



Smoke-Free Campus White Paper:

Clark County
Center for Community Health &
Vancouver Veterans Administration

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We would like to thank all of the employees and clients at the Center for Community Health who responded to the survey.

Table of Contents

| | |
|---|-----------|
| EXECUTIVE SUMMARY | 1 |
| BACKGROUND | 1 |
| KEY FINDINGS | 1 |
| INTRODUCTION | 3 |
| WHY IMPLEMENT A SMOKING BAN? | 3 |
| SUBSTANCE DEPENDENCE & MENTAL HEALTH TREATMENT BEST-PRACTICE ENDORSEMENTS | 4 |
| EXISTING CENTER FOR COMMUNITY HEALTH SMOKING POLICY | 4 |
| SMOKING-RELATED DISPARITIES | 5 |
| LOW SOCIOECONOMIC STATUS | 5 |
| SUBSTANCE DEPENDENCE | 6 |
| MENTAL ILLNESS | 6 |
| BARRIERS/CONCERNS THAT MAY IMPEDE POLICY IMPLEMENTATION | 8 |
| CLIENT BARRIERS | 8 |
| STAFF BARRIERS | 8 |
| ADMINISTRATIVE BARRIERS | 9 |
| RECOMMENDATIONS | 10 |
| EXAMPLES OF SUCCESSFUL IMPLEMENTATION..... | 11 |
| SUBSTANCE DEPENDENCE AND/OR MENTAL HEALTH TREATMENT FACILITIES | 11 |
| COMMUNITY COLLEGES | 12 |
| LOCAL HEALTH JURISDICTIONS | 12 |
| HOSPITALS | 13 |
| CENTER FOR COMMUNITY HEALTH SURVEYS | 14 |
| REFERENCES | 21 |
| APPENDIX A..... | 25 |

Executive Summary

The Clark County Center for Community Health (CCH) is located in Vancouver, Washington, on the Veterans Administration (VA) campus. In 2006, the Smoke-Free Campus Sub-Committee of CCH's Tenants Committee was formed, with the intention of exploring the idea of a smoke-free CCH campus. This sub-committee requested that Clark County Public Health assemble a report to provide the necessary background needed to evaluate such a proposal and make a recommendation to the Tenants Committee. This white paper intends to provide that background.

Background

The Surgeon General has indicated that secondhand smoke is a preventable and significant cause of illness and death in the United States, and that there is no safe level of exposure to secondhand smoke¹.

The Community Guide Task Force on Community Preventive Services and the US Surgeon General state that smoking bans are effective in reducing exposure to secondhand smoke, smoking bans are more effective than restrictions in doing so, and that establishing smoke-free workplaces is the only effective way to ensure that workers are not exposed to secondhand smoke on the job^{1,2}.

Several well-known substance dependence treatment (SDT) and/or mental health treatment (MHT) organizations support implementing smoking bans in SDT/MHT facilities^{3,4,5}.

People with low socioeconomic status, mental illness, or who are substance-dependent are more likely to smoke than the population as a whole. People in these groups also have more health consequences from smoking, including higher death rates. Many clients at CCH fall into one or more of these categories.

"There is no safe amount of secondhand smoke"

"When you breathe secondhand smoke, it is like you are smoking"

"Whether you are young or old, healthy or sick, secondhand smoke is dangerous"

-United States Surgeon General

Key Findings

Several agencies, including SDT/MHT facilities have successfully implemented smoke-free campus policies. Key points include:

- Staff and clients generally predicted more problems resulting from implementation of a smoking ban than actually occurred. Staff generally have more positive views of a ban after it has been implemented.
- Administrative support and a clear plan for enforcement are keys to successful implementation.
- Involving as many people as possible, including those who will be affected by the ban, will result in a policy that more people will support.

Potential barriers that may exist to implementing a smoke-free campus policy include:

- Concern that restricting smoking may cause clients in SDT programs to relapse.
- Clients may not adhere to the smoke-free campus policy.
- The smoking rate among SDT staff and clients is higher than the general population.
- SDT/MHT staff fear that clients will leave the program if they cannot smoke.
- SDT/MHT programs traditionally do not address smoking among clients.
- VA concerns that smokers would migrate to their property to smoke

A survey at CCH was conducted recently to gauge client and employee opinion on implementing a smoke-free campus policy. Findings included:

- About one-quarter of clients and three-quarters of employees are bothered by smoke at CCH.
- About one-third of clients and over half of employees are in favor of a smoke-free campus policy.
- One-quarter of clients, and over half of employees, indicated that a smoke-free campus policy would positively affect them.
- The majority of clients smoke, while only 10% of employees surveyed were smokers.
- SDT/MHT employees tended to have less favorable views toward a smoke-free campus policy than employees as a whole.

Introduction

The Clark County Center for Community Health (CCH) is located in Vancouver, Washington, on the Veterans Administration campus.

In 2006, leadership from agencies at CCH participated in a World Café meeting to envision how the campus should evolve. Several sub-committees were formed to explore ideas that came out of that meeting, including a Smoke-Free Campus sub-committee. This group included a representative from the Veterans Administration, one of the Substance Dependence Treatment (SDT) and/or Mental Health Treatment (MHT) providers in the building, and Clark County Public Health. The sub-committee was interested in exploring the idea of a smoke-free campus, but needed to understand the full implications of such an action. This white paper was assembled to provide that background and to give the Sub-Committee the information they would need to evaluate such a proposal and make a recommendation.

Acronyms used in this paper:

- CCH: Center for Community Health
- MHT: Mental Health Treatment
- SDT: Substance Dependence Treatment
- VA: Veterans Administration

This white paper includes information from a variety of sources. Research activities included a scientific literature review, interviews of key informants, a survey of clients and staff at CCH, analysis of local tobacco use data, and internet-based research.

CCH houses a wide variety of agencies. Several of these agencies provide inpatient and/or outpatient treatment for mental health and/or substance dependence. These include:

- Columbia River Mental Health Services: Provides inpatient treatment for mental health evaluation and treatment, and acute drug and alcohol detoxification.
- Community Services Northwest: Offers outpatient mental health treatment, intensive outpatient and aftercare substance dependence and dual diagnosis treatment services, and a gambling addiction program.
- Consumer Voices Are Born: Offers peer support services for persons with mental illness.
- Cowlitz Indian Tribe Health and Human Services Department: Provides substance dependence outpatient treatment, vocational rehabilitation program services and a Tribal sexual assault program.
- Lifeline Connections: Provides inpatient and outpatient substance dependence treatment services, as well as mental health treatment.

Why Implement a Smoking Ban?

The most recent Surgeon General's report on smoking, *The Health Consequences of Involuntary Exposure to Tobacco Smoke: A Report of the Surgeon General*, indicates that secondhand smoke is a preventable and significant cause of illness and death in the United States. That report stated there is sufficient scientific evidence to conclude that there is a causal relationship between exposure to secondhand smoke and:

- Sudden Infant Death Syndrome (SIDS)
- Reduction in birth weight
- Respiratory illness in children, including asthma
- Ear infections in children
- Lung cancer in adults
- Cardiovascular disease in adults

Additionally, the report concluded that there is no safe level of secondhand smoke, and that secondhand smoke is dangerous to all people¹.

"Even being around secondhand smoke for a short time can hurt your health. Some effects are temporary. But others are permanent."

-United States
Surgeon General

The Community Guide's Task Force on Community Preventive Services makes scientific evidence-based recommendations about interventions to promote community health and prevent disease. The Task Force defines smoking bans and restrictions as policies, regulations, and laws that limit smoking in workplaces and other public areas. Smoking bans prohibit smoking entirely while smoking restrictions limit smoking to designated areas. The Task Force has found strong evidence that smoking restrictions and bans are effective in reducing exposure to secondhand smoke. Furthermore, they have found that smoking bans are more effective in reducing exposure to secondhand smoke than restrictions². The latest Surgeon General's report on smoking indicates that establishing smoke-free workplaces is the only effective way to ensure that workers are not exposed to secondhand smoke on the job¹.

"If this is a health center it should set the standard of being healthy for nonsmokers and their children."

-CCH Client

"I view nicotine [as] a drug just like alcohol is a drug. Why should anyone who is "clean and sober" be allowed to use the drug nicotine."

