient: behavior change takes time.
4. Conduct leadership “Walkabouts” a few times each month at different times and days.

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Addressing Tobacco Use and Exposure

Resources for Behavioral Health Agencies

As overall smoking rates have declined, the prevalence of smoking among people with behavioral health conditions (mental health and/or substance use disorders) has remained high. Quitting smoking can improve mental health and substance use disorder treatment outcomes.

The MaineHealth Center for Tobacco Independence (CTI) offers a variety of services to assist you, including:

- Treatment Training for Staff
 - Policy Change Support
- Treatment through the Maine Tobacco HelpLine

TO LEARN MORE, VISIT: CTIMaine.org



MaineHealth
Center for Tobacco
Independence



Building Screening and Treatment Capacity

CTI offers multiple training opportunities to support behavioral health professionals in building knowledge and skills to successfully engage clients through evidence-based tobacco treatment and intervention strategies.

Provider Outreach Education

Training is available to help engage clients who use tobacco through the use of evidence-based interventions. Trainings can be tailored to meet the unique needs of the provider and the practice team through a menu of training options including: instructor-led in-services, webinars, self-directed learning modules, and videos.

Basic Skills Training

A one-day training to learn more about nicotine addiction and how to integrate brief, evidence-based tobacco treatment interventions into current practice.

Targeted Behavioral Health Basic Skills Training

A half-day training to learn more about the health burden of tobacco and nicotine on individuals with behavioral health conditions, real and perceived barriers to providing treatment in mental health and substance use settings, and opportunities for treatment.

Intensive Skills Training

A two-day skills-focused training building on knowledge gained in the Tobacco Intervention: Basic Skills Training and on common counseling skills used in intensive tobacco treatment such as motivational interviewing and cognitive behavioral therapy.

Learn more: CTIMaine.org/Education



Creating a Tobacco-Free Environment

Smoke and tobacco-free policies protect everyone from the dangers of secondhand smoke and promote healthy social norms around tobacco use.

Policy Implementation Assistance: A local community health coalition can provide technical assistance on policy adoption and implementation and provide tips on creating tobacco-free environments.

Find your local partner: CTIMaine.org/DTPP

Be Celebrated for your Tobacco-Free Policy: Breathe Easy conducts the Gold Star Standards of Excellence recognition program annually to encourage and support Maine's behavioral health organizations in addressing smoking and tobacco use by creating and maintaining smoke and tobacco-free policies. The ten evidence-based standards provide a road map to support behavioral health agencies to create sustainable change through the adoption of written policies and procedures.

Learn more at BreatheEasyMaine.org/GSSE

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Supporting Tobacco-Free Living

Research shows that counseling tobacco users improves quit rates, and that tobacco counseling provided over the phone is as effective as counseling provided in person. Tobacco users who receive support through the Maine Tobacco Helpline are two to three times more likely to successfully quit long term than those who try to quit on their own.

Connect Clients to the Maine Tobacco Helpline

- Individuals can enroll for services by phone or online.

Call 1-800-207-1230 or visit theQuitLink.com

- Discuss how your organization can proactively refer clients to the Helpline.

Contact CTI at 207-662-7154 or visit CTIMaine.org

Beyond the Integrated Phone Counseling Program, Maine residents with certain behavioral health conditions are eligible for the Intensive Behavioral Health Counseling Program.

- Participants in this program will work with coaches trained in the specific challenges faced by tobacco users with a behavioral health condition.
- The program includes 7 proactive calls from a coach, unlimited inbound support, and 12 weeks of combination nicotine replacement therapy sent directly to the person's home.

1-800-207-1230
MAINE TOBACCO HELPLINE

THEQUITLINK.COM

ADDRESSING TOBACCO USE IN THE BEHAVIORAL HEALTH POPULATION



1 IN 3

adults with a **mental illness** are currently **using tobacco**.



5 Years Earlier

People with **mental illness or substance use disorders** will die **5 years earlier** than those without these disorders; many of these deaths are caused by smoking cigarettes.



2 IN 5

people who smoke have a **behavioral health disorder**

OVER HALF

of all deaths among people with mental illness or substance use disorders were a result of **tobacco related causes**. This is **2x** the rate found in the general public.



3 IN 5

people with a substance use disorder **smoke**



1 IN 5

adults in the US have some form of **mental illness**

Behavioral health organizations play a key role in supporting those living with mental illness or substance use disorders by:

- Creating a tobacco-free policy
- Referring those who are quitting to evidence-based treatment
- Screening clients for tobacco use

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