
APPENDIX J: NATIONAL ASSOCIATION OF STATE MENTAL HEALTH PROGRAM DIRECTORS SAMPLE INTERNAL MEMO/FAQ

Questions and Answers

As you eliminate tobacco use to foster wellness and recovery, engage staff, consumers, family members, and people in your community in discussion. Listen. Address concerns. Collaborate with partners. Remember to maintain your focus on wellness and recovery.

Here are some questions you may face:

Q: Smoke breaks are one of the few opportunities we, as consumers, have to relate to staff as peers. Besides, smoking is our only pleasure. How can you take that away?

A: We appreciate that you want to spend time with staff outside of treatment. And we want to create healthy ways to do that. Smoking is an addiction. As a treatment facility, we can no longer support addiction by condoning smoking by consumers or staff. Furthermore we will work together, consumers and staff, to create new activity choices and opportunities that are both fun *and* healthy.

Q: People come to psychiatric hospitals in crisis. These are times they most need to smoke. 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.

A: At a time of crisis, our immediate job is to deal with the crisis, not with smoking. As the person recovers, we will provide a healthy environment that promotes wellness. That means smoking is not a choice. We will not or cannot *force* someone to quit smoking for a lifetime. What we will do is have a safe environment where consumers or staff members can learn how smoking impacts their lives and find resources and opportunities that will help them choose 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.

Q: Here you go again, slamming us with more rules! Why can't you just let us do what we want like people on 'the outside'?

A: As we prohibit tobacco use here, we actually become *more* like treatment and health care facilities on "the outside." We've known for more than 40 years that smoking is hazardous to our health. Workplaces all over our community have banned tobacco use. Why? Because, whether or not you are puffing on a cigarette, smoke is bad for you. It kills. Already it has killed way too many peers. While you are here, you and those around you have every right to breathe clean air and every opportunity to make *healthy* choices. In reality, the challenges will help you later in coping with the tobacco-free rules that increasingly govern life on "the outside."

Q: Smoking is a personal choice. How can you take that away without some serious collective bargaining?

A: Interesting question. Historically, unions have fought for *safe working conditions*. Internal documents show that tobacco companies have strategically marketed worker messages expounding upon the right to smoke. Yet, knowing cigarettes are loaded with toxic chemicals, including 60 known carcinogens, I'd rather we expend our energy working together on safety and health.

Q: 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.

A: Cigarettes *are* real drugs. They contribute to more illness and early death than any other drug, legal or illegal. And they are highly addictive—on par with heroin. As we create a healthier environment, we will train staff and consumers about smoking, the quitting process, and how smoking impacts other addictions. Evidence suggests that smoking actually harms recovery from the addiction to other drugs because it can trigger the use of those substances. Also, as part of this initiative, we want to work with other community treatment facilities to similarly protect consumers and staff from smoke and help them quit or maintain their abstinence from smoking.

Q: Clients will just start smoking again once they are discharged. Why bother quitting?

A: Many of our clients *will* smoke again. We don't refuse treatment for other addictions, even when we believe the client is not motivated to remain abstinent. We give everyone the opportunity to detoxify while in treatment with the hope that they will choose a substance-free life. Quitting is hard, especially in environments where tobacco use is acceptable. By incorporating tobacco cessation in our recovery philosophy, we can help clients learn refusal skills, identify triggers, and regain control if they relapse. We also hope to be leaders, inspiring other mental health facilities in our community to similarly ban tobacco use to open new doors to wellness and recovery.

Q: Smoking calms down consumers. When they can't smoke, won't we experience complete mayhem?

A: Banning smoking in psychiatric hospitals 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 consumers, 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 right here in the foyer. Meanwhile, we invite you to voice your concerns and join our team as we become tobacco-free and embrace recovery.

Q: How will we afford to transform our facility so drastically?

A: Certainly, we can expect some up-front costs as we transform our facility through this tobacco-free initiative. We'll need ongoing staff training. We need to add to our health benefits so our employees have extra help to quit smoking. We will create and post signs to remind consumers, staff, and visitors that our hospital is a sanctuary from smoke. We will expand drug formularies to include more options for nicotine dependence treatment. And we need to create new forms with reminders that keep tobacco use on the front burner in our treatment of clients as whole persons. These are small investments compared to what we gain: longer, healthier lives for consumers and staff; financial savings through improved employee health and productivity; less fire danger, and the knowledge that we are achieving excellence by providing people with mental illness with the healthy, therapeutic environment they deserve.