-CCH Client

Smoking bans are also effective in reducing the amount of cigarettes smoked². Given the high prevalence of smoking clients at the Center for Community Health (see the "Center for Community Health Surveys" section of this report), a smoking ban may be especially helpful in this population. Limiting or quitting smoking may also benefit these clients financially as many have limited financial resources which are further strained by funding an addiction to tobacco.

Substance Dependence & Mental Health Treatment Best-Practice Endorsements

Several well-known organizations support implementing smoking bans in substance dependence treatment (SDT) and/or mental health treatment (MHT) facilities. These include:

- Washington State Department of Social & Health Services, Division of Alcohol and Substance Abuse³
- NAADAC, The Association for Addiction Professionals⁴
- National Association of State Mental Health Program Directors (NASMHPD)⁵

Existing Center for Community Health Smoking Policy

In November 2005, Washington voters passed Initiative 901 (I-901) as an amendment to the Washington Clean Indoor Air Act. I-901 expanded the non-smoking provisions of the Clean Indoor Air Act to prohibit smoking in all public places and places of employment. Furthermore, I-901 expanded the definition of public place to include an area twenty-five feet from entrances, exits, windows that open and ventilation intakes that serve an enclosed area where smoking is prohibited. The state Clean Indoor Air Act (RCW 70.160) is now called Smoking in Public Places.

In accordance with the Smoking in Public Places Act, smoking is prohibited at the Center for Community Health in and within 25 feet of entrances, exits, windows that open, and ventilation intakes that serve an enclosed area where smoking is prohibited. There are several smoking shelters located farther than 25 feet from the building. Nonetheless, people are frequently observed smoking in front of the building, and as the shelters are located in the parking lots and smokers often stand outside of them, employees have complained of having to "walk through a cloud of smoke" in order to get into the building to work.

"I think [a smoke-free campus policy] would be a positive step supporting the fact that you are a health based building, helping the community with their overall health"

-CCH Client

Smoking-Related Disparities

In 2005, 19% of adults in Clark County were current smokers⁶. Additionally, approximately 20% of all deaths in the United States are attributable to smoking cigarettes⁷.

As with many health-related behaviors, certain groups are more likely to smoke and have increased smoking-related morbidity and mortality. Three groups of people that have higher-than-average rates of smoking and smoking-related health issues include:

- persons with a low socioeconomic status,
- persons with a mental illness, and
- substance-dependent persons.

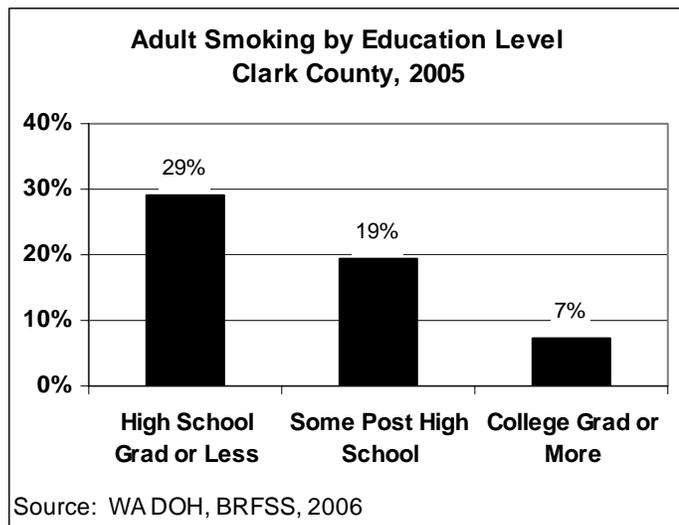
Low Socioeconomic Status

Socioeconomic status is a measure of an individual or family's relative economic and social ranking. This ranking is a composite score based on several social, educational, and financial factors. "Low Socioeconomic Status" refers to individuals in lowest quartile of the composite index score distribution⁸. These individuals have the lowest education and income levels in the population.

Smoking Prevalence

People with a low socioeconomic status are more likely to smoke than those at a higher status. In Clark County, about one-third (29%) of adults with a high school diploma or less are current smokers, compared to 7% of people with a college diploma or higher⁶.

As income is correlated with education level, smoking prevalence varies by this characteristic as well. In Clark County, 29% of people with an income of less than \$25,000 per year smoke, compared to 14% of people with annual income of \$50,000 or higher⁶.



Morbidity/Mortality

People with a low socioeconomic status have higher overall mortality than people in higher socioeconomic status groups. Higher rates of smoking in this population is a significant contributor to this disparity^{9,10}.

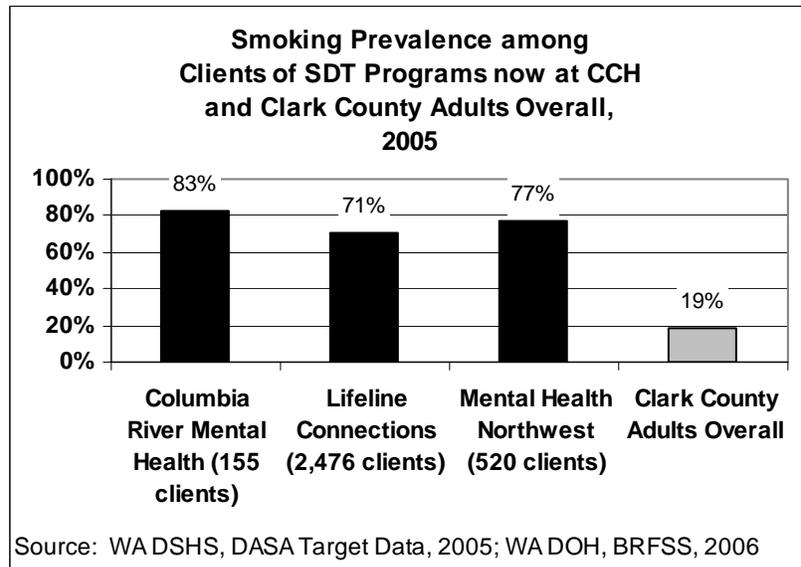
Substance Dependence

Substance Dependence is defined as a cluster of cognitive, behavioral and physiological symptoms indicating that an individual continues use of a substance despite significant substance related problems¹¹.

Smoking Prevalence

Substance-dependent persons also have high rates of smoking. Existing research has found that over 75% of substance-dependent persons are current smokers, compared with 19% of Clark County adults overall^{6,12,13}.

Three programs now at the Center for Community Health (CCH) provide substance dependence treatment (SDT) services and collect information on their clients' smoking status. Of 3,188 SDT clients seen by these programs in 2005, 3,151 were assessed for smoking. The graph to the right describes the smoking status of these clients, with the total number of clients in each program in parentheses.

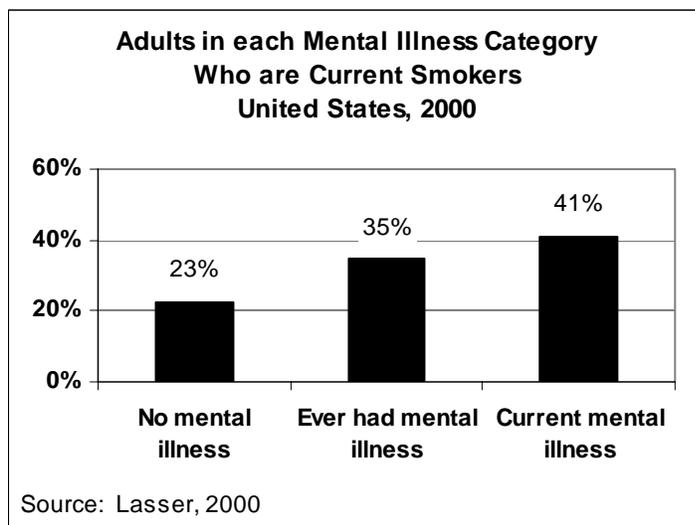


Morbidity/Mortality

Persons in treatment for substance dependence have been shown to have higher all-cause mortality than the general population. Tobacco use causes significantly more deaths than alcohol use in this population¹⁴. Among long-term narcotics addicts, tobacco users have a death rate 4 times higher than nonsmokers¹⁵.

Mental Illness

Mental illness is defined as clinically significant behavioral or psychological syndrome or pattern that occurs in an individual and that is associated with present distress or disability, or with a significantly increased risk of suffering death, pain, disability or an important loss of freedom. In addition, the



syndrome or pattern must not be merely an expectable and culturally sanctioned response to a particular event, for example the death of a loved one¹¹. In 2000, an estimated 44% of all cigarettes in the United States were smoked by persons with a mental illness¹³.

