



Tobacco Independence:

Freedom from a
deadly addiction

Questions & Answers

General Questions

Q Why address tobacco dependence in our programs?

A There are multiple reasons:

- Treating tobacco dependence will save lives.
- Tobacco use can be a trigger for other alcohol and drug use.
- Smoking in treatment programs can lead to tobacco use by nonsmokers.
- Treating tobacco dependence is consistent with the mission of an addiction treatment program.
- Addiction treatment providers are well-qualified to address nicotine dependence due to their training and day-to-day work.
- Tobacco addiction is the leading preventable cause of mortality in New York and in the United States. Cigarette use, alone, results in an estimated 430,000 deaths each year in the U.S., including 25,000 deaths in New York State.
- Sixty to 90 percent of patients in addiction treatment are tobacco dependent and about 40- to 50 percent are heavy smokers, defined as more than 25 cigarettes per day. As a result, the addiction treatment setting offers an opportunity to reach and treat many smokers.

Q Won't trying to quit smoking make the treatment for alcohol/drug use more difficult?

A No. Studies show that no longstanding harmful effects have been found when patients who are in treatment for a substance use disorder are also treated for tobacco addiction. In fact, smokers who do not quit have been found to have a higher likelihood of relapsing to other substance use than smokers who do quit during treatment. For many patients, treating tobacco dependence will help improve the treatment outcome for the primary addiction (i.e. alcohol).

Regulatory and Policy Questions

Q To whom will this tobacco-free policy apply?

A All employees, patients, volunteers, and visitors at all OASAS certified and/or funded OASAS programs.

Q When the regulation is enacted, will it go into effect immediately?

A No, there will be an implementation period so that programs can develop their policies and implementation plans. The date that programs will need to be in full compliance with the regulations is July 24, 2008.

Q What does tobacco-free mean?

A Tobacco-free means no tobacco use in any facilities, grounds and vehicles owned, leased or operated by the treatment service or their subcontractors.

Q What are grounds defined as?

A Grounds consist of the areas outside the provider's physical building facility that are under the direct control of the provider. The regulation requires the provider to develop a policy that will support 100 percent tobacco-free grounds.

Q What do we do if patients go next door to our facility and smoke off our grounds?

A The issue of patients or staff leaving the grounds to use tobacco products should be included as part of the facility policy, with clear guidance and ramifications outlined and communicated to all staff and patients prior to implementation. It is important that providers inform neighbors about the new policy and encourage communication in the case of off-grounds smoking.

For example, in a facility that has already successfully implemented a tobacco-free policy, the provider proactively informed neighbors that the facility was going tobacco-free and educated neighbors about the potential for patients and staff to loiter in the surrounding area. The provider let the neighbors know that such loitering would be addressed by the provider and asked the neighbors to notify the provider if this occurred.

Q Do programs discharge patients immediately who use tobacco products?

A The regulation requires programs to develop a policy that will work for them and in the best health interests of patients and staff. Policies regarding patient discharge may include but are not limited to immediate discharge for tobacco use, a warning system with increasingly severe penalties resulting in discharge. As smoking inside the provider's building or vehicles presents a clear danger to self and others, OASAS expects that provider policies would be stringent in addressing this use.

Q What does a program do if an employee uses tobacco products?

A It is essential to work with staff before transitioning to a tobacco-free workplace, both to have a successful outcome and to achieve staff compliance. After this transition, any employee in violation of the provider's policy should be treated in the same manner as an employee using any other banned substance. Employees who use tobacco products may be eligible to use their health insurance coverage for tobacco dependence treatment and should be encouraged to do so. NRT is also available through the NYS Smokers Quitline and/or the NYS Department of Health.

Q Is it permissible to ask prospective employees if they smoke?

A No. During the interview process the interview panel should clearly state that the program is tobacco-free, describe the provider policy and then ask the prospective employee if they can meet the conditions of employment without special accommodations.

Q Can OASAS providers treat tobacco dependence alone without the patient having another substance use disorder?

A No, at this point in time, regulations and the Mental Hygiene law do not allow this.

Q If a criminal justice patient uses a tobacco product are they discharged immediately and thus subject to return to the criminal justice system (violation or non-completion resulting in jail and or prison)?

A The criminal justice patient is treated like all other patients. The issue is that all programs have rules that are to be followed and the ban on the use of tobacco products should be considered just another rule. Breaking rules needs to be dealt with in a consistent manner, mindful of the message being sent to all patients.

Q Does the tobacco regulation apply to vocational programs and/or permanent housing?

A No, independent non-certified vocational programs/permanent housing are not covered by Regulation 856 as they do not provide direct recovery services for chemical dependency. However, it is recommended that all programs encourage a tobacco free lifestyle.

Training and Technical Assistance Questions

Q Where can a program get help in developing its policies?

A OASAS has developed a new tobacco-free webpage which includes a comprehensive resource listing to guide programs as they develop site-specific policies. This includes an e-mail link and tobacco-free phone line to assist with questions.

