CD Summary

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OREGON PUBLIC HEALTH DIVISION • DEPARTMENT OF HUMAN SERVICES

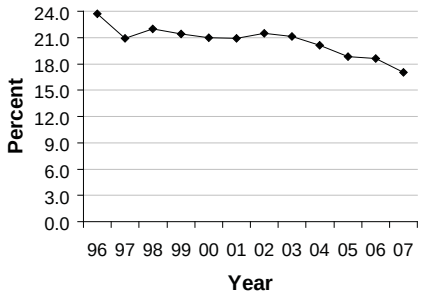
SMOKEFREE HEALTHCARE CAMPUSES: AN IMPORTANT NEXT STEP

In contrast to 50 years ago, health care providers today are on the front lines helping their patients quit tobacco. And this isn't limited to the exam room or counselor's office. Hospitals and clinics are encouraging patients' quit attempts by making their campuses completely smokefree or even tobacco-free. In fact, most of Oregon's hospital campuses are already smokefree, and many clinics, including addictions and mental health clinics, are making the transition. This *CD Summary* will show how smokefree campus policies at health care facilities fit into a larger strategy to help tobacco users quit and stay quit.

PROGRESS, BUT NOT PERFECTION

Oregon has made great strides in reducing tobacco use among both adults and youth. Since the Tobacco Prevention and Education Program began, the percent of adults who smoke has decreased from 23.7 percent in 1996 to 17.0 percent in 2007. (Figure)

Percent of adults who smoke, Oregon, 1996–2007



However, tobacco use remains the leading preventable cause of death nationally and in Oregon. In 2005, tobacco contributed to 6,921 Oregon deaths (22 percent of all deaths). In addition, an estimated 800 deaths are caused by secondhand smoke in Oregon every year.

Health care providers have always played a crucial role in helping patients quit. According to the updated 2008 US Public Health Services Clinical Practice Guidelines for Tobacco Cessation (*www.surgeongeneral.gov/tobacco/treating_tobacco_use08.pdf*), a provider's advice to quit is one of the most important motivators for patients. Asking about tobacco use, advising patients to quit, and referring them to tobacco cessation resources at every visit are quick, easy, and effective interventions.

ROLE OF SMOKEFREE CAMPUSES

In addition to brief clinical interventions, reducing the number of places in the community where it is "normal" to smoke is a key component to helping people quit. As leading community institutions, health care facilities that adopt smokefree or tobacco-free campus rules send a strong message to their communities about the importance of healthy lifestyles.

There is strong evidence that smokers are more likely to quit when their workplace is entirely smokefree.[1] In 1993, the Joint Commission on Accreditation of Healthcare Organizations mandated that all hospitals seeking accreditation adopt smokefree indoor workplace policies. A follow-up study at 12 hospitals across the country found that quit rates were higher and time to quit smoking was shorter among employees at hospitals where smoking had been banned compared to other employees in the same communities.[2] But perhaps the most convincing evidence that smokefree policies support cessation comes from the tobacco industry itself. A 1992 Philip Morris document stated, "Total prohibition of smoking in the workplace strongly affects industry volume. Smokers facing these restrictions consume 11–15% less than average and quit at a rate that is 84% higher than average… Milder workplace restrictions, such as smoking only in designated areas have much less impact on quitting rates and very little effect on consumption."[3]

Smokefree policies also reduce exposure to secondhand smoke, which exacerbates asthma and other respiratory conditions, as well as cardiovascular conditions. Such policies have broad community approval. Nearly 96 percent of Oregon adults say that breathing secondhand smoke is harmful to one's health and nearly 90 percent of Oregon adults agree that people should be protected from it.* A whopping 74 percent of Oregon adults support prohibitions on smoking within 50 feet of health clinics or hospitals.†

OREGON HOSPITALS AND CLINICS

Over two-thirds of Oregon hospitals (39) have already adopted 100% smokefree policies. The remaining hospitals either have no policy or a smoking policy that is not entirely smokefree. For example, some hospitals make exceptions for designated smoking areas, smoking in private ve-

* Oregon Behavioral Risk Factor Surveillance System 2007

† Public opinion poll of 600 Oregon households conducted by the Tobacco Prevention and Education Program, 2008

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hicles, or for physician-directed smoking. Such exceptions represent a lost opportunity to encourage a patient to quit. No clinical guidelines support physician-directed smoking.‡

Many hospitals and clinics throughout the state have rolled out their smokefree policies as part of a broader effort to help patients, staff, and visitors quit (see *www.oregon.gov/DHS/ph/tobacco/docs/hospitalpolicymap04.09.09.pdf* for locations). For example, St. Charles Medical Center, Oregon Health & Sciences University, and Providence Health Systems each provide a range of employee cessation services, "quit kits" or free nicotine replacement therapy for visitors and deliver evidence-based cessation interventions to patients. The comprehensive approach used by these organizations is the model to follow in any health care setting.

MENTAL HEALTH AND ADDICTIONS TREATMENT SETTINGS

Treating tobacco use in the mental health and addictions client population is an important next frontier. An estimated 75 to 90 percent of people in treatment for substance abuse are current tobacco users.[4] Smokers reported an average of 5 poor mental health days during the past 30 days compared to nonsmokers who reported an average of 2 poor mental health days.§ Although providing tobacco cessation treatment for people with mental illness and/or addictions is more complex than for other tobacco users, there is evidence that treating tobacco dependence while treating alcohol and other drug addiction does not hurt recovery but may actually improve overall treatment outcomes.[4] Detailed guidance about how to integrate tobacco cessation into mental health and addictions treatment settings can be found at *www.tcln.org/bea/.*

The Native American Rehabilitation Association (NARA), which provides mental health and addictions services to Portland's Native American population, successfully passed a tobacco-free policy in May, 2008. The policy prohibits tobacco use in the facility and within 25 feet of windows, doors, access ramps, and air intake vents. The policy specifies that tobacco use will be treated as a vital sign, that cessation protocols will be followed, and that cessation medications will be available in the pharmacy. Like many of Oregon's smokefree hospitals, NARA trained their employees to provide tobacco cessation interventions and set up systems to provide cessation services. In addition, the policy describes the provision and promotion of tobacco cessation programs to employees, and prohibits employees from using tobacco with, or in front of, clients or patients. Traditional ceremonial use is an exception.

BOTTOM LINE

By encouraging the adoption of smokefree campus policies at hospitals and clinics, providers are leading the way toward a tobacco-free Oregon. These efforts prompt more smokers to try to quit, increase the number of successful quit attempts, reduce cigarette consumption among smokers, and discourage kids from ever starting to smoke.

QUIT LINE

No discussion of tobacco prevention and control in Oregon would be complete without highlighting the Oregon Tobacco Quit Line, 1-800-QUIT-NOW (1-800-784-8669). The Quit Line offers information and confidential, evidence-based cessation counseling at no cost. Faxing patient referrals to the Quit Line is easy and the Quit Line will call your patient. HIPAA-covered providers receive progress reports back from the Quit Line. See *www.oregon.gov/DHS/ph/tobacco/oregonquitline.shtml#providers.*

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‡ Shocking, we know!
§ Oregon BRFSS 2007