Smoking Prevalence

Persons with a mental illness are more likely to smoke than persons without a mental illness. Over two-fifths (41%) of people who have current mental illness (defined as in the past month) are current smokers, compared with 23% of persons who have never had mental illness¹³.

Smoking prevalence varies according to type of mental illness. The estimated percent of persons who smoke, within various mental health conditions, are^{12,13}:

- Nonaffective Psychosis (Schizophrenia), 45-88%
- Bipolar Disorder, 55-70%
- Depression, 40-60%
- Generalized Anxiety Disorder, 55%
- Antisocial Personality/ Behavior/Conduct disorder, 45%

Smoking status information is not available for mental health clients at CCH because smoking status is only assessed for SDT clients (see preceding page), not mental health clients.

Morbidity/Mortality

Persons with mental illness have been shown to have increased risk for respiratory and cardiovascular diseases and cancer. Research suggests that this may be caused by higher smoking rates in this population^{16,17,18}. Furthermore, mentally ill persons who smoke have significantly higher mortality than the general population, while nonsmoking mentally ill persons do not have higher mortality than the general population¹⁹.

Barriers/Concerns That May Impede Policy Implementation

Several barriers exist which must be taken into account when implementing a smoke-free campus policy into substance dependence treatment (SDT) and/or mental health treatment (MHT) facilities. These barriers exist at the client, staff, and administrative level.

Client Barriers

Client-level concerns have been identified as potential barriers to implementing a smoking ban. The survey conducted recently of clients at the Center for Community Health (CCH) (described in Appendix A on page 25) found several potential barriers to implementing a smoke-free campus policy.

Clients fear that restricting smoking will be stressful and cause relapse

In the CCH survey, many clients indicated that smoking helps them to cope with substance dependence treatment, and that restricting smoking may cause them to relapse. However, available literature has not supported this concern. Restricting smoking or offering smoking cessation in SDT programs has been shown to have no effect on treatment outcomes^{20,21,22} and may even *help* clients remain abstinent from alcohol and/or drugs^{23,24,25}. One study which looked at many programs that introduced smoking cessation into their existing SDT program found that persons participating in smoking cessation were 20% more likely to remain abstinent than those who did not participate in smoking cessation activities (37% abstinent among smoking cessation participants vs. 31% for those not participating in smoking cessation activities)²⁶.

“Contrary to previous concerns, smoking cessation interventions during addictions treatment appeared to enhance rather than compromise long-term sobriety”

- Prochaska et al, 2004

Clients may not adhere to the policy

In the recent survey conducted of clients at CCH, several clients indicated that they would continue to smoke on property even if a smoke-free campus policy was implemented. Programs that have implemented a smoke-free campus policy stress that clearly-defined enforcement is the key to success, and will need to take into consideration clients who will not want to adhere to the policy.

Most clients oppose a smoke-free campus policy at CCH

The recent survey of clients at CCH found that the majority (61%) opposed instituting a smoke-free campus policy. This must be taken into consideration if implementation of a smoke-free campus policy is recommended.

Staff Barriers

Several staff barriers have also been identified that may possibly impede implementation of a smoking ban.

Staff fear that restricting smoking will cause clients to relapse

Staff fear that clients in substance dependence treatment will relapse if they cannot smoke²⁷. This was seen among staff recently surveyed at CCH as well. Staff concern that smoking cessation would compromise drug treatment outcomes is one of the main barriers to implementing smoking bans and/or smoking cessation in SDT facilities. As noted above, existing research has found that smoking cessation has no effect on, and may even improve, long-term abstinence from alcohol and drugs following substance dependence treatment.

Staff themselves smoke

Many staff in substance dependence treatment programs themselves smoke²⁷. A recent survey of clients and employees at CCH found that 20% of employees of SDT and/or MHT agencies at CCH currently smoke. This figure is similar to the overall smoking prevalence in Clark County.

Fear that clients will leave/will not come to treatment if restrict smoking in treatment facilities

Staff fear losing clients if their treatment facility bans smoking²⁷. However, available research has not found that early termination increases after instituting a smoking ban inside of the treatment facility, or that occupancy rates decline after instituting a smoking ban²⁸.

Administrative Barriers

Administrative barriers to smoking ban implementation also exist.

Tradition/History

Substance dependence treatment programs traditionally do not address tobacco use²⁷. Cigarettes have also been used in mental health treatment facilities to reinforce desired behaviors, such as medication compliance²⁹. These barriers will need to be taken into consideration if a smoke-free campus policy is implemented.

Enforcement

Many facilities that have implemented smoke-free campus policies emphasize that enforcement is key to the success of such a policy^{30,31,32,33}. If a smoke-free campus policy is implemented, enforcement of the policy needs to be carefully thought out when creating the policy and the details need to be described thoroughly in the policy.

Veterans Administration concerns that smokers would migrate to their property

CCH is located on the Veterans Administration (VA) campus in Vancouver, WA. The Veterans Administration has voiced concern that, if CCH implements a smoke-free campus policy on its campus, smokers may walk onto VA property to smoke. This concern must be taken into consideration if a smoke-free campus policy is implemented.

Recommendations

Several recommendations have been proposed for implementing a smoke-free campus policy. These include:

During the policy planning process:

- Involve as many people as possible in the decision-making process, especially those who will be affected by the policy. This can result in a policy that more people will support³⁴.
- Conduct surveys among staff and clients to measure support for a smoke-free campus policy^{30,34}.
- Include the Veterans Administration (VA) in discussions about a smoking ban on our campus. Seek out a smoking cessation champion at the VA and investigate the availability of VA smoking cessation programs³⁵.

Elements to include in the policy:

- A clear plan for enforcement is crucial for success. Without an enforcement strategy, the smoking ban may only exist on paper^{30,31,32,33}.
- Consistency and coordination are essential for success, with problems resulting when this is not the case^{28,30}.

Other recommendations:

- Couple a smoking ban with a smoking cessation program and/or nicotine replacement therapy³⁶.
- Educate those who will be affected about why the ban is being implemented^{31,32}.
- Full administrative support for the policy is essential^{30,33,37}.
- Staff should be educated on the following topics^{30,38,39}:
 - Health effects of smoking and secondhand smoke;
 - Disparities between mental health or substance-dependent clients and the rest of the population as a social justice issue;
 - Negative impacts, such as agitation or sleep disturbance, of nicotine use on people with mental health or substance dependence issues;
 - And the difference between psychotic symptoms of distress and nicotine withdrawal symptoms.

Examples of Successful Implementation

Smoking bans have been implemented at several agencies across the state and nation. Descriptions of these experiences are provided below.

Substance Dependence and/or Mental Health Treatment Facilities

Several substance dependence treatment (SDT) programs have implemented a smoke-free campus policy. These policies appear to have no major impact on behavioral indicators, unrest, or compliance within the treatment setting³⁶.

Veterans Affairs Medical Center, Minneapolis, Minnesota

The Veterans Affairs Medical Center in Minneapolis, Minnesota, includes inpatient SDT and mental health treatment (MHT) programs. In 1988, the Medical Center implemented a smoking ban where smoking was completely prohibited within the medical center building. Cigarettes were also no longer available for purchase in the medical center. Several patients left the facility without authorization to buy cigarettes. The majority of patients were able to tolerate the smoking ban, with 20-25% of patients having difficulty with abstinence from smoking. The hospital's policy included many contradictory elements, such as patients being able to keep their smoking materials with them at the hospital despite not being able to smoke. These contradictory elements made enforcement of the policy difficult. The frequency of serious problems with residents did not change after the ban was implemented. There was no evidence that psychiatric patients who smoked stopped coming to their facility, as the overall occupancy rates of patients did not decrease after initiating the ban^{28,40}. Currently, smoking is allowed outside, and smoking shelters are provided⁴¹.

Palo Alto Veterans Affairs HealthCare System, Palo Alto, California

The Palo Alto Veterans Affairs HealthCare System limits smoking to outside smoking shelters, which are placed far away from the buildings. The smoking restriction is enforced by the VA police⁴².

Inpatient Psychiatric Service, University of Louisville Hospital, Louisville, Kentucky

In 1991, the University of Louisville Hospital implemented a smoking ban in their locked inpatient psychiatric service. Nicotine replacement therapy was provided. There was generally no significant increase in dangerous behavior among the patients immediately following the ban and two years later. Although there was a minor increase in violent outbursts and as-needed medications for anxiety immediately following the ban, the frequency of each of these returned to pre-ban levels within two years³⁹.