Providers will receive a technical assistance packet which will include a letter from Commissioner Karen M. Carpenter-Palumbo, a copy of the proposed regulation, fact sheets, a patient brochure, NRT cards, question and answer document, tobacco workbook, and the countdown to a smoke-free policy document. All items will be posted to the website.

Additionally, the tobacco-free webpage will include a training calendar, a sample ATC tobacco-free policy, and a variety of resources and links that will assist providers in developing their site-specific policies. There also will be a list of OASAS ATC directors and medical staff who have successfully implemented tobacco-free policies who are available as mentors to help providers as they move forward with the development and implementation of tobacco-free policies.

Q How will programs get training for their staff?

A The Department of Health's Bureau of Tobacco Use Prevention and Control is in the process of establishing a training contract to provide free training to staff. This initiative will most likely begin in 2008. As training information becomes available it will be posted on the OASAS web site.

Treatment Questions

Q How will programs get nicotine replacement therapy (NRT's) for their patients?

A Most patients will be eligible for NRT through their private health insurance or Medicaid. The Department of Health has a limited supply of NRT that will be provided to patients at no cost who have no pharmacy benefits. Provider sites will be able to directly apply to a distribution center for NRT shipments. When the ordering system is fully operational, information on how to place orders will be posted on the OASAS website. It is anticipated that the ordering system will be operational by fall 2007. It is vital that patients who have pharmacy benefits and are able to obtain NRT by prescription, obtain them in that manner, so as to leave the NRT supply for patients with no coverage.

Q Can staff also get NRT's?

A Yes. Most staff will be eligible for NRT through their private health insurance, Medicaid or by calling the NYS Smokers' Quitline (1-866-NYQUITS or 1-866-697-8487). The Department of Health has a limited supply of NRT that will be provided to staff who do not have insurance coverage for NRT. However, as with patients, staff NRT under this initiative should be reserved for those who do not have another means to obtain the NRT.

Q What other resources are available to help the patients and staff stop using tobacco?

A The NYS Smokers Quitline (1-866-NY-QUITS) offers eligible callers a free nicotine replacement start-up kit and counseling sessions. Information is also available online at www.nysmokefree.com/newweb/default.aspx.

Q What if the patient does not want to quit smoking or using other tobacco products?

A Chemical dependence treatment facility administrators and counselors are aware that tobacco cessation, like any addiction, is best treated when clients are ready to quit. The treatment provider should provide patients with all the information and counseling they would need to stop smoking or using other tobacco products. Patients who are not interested in quitting smoking may still receive treatment, with the clear understanding that they must still comply with the facility's policy of 100 percent tobacco-free grounds.

Q How will I know if a patient is tobacco-free?

A Programs should promote alcohol, drug, and tobacco free environments at all times. Although programs are not required to test for tobacco levels, some programs may choose to use a Smokerlyzer (CO Monitor) to provide additional support of the regulation.

Q What if my patient refuses to quit smoking?

A Your policy should clearly indicate how you will address patients who are non-compliant. We encourage you to address the issue of smoking as part of the patients treatment plan, including therapy, counseling, and nicotine replacement therapy if appropriate.

Q How should nicotine replacement therapy (NRT) and pharmacotherapy be distributed?

A Pharmacotherapy and NRT should be distributed similar to other medications, following an order from a doctor or nurse practitioner. Each program should determine the appropriate method for making NRT available, this is particularly true for the gum and lozenge. Documentation of NRT should be completed similar to other medications, including over the counter.

Q If a program does not dispense medication, how should nicotine replacement therapy (NRT) be handled?

A OASAS believes that counseling and appropriate nicotine replacement therapy/pharmacotherapy are appropriate with assisting individuals with their smoking cessation. In this case, it would be suggested to have all staff familiar with pharmacotherapy and NRT. There are OASAS trainings available online to assist with this information. <http://webdev2k3.rt.oasas.state.ny.us/AdMed/documents/workbook3.pdf>
<http://www.oasas.state.ny.us/AdMed/documents/TobaccoMyths.pdf>

Staff should be aware that OASAS has made arrangements for free NRT through funding from the New York State Department of Health. This is to assist individuals with their smoking cessation efforts and should be used for individuals without prescription drug coverage for this item. Each program may order a supply of NRT directly from Partners in Corporation Health. <http://www.nrtdistribution.com/nydoh>

Since NRT may be obtained without a prescription (available over the counter) many insurance companies do not provide coverage for this. However, Medicaid does cover NRT and other pharmacotherapies. In some cases, individuals may choose to contact the NYS Smoker's Quitline for counseling and free NRT (1-866-NY-QUITS). Information is also available online at <http://www.nysmokefree.com/newweb/default.aspx>

A tobacco free policy should advise the individual of the options. This may include a referral to see their personal physician or the program medical staff for this assistance. Program staff should follow procedures outlined by the program in addressing NRT.

Q What about the dangers and contraindications for NRT?

A There is risk with any medication, including over the counter medication. However, let's remain mindful of the fact that it is far more dangerous to smoke cigarettes.