Multi-Site Review

One review of smoking bans in 26 inpatient psychiatric settings found that there was no increase in aggression, use of seclusion, discharge against medical advice, or increased use of as-needed medication following ban implementation. Consistency, coordination, and full administrative support for the ban were seen as essential to success, with problems occurring when this was not the case. Nicotine replacement therapy was used to help clients cope with the ban. Many patients continued to smoke, though, indicating that the bans were not necessarily effective in long-term cessation. Implementing a fragmented smoking ban, as opposed to a complete ban on all smoking on the grounds, can unintentionally cause conflict. While staff generally anticipated more smoking-related problems than actually occurred, they had much more positive views of the smoking ban after it had been implemented³⁰.

Licensure Standards Banning Smoking in SDT Centers

In 1999, New Jersey added tobacco assessment and treatment, in the context of tobacco-free facilities and grounds, to the licensure standards for residential SDT providers. Use of tobacco is prohibited within all buildings and on facility grounds. Furthermore, staff were prohibited from using alcohol, tobacco, or illegal drugs during working hours or when representing their employer.

Prior to implementing the new licensure standards, training was provided for facility directors and staff, and free nicotine replacement therapies were provided along with smoking cessation materials and on-site consultation.

A study around implementation of the ban indicated that SDT center staff were very concerned about implementing the new smoking policy. Staff feared that tobacco-using staff may be terminated, that turning SDT centers into a “police state” to enforce the ban would disrupt the programs, and that the centers would lose revenue if clients chose SDT program that allowed smoking.

After implementation, the majority of directors (70%) indicated that the policy had a positive effect on clients, and 60% said it had a positive effect on staff. Two-thirds of the programs agreed that the ban helped their clients either reduce smoking or quit altogether. They also found that the new policy did not cause clients to leave the program early.

Upon entering treatment, 65% of clients wanted to either quit or reduce their smoking. Two-fifths (41%) did not smoke during the program, and 22% planned to abstain after discharge.

Lessons learned from New Jersey³³:

- Most clients want to either reduce smoking or quit.
- Including smoking cessation and smoke-free campus policy in treatment did not cause clients to leave the SDT program early.
- The greatest resistance for implementing this policy came from staff.
- Tobacco-free grounds was the most challenging aspect of implementation.
- Enforcement of tobacco-related licensure standards is key.
- Full support from management is essential to successful implementation.

Community Colleges

Clark College, Vancouver, Washington

In November 2005, Clark College was the first college in Washington State to implement a tobacco-free campus policy. The policy was driven by students. Students conducted an internet survey to gauge student support for smoking shelters vs. an entire smoking ban. A forum was held to present two proposals: installing smoking shelters versus instituting a comprehensive smoking ban. A smoking ban was perceived to be easier to enforce than restricting smoking to certain areas. At the forum, students established the ban’s goal: to protect those who choose not to smoke, as opposed to forcing people to stop smoking.

Enforcement of the smoking ban was set up similar to parking violations. The first offense results in a warning, and the second offense a fine. If an employee smokes on campus, the administration can begin disciplinary actions, though this would only occur as a last resort³⁴. Since implementation, several “friendly reminders”, but no citations, have been issued, and they are very pleased with the ban⁴³.

Local Health Jurisdictions

Tacoma-Pierce County Health Department, Washington

In the first quarter of 2006, the Tacoma-Pierce County Health Department (TPCHD) instituted a tobacco ban on all TPCHD property. The ban applied to all individuals who were on the property. Employees were not allowed to use tobacco during paid work time and breaks, and were strongly encouraged to not use tobacco outside of work time. All TPCHD personnel were responsible for enforcing the ban. Keys to successful implementation and adherence to the ban included full support from TPCHD leadership, consistent enforcement at all levels and all sites, and ensuring that staff and clients both were well aware of the ban before it was implemented. They also offered smoking cessation prior to implementing the ban³⁷.

Clallam County, Washington

In 2004, Clallam County instituted a County Ordinance prohibiting smoking on county property⁴⁴. The primary aim of the ordinance was to protect public health by reducing exposure to secondhand smoke. Smoking is prohibited in all county workplaces, except in designated areas outlined in the policy.

If an employee does smoke on county property, they are fined \$65 for the first offense; the fine increases by \$40 for each subsequent offense. In lieu of paying a fine, employees may complete a smoking cessation program. Local law enforcement can enforce the ordinance. If a non-employee smokes on county property, they are subject to fines as well. However, since the ban was implemented, no one has been fined to date⁴⁵.

The ordinance resulted from a grant from the Washington State Department of Health to reduce smoking and tobacco exposure among pregnant and parenting low-income women, rates which were high in Clallam County. The grant primarily emphasized policy change. The Clallam County Board of Commissioners were very supportive of these approaches⁴⁶.

Clallam County also administers WA State Department of Health and Social Services (DSHS), Division of Alcohol and Substance Abuse (DASA), funds to SDT programs in the county. As part of their contracts with the SDT programs, DASA requires that they provide a smoke-free environment for their clients⁴⁶.

Hospitals

St. Joseph Hospital, Bellingham, Washington

In August 2000, St Joseph Hospital in Whatcom County, Washington, instituted a ban on all tobacco use on hospital property, both indoors and outdoors⁴⁷. Their purpose for instituting the ban was to provide an environment that supports the concepts of preventive and acute health care. Nicotine gum was made available for purchase to employees, volunteers, and visitors while at the hospital. Employees who violated the policy were subject to discipline, similar to how violations of other employment policies are handled. Employees were told that the CEO of the hospital did "not expect staff to 'police' one another and enforce compliance", and if employees chose to enforce the ban, they were told to do so in "a courteous way and be sensitive to [the individual's] addiction and their personal situation"⁴⁸. Suggested talking points were distributed to managers as suggestions for respectfully reminding people of the policy, and answers to questions that staff may be asked. Several newspaper articles were published on the subject, some supportive and some critical of the new policy⁴⁹.

Since implementation, the hospital considers the ban to be "fairly successful" and is generally followed. They have indicated that most staff don't feel comfortable enforcing the ban; when someone blatantly ignores signage, they often "get away with it". Security is not always available to enforce the ban. With smoke-free places becoming more common, the ban is becoming more understood and expected⁵⁰.

Center for Community Health Surveys

As part of the process to decide whether or not to recommend a smoke-free campus policy for the Center for Community Health (CCH), a survey was conducted among employees and clients at the building to gauge support for such a policy. A detailed description of survey methodology and results can be found in Appendix A, on page 25. The table below includes programs that clients and employees who responded to the survey were associated with.

| Agency employed by/receive services from | <u>Clients*</u> | | <u>Employees</u> | |
|---|---|-------------|------------------|-------------|
| | <u>n</u> | <u>%</u> | <u>n</u> | <u>%</u> |
| | Any Substance Dependence or Mental Health Treatment Program (SDT/MHT) | 279 | 78% | 59 |
| Any Non-Substance Dependence or Mental Health Treatment Program (Non-SDT/MHT) | 24 | 7% | 157 | 70% |
| No Program Identified | 74 | 21% | 7 | 3% |
| Total | 359 | 100% | 223 | 100% |

*Some clients listed more than one agency/program.

The majority of clients (78%) were associated with an SDT/MHT program, while only 26% of employees were.

Below are responses to individual questions on the client and employee smoking surveys. Responses are grouped by all clients or employees and are also separated by substance dependence treatment/mental health treatment clients or employees (“SDT/MHT” vs “Non-SDT/MHT”).

The percents listed are the percent of respondents in each group that provided a particular response to a question. For example, in the first table, 86% of all clients indicated that secondhand smoke is harmful. Many questions included a “don’t know” response, but those were left out of this summary. Consequently, the percents may not add up to 100% for all questions.

| Is secondhand smoke harmful? | | | | | | |
|------------------------------|----------------|----------------|--------------------|------------------|----------------|--------------------|
| | <u>Clients</u> | | | <u>Employees</u> | | |
| | <u>All</u> | <u>SDT/MHT</u> | <u>Non-SDT/MHT</u> | <u>All</u> | <u>SDT/MHT</u> | <u>Non-SDT/MHT</u> |
| Yes | 86% | 86% | 100% | 96% | 90% | 98% |
| No | 14% | 14% | 0% | 4% | 10% | 2% |

Most clients and employees indicated that secondhand smoke is harmful to their health.

| Do you favor or oppose laws that limit smoking in public areas? | | | | | | |
|---|----------------|----------------|--------------------|------------------|----------------|--------------------|
| | <u>Clients</u> | | | <u>Employees</u> | | |
| | <u>All</u> | <u>SDT/MHT</u> | <u>Non-SDT/MHT</u> | <u>All</u> | <u>SDT/MHT</u> | <u>Non-SDT/MHT</u> |
| Favor | 36% | 37% | 54% | 87% | 68% | 94% |
| Oppose | 56% | 57% | 42% | 13% | 30% | 6% |

Overall, about one-third of clients and the vast majority of employees favored laws that limit smoking in public areas. SDT/MHT employees tended to be less favorable toward smoking limits than employees in general.

| Are you bothered by people who smoke at your worksite? | | | | | | |
|---|----------------|----------------|--------------------|------------------|----------------|--------------------|
| | Clients | | | Employees | | |
| | All | SDT/MHT | Non-SDT/MHT | All | SDT/MHT | Non-SDT/MHT |
| Bothered | 24% | 22% | 42% | 73% | 46% | 83% |
| Not bothered | 76% | 78% | 58% | 27% | 53% | 17% |

About one-quarter of clients and three-quarters of employees were bothered by smoking at CCH. SDT/MHT employees tended to be less bothered by smoking on campus compared to employees overall.

| Would you favor or oppose making CCH a smoke-free campus? | | | | | | |
|--|----------------|----------------|--------------------|------------------|----------------|--------------------|
| | Clients | | | Employees | | |
| | All | SDT/MHT | Non-SDT/MHT | All | SDT/MHT | Non-SDT/MHT |
| Favor | 28% | 30% | 46% | 66% | 42% | 76% |
| Oppose | 61% | 62% | 42% | 33% | 55% | 24% |

About one quarter of clients, and two-thirds of employees, favored implementing a smoke-free campus policy at CCH. Fewer SDT/MHT employees supported a smoke-free campus policy compared to all employees as a whole.

| How would making CCH a smoke-free campus affect its image in the community? | | | | | | |
|--|----------------|----------------|--------------------|------------------|----------------|--------------------|
| | Clients | | | Employees | | |
| | All | SDT/MHT | Non-SDT/MHT | All | SDT/MHT | Non-SDT/MHT |
| Improve | 40% | 42% | 54% | 70% | 50% | 78% |
| No change | 50% | 48% | 38% | 19% | 26% | 15% |
| Reduce | 11% | 9% | 8% | 11% | 24% | 7% |

About 40% of clients and 70% of employees indicated that being smoke-free would improve CCH's image in the community. Compared to all employees, fewer SDT/MHT employees believed a smoke-free campus policy would improve CCH's image.

| How would making CCH a smoke-free campus affect you personally? | | | | | | |
|---|---------|---------|-------------|-----------|---------|-------------|
| | Clients | | | Employees | | |
| | All | SDT/MHT | Non-SDT/MHT | All | SDT/MHT | Non-SDT/MHT |
| Positively affect | 26% | 25% | 45% | 57% | 34% | 65% |
| Negatively affect | 27% | 26% | 18% | 11% | 25% | 5% |
| Would not be affected | 47% | 48% | 36% | 32% | 41% | 29% |

About one-quarter of clients and half of employees believed they would be positively affected by a smoke-free campus policy. Fewer SDT/MHT employees would be positively affected by a smoke-free campus policy as compared with employees overall.

After answering this question, employees and clients were given the opportunity to comment on how a smoke-free campus policy would affect them personally. The most common themes expressed by employees were (employee quotes in italics):

- Protect respondent's health; they would not be exposed to secondhand smoke.
"Smoke free would "free" me from possibly getting a headache or having itchy skin when I have to walk through smoke or past smokers at every entrance area."
- Get rid of cigarette butts on the ground, the sight of people smoking, and/or the smell of smoke.
"Cigarette butts littered all over is not a healthy nor professional presentation to the public for our services."
- Provide a positive and consistent message to the public promoting community health.
"It also is a very unhealthy image for the campus and poor example for all of the little children coming to the building "normalizing" smoking of adults in front of the building."
- Smokers' rights are being violated and/or smokers are being discriminated against.
"They [smokers] are people too and deserve a place to have a cigarette."
- A smoking ban would be too difficult for clients to deal with.
"If this were the Public Service Center, I'd say go ahead and ban smoking. But because of the clients/problems we tackle at CFCH (and we are serving THEM), we need to be more tolerant regarding smoking." (emphasis in original)
- The current smoking policy is sufficient; the shelters could be moved from where they are in front of the building; a smoking ban would go too far.
"I believe that with everything there has to be a balance and this [smoking ban] would not achieve that balance."

The most common themes expressed by clients were (client quotes in italics):

- Clients wouldn't have to walk through smoke to get into the building.
"I hate walking up to a building and having to walk through someone's smoke to get there"
- The policy would make clients feel stressed, irritable, etc.
"It would stress me out if I couldn't smoke before my class"

- A smoke-free campus policy would make coming to treatment difficult, or clients might go somewhere else for treatment.
“My recovery is the most important thing in my life. I feel by taking my right to smoke in the designated areas you would be causing me unneeded stress and may make it difficult for me to focus on my treatment.”
- Quitting other alcohol/other drugs is difficult enough without having to quit smoking as well; clients need to smoke to help with drug/alcohol treatment.
“Yes I smoke and need it badly; It’s hard enough to quit drugs”
- A smoke-free campus policy would take away clients’ rights/smoking is a personal choice
“I like to smoke and as long as I am outside I should be able to. It’s my right to smoke.”

| (Employees only) How would making CCH a smoke-free campus affect your clients? | | | |
|---|------------|----------------|--------------------|
| | <u>All</u> | <u>SDT/MHT</u> | <u>Non-SDT/MHT</u> |
| Positively affect | 35% | 17% | 42% |
| Negatively affect | 27% | 56% | 15% |
| Would not be affected | 10% | 8% | 11% |

About one-third of all employees, and one-fifth of STD/MHT employees, indicated that a smoke-free campus policy would positively affect their clients.

| (Employees only) How would making CCH a smoke-free campus affect your department? | | | |
|--|------------|----------------|--------------------|
| | <u>All</u> | <u>SDT/MHT</u> | <u>Non-SDT/MHT</u> |
| Positively affect | 46% | 25% | 53% |
| Negatively affect | 23% | 56% | 11% |
| Would not be affected | 31% | 18% | 35% |

About half of all employees, and one-quarter of SDT/MHT employees, indicated that a smoke-free campus policy would positively affect their department.

After answering this question, employees were given the opportunity to comment on how a smoke-free campus policy would affect their department. The most common themes expressed in these comments are (employee quotes in italics):

- Provide a positive and consistent message to the public promoting community health.
“Serve as a model workplace in the community urging other employers and community agencies to follow suit”
- Get rid of cigarette butts on the ground, the sight of people smoking, and/or the smell of smoke.
“People would not have to walk through smoke and step on cigarette butts to enter the building.”
- Protect employees’ and/or clients’ health; would not be exposed to secondhand smoke.
“It [is] bad for the health of babies, but is also bad for children and pregnant moms as well. I believe we should try to practice what we preach.”
- Concern that SDT/MHT programs would lose clients.
“I think once the word got out that we are a “smoke-free” campus, clients would find other recovery centers to go to where they’re allowed to smoke.”

- A smoke-free campus policy would make people irritable, stressed, etc.
“It makes psychiatric patients’ problems even more difficult because a stress reducer is taken away from them.”

| If the decision were up to you, where would you allow smoking on the campus? | | | | | | |
|---|---------------------|----------------|--------------------|------------------|----------------|--------------------|
| | <u>Clients</u> | | | <u>Employees</u> | | |
| | <u>All</u> | <u>SDT/MHT</u> | <u>Non-SDT/MHT</u> | <u>All</u> | <u>SDT/MHT</u> | <u>Non-SDT/MHT</u> |
| | No smoking anywhere | 11% | 11% | 17% | 47% | 28% |
| Everywhere | 5% | 4% | 4% | 0% | 0% | 0% |
| Designated areas outside | 76% | 77% | 70% | 43% | 67% | 35% |
| Designated areas inside | 5% | 5% | 9% | 1% | 4% | 1% |
| Other | 3% | 2% | 0% | 9% | 2% | 10% |

About three-quarters of clients indicated that, if the decision were up to them, they would allow smoking in designated areas outside. Among all employees, about half would not allow smoking anywhere, and half would allow it in designated areas outside. Among SDT/MHT employees, two-thirds would allow smoking outside.

| Are you a smoker? | | | | | | |
|--------------------------|----------------|----------------|--------------------|------------------|----------------|--------------------|
| | <u>Clients</u> | | | <u>Employees</u> | | |
| | <u>All</u> | <u>SDT/MHT</u> | <u>Non-SDT/MHT</u> | <u>All</u> | <u>SDT/MHT</u> | <u>Non-SDT/MHT</u> |
| | Yes | 69% | 68% | 58% | 10% | 19% |
| No | 31% | 32% | 42% | 90% | 81% | 94% |

Over two-thirds of clients are current smokers. Ten percent of employees overall are smokers, and about one-fifth of SDT/MHT employees are current smokers.

| (Smokers only) Do you want to quit smoking? | | | | | | |
|--|----------------|----------------|--------------------|------------------|----------------|--------------------|
| | <u>Clients</u> | | | <u>Employees</u> | | |
| | <u>All</u> | <u>SDT/MHT</u> | <u>Non-SDT/MHT</u> | <u>All</u> | <u>SDT/MHT</u> | <u>Non-SDT/MHT</u> |
| | Yes | 39% | 41% | 50% | 55% | 36% |
| No | 39% | 38% | 21% | 35% | 55% | 13% |

Among clients who smoke, about two-fifths want to quit. Three-quarters of smoking employees overall want to quit, and about one-third of smoking SDT/MHT employees are interested in quitting.

| (Smokers only) Would a smoking ban help you quit? | | | | | | |
|--|----------------|----------------|--------------------|------------------|----------------|--------------------|
| | Clients | | | Employees | | |
| | All | SDT/MHT | Non-SDT/MHT | All | SDT/MHT | Non-SDT/MHT |
| Yes | 11% | 9% | 71% | 18% | 18% | 11% |
| No | 72% | 74% | 29% | 64% | 82% | 56% |

The majority of clients and employees indicated that a smoking ban would not help them quit smoking. More employees than clients believed that a ban would help them quit smoking.

| (Smokers only) Would you be interested in a program to help you quit smoking if it was offered by CCH? | | | | | | |
|---|----------------|----------------|--------------------|------------------|----------------|--------------------|
| | Clients | | | Employees | | |
| | All | SDT/MHT | Non-SDT/MHT | All | SDT/MHT | Non-SDT/MHT |
| Yes | 32% | 34% | 57% | 50% | 36% | 56% |
| No | 47% | 46% | 21% | 32% | 45% | 22% |

About one-third of clients would be interested in a program to help them quit smoking if CCH offered one. Half of all employees, and one-third of SDT/MHT employees, would be interested in such a program.

At the end of the survey, both clients and employees were given the opportunity to provide general comments about their thoughts on implementing a smoke-free campus policy.

Common themes seen among employee comments included (employee quotes in italics):

- General support for the ban.
"100% in favor of making this campus smoke free!"
- Existing policy is sufficient; the current policy needs to be enforced and/or the smoking shelters could be moved to the back of the building.
"I would be in favor of making designated "out-of-the-way" areas smoke free. For starters, I'd keep the smoking away from the main entrance (where everybody entering the building has to walk through a smoky haze)."
- Issue of personal rights and freedoms.
"We all need to respect the rights of others if they are making a legal choice and are at the building to work or receive services they need."
- Clients may not feel welcome on campus; a smoke-free campus policy would not be inclusive.
"Don't make them feel worse for the addiction when they are coming here for help."

Common themes among clients' comments included (client quotes in italics):

- The existing policy is sufficient; nonsmokers can avoid the smoking shelters if they don't want to be around smoke.
"I don't think smoking is bad unless it's not in a designated area. As long as it's in designated area, it's ok."
- Comments about personal rights and freedoms.
"I think smokers should have the right to smoke somewhere on campus"

- Comments that smoking is bad for people's health; a smoking ban would promote health in the community.
"I feel since this is a community HEALTH facility and smoking negatively affects ones health - a smoking ban or enforced limitation is very much in order." (emphasis in original)
- Adding a smoke-free campus policy onto drug and alcohol treatment would be stressful for clients.
"I think it would be a bad idea because some people here may need to smoke to get off drugs and it helps with the recovery"
- Clients would smoke on campus even if the campus were smoke-free.
"Smoking should be allowed in designated areas because if people are gonna smoke they're gonna smoke"

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Washington State Department of Social & Health Services (WA DSHS), Division of Alcohol and Substance Abuse (DASA). TARGET Data Elements. Data from between 1/1/2005 through 12/31/2005. Assessment/Admission Setup.

Appendix A

As part of the process to decide whether or not to recommend a smoke-free campus policy for the Center for Community Health (CCH), a survey was conducted among employees and clients of the building to gauge support for such a policy. The survey was written by Jeremy Fleming, an intern with Clark County Public Health, and was conducted in January and February in 2007. The employee survey was distributed and filled out online and then imported into SPSS, a statistical data analysis computer program, for analysis. The client survey was distributed and filled out on paper and then manually entered into SPSS for analysis. Two hundred and twenty-three (223) employees and 359 clients responded to the survey.

| Agency employed by/receive services from | Clients* | | Employees | |
|--|------------|-------------|------------|-------------|
| | <u>n</u> | <u>%</u> | <u>n</u> | <u>%</u> |
| Any Substance Dependence or Mental Health Treatment Program | 279 | 78% | 59 | 26% |
| Access to Recovery | 5 | 1% | 0 | 0% |
| Columbia River Mental Health | 28 | 8% | 12 | 5% |
| Comet | 0 | 0% | 3 | 1% |
| Community Services NW/ Mental Health NW | 17 | 5% | 16 | 7% |
| Consumer Voices Are Born | 1 | 0% | 2 | 1% |
| Lifeline Connections | 232 | 65% | 24 | 11% |
| NW Recovery | 0 | 0% | 2 | 1% |
| Any Non-Substance Dependence or Mental Health Treatment Program | 24 | 7% | 157 | 70% |
| Clark County (Department not Specified) | 0 | 0% | 22 | 10% |
| Clark County Department of Community Services | 0 | 0% | 43 | 19% |
| Clark County Public Health | 21 | 6% | 92 | 41% |
| Department of Veterans Affairs | 3 | 1% | 0 | 0% |
| No Program Identified | 74 | 21% | 7 | 3% |
| Total | 359 | 100% | 223 | 100% |

*Some clients listed more than one agency/program.

Below are responses to individual questions on the client and employee smoking surveys. Responses are grouped by all clients or employees, as well as separated out for substance dependence/mental health treatment clients or employees. Not all respondents identified an agency. "N" refers to the number of respondents in each category, and the percent is the percent of respondents in each group that provided a particular response to a question. For example, in the first table, 86% of all clients indicated that secondhand smoke is harmful.

The "SDT/MHT" columns include clients or employees of substance dependence treatment (SDT) or mental health treatment (MHT) agencies. The "Non-SDT/MHT" columns include clients or employees of agencies that are not SDT/MHT agencies.

| Is secondhand smoke harmful? | | | | | | | | | | | | |
|-------------------------------------|----------------|-------------|----------------|-------------|--------------------|-------------|------------------|-------------|----------------|-------------|--------------------|-------------|
| | <u>Clients</u> | | | | | | <u>Employees</u> | | | | | |
| | <u>All</u> | | <u>SDT/MHT</u> | | <u>Non-SDT/MHT</u> | | <u>All</u> | | <u>SDT/MHT</u> | | <u>Non-SDT/MHT</u> | |
| | <u>n</u> | <u>%</u> | <u>n</u> | <u>%</u> | <u>n</u> | <u>%</u> | <u>n</u> | <u>%</u> | <u>n</u> | <u>%</u> | <u>n</u> | <u>%</u> |
| Yes | 306 | 86% | 239 | 86% | 24 | 100% | 213 | 96% | 52 | 90% | 154 | 98% |
| No | 50 | 14% | 38 | 14% | 0 | 0% | 9 | 4% | 6 | 10% | 3 | 2% |
| Total | 356 | 100% | 277 | 100% | 24 | 100% | 222 | 100% | 58 | 100% | 157 | 100% |

| Do you favor or oppose laws that limit smoking in public areas? | | | | | | | | | | | | |
|--|----------------|-------------|----------------|-------------|--------------------|-------------|------------------|-------------|----------------|-------------|--------------------|-------------|
| | <u>Clients</u> | | | | | | <u>Employees</u> | | | | | |
| | <u>All</u> | | <u>SDT/MHT</u> | | <u>Non-SDT/MHT</u> | | <u>All</u> | | <u>SDT/MHT</u> | | <u>Non-SDT/MHT</u> | |
| | <u>n</u> | <u>%</u> | <u>n</u> | <u>%</u> | <u>n</u> | <u>%</u> | <u>n</u> | <u>%</u> | <u>n</u> | <u>%</u> | <u>n</u> | <u>%</u> |
| Strongly favor | 76 | 21% | 54 | 19% | 9 | 38% | 156 | 70% | 24 | 41% | 128 | 82% |
| Somewhat favor | 55 | 15% | 50 | 18% | 4 | 17% | 37 | 17% | 16 | 27% | 19 | 12% |
| Somewhat oppose | 88 | 25% | 72 | 26% | 5 | 21% | 15 | 7% | 9 | 15% | 6 | 4% |
| Strongly oppose | 109 | 31% | 85 | 31% | 5 | 21% | 13 | 6% | 9 | 15% | 3 | 2% |
| Don't know | 29 | 8% | 17 | 6% | 1 | 4% | 2 | 1% | 1 | 2% | 1 | 1% |
| Total | 357 | 100% | 278 | 100% | 24 | 100% | 223 | 100% | 59 | 100% | 157 | 100% |

| Are you bothered by people who smoke at your worksite? | | | | | | | | | | | | |
|---|----------------|-------------|----------------|-------------|--------------------|-------------|------------------|-------------|----------------|-------------|--------------------|-------------|
| | <u>Clients</u> | | | | | | <u>Employees</u> | | | | | |
| | <u>All</u> | | <u>SDT/MHT</u> | | <u>Non-SDT/MHT</u> | | <u>All</u> | | <u>SDT/MHT</u> | | <u>Non-SDT/MHT</u> | |
| | <u>n</u> | <u>%</u> | <u>n</u> | <u>%</u> | <u>n</u> | <u>%</u> | <u>n</u> | <u>%</u> | <u>n</u> | <u>%</u> | <u>n</u> | <u>%</u> |
| Strongly bothered | 43 | 12% | 27 | 10% | 5 | 21% | 108 | 49% | 14 | 24% | 90 | 58% |
| Somewhat bothered | 42 | 12% | 34 | 12% | 5 | 21% | 54 | 24% | 13 | 22% | 40 | 26% |
| Not bothered at all | 272 | 76% | 216 | 78% | 14 | 58% | 59 | 27% | 31 | 53% | 26 | 17% |
| Total | 357 | 100% | 277 | 100% | 24 | 100% | 221 | 100% | 58 | 100% | 156 | 100% |

| Would you favor or oppose making CCH a smoke-free campus? | | | | | | | | | | | | |
|--|----------------|-------------|----------------|-------------|--------------------|-------------|------------------|-------------|----------------|-------------|--------------------|-------------|
| | <u>Clients</u> | | | | | | <u>Employees</u> | | | | | |
| | <u>All</u> | | <u>SDT/MHT</u> | | <u>Non-SDT/MHT</u> | | <u>All</u> | | <u>SDT/MHT</u> | | <u>Non-SDT/MHT</u> | |
| | <u>n</u> | <u>%</u> | <u>n</u> | <u>%</u> | <u>n</u> | <u>%</u> | <u>n</u> | <u>%</u> | <u>n</u> | <u>%</u> | <u>n</u> | <u>%</u> |
| Strongly favor | 62 | 17% | 46 | 17% | 7 | 29% | 118 | 53% | 15 | 25% | 101 | 65% |
| Somewhat favor | 40 | 11% | 35 | 13% | 4 | 17% | 28 | 13% | 10 | 17% | 17 | 11% |
| Somewhat oppose | 51 | 14% | 41 | 15% | 3 | 13% | 26 | 12% | 8 | 14% | 16 | 10% |
| Strongly oppose | 167 | 47% | 131 | 47% | 7 | 29% | 47 | 21% | 24 | 41% | 22 | 14% |
| Don't know | 37 | 10% | 25 | 9% | 3 | 13% | 3 | 1% | 2 | 3% | 0 | 0% |
| Total | 357 | 100% | 278 | 100% | 24 | 100% | 222 | 100% | 59 | 100% | 156 | 100% |

| How would making CCH a smoke-free campus affect its image in the community? | | | | | | | | | | | | |
|--|------------------------|-------------|----------------|-------------|--------------------|-------------|------------------|-------------|----------------|-------------|--------------------|-------------|
| | <u>Clients</u> | | | | | | <u>Employees</u> | | | | | |
| | <u>All</u> | | <u>SDT/MHT</u> | | <u>Non-SDT/MHT</u> | | <u>All</u> | | <u>SDT/MHT</u> | | <u>Non-SDT/MHT</u> | |
| | <u>n</u> | <u>%</u> | <u>n</u> | <u>%</u> | <u>n</u> | <u>%</u> | <u>n</u> | <u>%</u> | <u>n</u> | <u>%</u> | <u>n</u> | <u>%</u> |
| | Strongly improve image | 87 | 25% | 73 | 26% | 10 | 42% | 105 | 47% | 13 | 22% | 88 |
| Somewhat improve image | 53 | 15% | 43 | 16% | 3 | 13% | 50 | 23% | 16 | 28% | 34 | 22% |
| No change | 176 | 50% | 134 | 48% | 9 | 38% | 42 | 19% | 15 | 26% | 24 | 15% |
| Somewhat reduce image | 14 | 4% | 12 | 4% | 1 | 4% | 13 | 6% | 7 | 12% | 6 | 4% |
| Strongly reduce image | 25 | 7% | 15 | 5% | 1 | 4% | 12 | 5% | 7 | 12% | 5 | 3% |
| Total | 355 | 100% | 277 | 100% | 24 | 100% | 222 | 100% | 58 | 100% | 157 | 100% |

| How would making CCH a smoke-free campus affect you personally? | | | | | | | | | | | | |
|--|-------------------|-------------|----------------|-------------|--------------------|-------------|------------------|-------------|----------------|-------------|--------------------|-------------|
| | <u>Clients</u> | | | | | | <u>Employees</u> | | | | | |
| | <u>All</u> | | <u>SDT/MHT</u> | | <u>Non-SDT/MHT</u> | | <u>All</u> | | <u>SDT/MHT</u> | | <u>Non-SDT/MHT</u> | |
| | <u>n</u> | <u>%</u> | <u>n</u> | <u>%</u> | <u>n</u> | <u>%</u> | <u>n</u> | <u>%</u> | <u>n</u> | <u>%</u> | <u>n</u> | <u>%</u> |
| | Positively affect | 88 | 26% | 68 | 25% | 10 | 45% | 121 | 57% | 19 | 34% | 98 |
| Negatively affect | 92 | 27% | 70 | 26% | 4 | 18% | 23 | 11% | 14 | 25% | 8 | 5% |
| Would not be affected | 162 | 47% | 129 | 48% | 8 | 36% | 69 | 32% | 23 | 41% | 44 | 29% |
| Total | 342 | 100% | 267 | 100% | 22 | 100% | 213 | 100% | 56 | 100% | 150 | 100% |

| (Employees only) How would making CCH a smoke-free campus affect your clients? | | | | | | | | | | | | |
|---|-------------------|------------|----------------|------------|--------------------|------------|------------------|-------------|----------------|-------------|--------------------|-------------|
| | <u>Clients</u> | | | | | | <u>Employees</u> | | | | | |
| | <u>All</u> | | <u>SDT/MHT</u> | | <u>Non-SDT/MHT</u> | | <u>All</u> | | <u>SDT/MHT</u> | | <u>Non-SDT/MHT</u> | |
| | <u>n</u> | <u>%</u> | <u>n</u> | <u>%</u> | <u>n</u> | <u>%</u> | <u>n</u> | <u>%</u> | <u>n</u> | <u>%</u> | <u>n</u> | <u>%</u> |
| | Positively affect | N/A | N/A | N/A | N/A | N/A | N/A | 76 | 35% | 10 | 17% | 63 |
| Negatively affect | N/A | N/A | N/A | N/A | N/A | N/A | 59 | 27% | 33 | 56% | 23 | 15% |
| Would not be affected | N/A | N/A | N/A | N/A | N/A | N/A | 21 | 10% | 5 | 8% | 16 | 11% |
| Don't know | N/A | N/A | N/A | N/A | N/A | N/A | 59 | 27% | 11 | 19% | 47 | 32% |
| Total | N/A | N/A | N/A | N/A | N/A | N/A | 215 | 100% | 59 | 100% | 149 | 100% |

| (Employees only) How would making CCH a smoke-free campus affect your department? | | | | | | | | | | | | |
|--|-------------------|------------|----------------|------------|--------------------|------------|------------------|-------------|----------------|-------------|--------------------|-------------|
| | <u>Clients</u> | | | | | | <u>Employees</u> | | | | | |
| | <u>All</u> | | <u>SDT/MHT</u> | | <u>Non-SDT/MHT</u> | | <u>All</u> | | <u>SDT/MHT</u> | | <u>Non-SDT/MHT</u> | |
| | <u>n</u> | <u>%</u> | <u>n</u> | <u>%</u> | <u>n</u> | <u>%</u> | <u>n</u> | <u>%</u> | <u>n</u> | <u>%</u> | <u>n</u> | <u>%</u> |
| | Positively affect | N/A | N/A | N/A | N/A | N/A | N/A | 97 | 46% | 14 | 25% | 80 |
| Negatively affect | N/A | N/A | N/A | N/A | N/A | N/A | 49 | 23% | 31 | 56% | 17 | 11% |
| Would not be affected | N/A | N/A | N/A | N/A | N/A | N/A | 65 | 31% | 10 | 18% | 53 | 35% |
| Total | N/A | N/A | N/A | N/A | N/A | N/A | 211 | 100% | 55 | 100% | 150 | 100% |

| If the decision were up to you, where would you allow smoking on the campus? | | | | | | | | | | | | |
|--|----------------|-------------|----------------|-------------|--------------------|-------------|------------------|-------------|----------------|-------------|--------------------|-------------|
| | <u>Clients</u> | | | | | | <u>Employees</u> | | | | | |
| | <u>All</u> | | <u>SDT/MHT</u> | | <u>Non-SDT/MHT</u> | | <u>All</u> | | <u>SDT/MHT</u> | | <u>Non-SDT/MHT</u> | |
| | <u>n</u> | <u>%</u> | <u>n</u> | <u>%</u> | <u>n</u> | <u>%</u> | <u>n</u> | <u>%</u> | <u>n</u> | <u>%</u> | <u>n</u> | <u>%</u> |
| No smoking anywhere | 36 | 11% | 29 | 11% | 4 | 17% | 101 | 47% | 16 | 28% | 83 | 54% |
| Everywhere | 16 | 5% | 11 | 4% | 1 | 4% | 0 | 0% | 0 | 0% | 0 | 0% |
| Designated areas outside | 250 | 76% | 201 | 77% | 16 | 70% | 93 | 43% | 38 | 67% | 53 | 35% |
| Designated areas inside | 18 | 5% | 14 | 5% | 2 | 9% | 3 | 1% | 2 | 4% | 1 | 1% |
| Other | 10 | 3% | 6 | 2% | 0 | 0% | 19 | 9% | 1 | 2% | 16 | 10% |
| Total | 330 | 100% | 261 | 100% | 23 | 100% | 216 | 100% | 57 | 100% | 153 | 100% |

| Are you a smoker? | | | | | | | | | | | | |
|-------------------|----------------|-------------|----------------|-------------|--------------------|-------------|------------------|-------------|----------------|-------------|--------------------|-------------|
| | <u>Clients</u> | | | | | | <u>Employees</u> | | | | | |
| | <u>All</u> | | <u>SDT/MHT</u> | | <u>Non-SDT/MHT</u> | | <u>All</u> | | <u>SDT/MHT</u> | | <u>Non-SDT/MHT</u> | |
| | <u>n</u> | <u>%</u> | <u>n</u> | <u>%</u> | <u>n</u> | <u>%</u> | <u>n</u> | <u>%</u> | <u>n</u> | <u>%</u> | <u>n</u> | <u>%</u> |
| Yes | 239 | 69% | 186 | 68% | 14 | 58% | 22 | 10% | 11 | 19% | 9 | 6% |
| No | 109 | 31% | 86 | 32% | 10 | 42% | 198 | 90% | 48 | 81% | 146 | 94% |
| Total | 348 | 100% | 272 | 100% | 24 | 100% | 220 | 100% | 59 | 100% | 155 | 100% |

| (Smokers only) Do you want to quit smoking? | | | | | | | | | | | | |
|---|----------------|-------------|----------------|-------------|--------------------|-------------|------------------|-------------|----------------|-------------|--------------------|-------------|
| | <u>Clients</u> | | | | | | <u>Employees</u> | | | | | |
| | <u>All</u> | | <u>SDT/MHT</u> | | <u>Non-SDT/MHT</u> | | <u>All</u> | | <u>SDT/MHT</u> | | <u>Non-SDT/MHT</u> | |
| | <u>n</u> | <u>%</u> | <u>n</u> | <u>%</u> | <u>n</u> | <u>%</u> | <u>n</u> | <u>%</u> | <u>n</u> | <u>%</u> | <u>n</u> | <u>%</u> |
| Yes | 90 | 39% | 74 | 41% | 7 | 50% | 11 | 55% | 4 | 36% | 6 | 75% |
| No | 91 | 39% | 68 | 38% | 3 | 21% | 7 | 35% | 6 | 55% | 1 | 13% |
| Don't know | 52 | 22% | 39 | 22% | 4 | 29% | 2 | 10% | 1 | 9% | 1 | 13% |
| Total | 233 | 100% | 181 | 100% | 14 | 100% | 20 | 100% | 11 | 100% | 8 | 100% |

| (Smokers only) Would a smoking ban help you quit? | | | | | | | | | | | | |
|---|----------------|-------------|----------------|-------------|--------------------|-------------|------------------|-------------|----------------|-------------|--------------------|-------------|
| | <u>Clients</u> | | | | | | <u>Employees</u> | | | | | |
| | <u>All</u> | | <u>SDT/MHT</u> | | <u>Non-SDT/MHT</u> | | <u>All</u> | | <u>SDT/MHT</u> | | <u>Non-SDT/MHT</u> | |
| | <u>n</u> | <u>%</u> | <u>n</u> | <u>%</u> | <u>n</u> | <u>%</u> | <u>n</u> | <u>%</u> | <u>n</u> | <u>%</u> | <u>n</u> | <u>%</u> |
| Yes | 25 | 11% | 17 | 9% | 10 | 71% | 4 | 18% | 2 | 18% | 1 | 11% |
| No | 169 | 72% | 136 | 74% | 4 | 29% | 14 | 64% | 9 | 82% | 5 | 56% |
| Don't know | 42 | 18% | 30 | 16% | 0 | 0% | 4 | 18% | 0 | 0% | 3 | 33% |
| Total | 236 | 100% | 183 | 100% | 14 | 100% | 22 | 100% | 11 | 100% | 9 | 100% |

| (Smokers only) Would you be interested in a program to help you quit smoking if it was offered by CCH? | | | | | | | | | | | | |
|---|----------------|-------------|----------------|-------------|--------------------|-------------|------------------|-------------|----------------|-------------|--------------------|-------------|
| | Clients | | | | | | Employees | | | | | |
| | All | | SDT/MHT | | Non-SDT/MHT | | All | | SDT/MHT | | Non-SDT/MHT | |
| | n | % | n | % | n | % | n | % | n | % | n | % |
| Yes | 75 | 32% | 63 | 34% | 8 | 57% | 11 | 50% | 4 | 36% | 5 | 56% |
| No | 111 | 47% | 84 | 46% | 3 | 21% | 7 | 32% | 5 | 45% | 2 | 22% |
| Don't know | 51 | 22% | 37 | 20% | 3 | 21% | 4 | 18% | 2 | 18% | 2 | 22% |
| Total | 237 | 100% | 184 | 100% | 14 | 100% | 22 | 100% | 11 | 100% | 9 | 100% |