

Operational Policy

Policy title:	Tobacco Free Facilities and Services		
Policy number:	OHA 140-001		
Original date:	09/10/2018	Last update:	09/10/2018
Approved:	Kris Kautz, Deputy Director OHA		

Purpose

The Health System Division (HSD) of the Oregon Health Authority (OHA) is committed to the health and welfare of individuals receiving and providing services. The agency's addictions and mental health programs (AMH) promote and support healthy treatment environments by creating policies that provide individuals with the opportunity to make informed choices about tobacco use and assist individuals with achieving personal health and wellness. Tobacco-free grounds, education, peer supports and cessation resources contribute to sustained freedom from tobacco and its negative health effects.

Description

This policy sets requirements for addictions and mental health facilities licensed and funded by OHA to: provide individuals receiving AMH services and program employees with tobacco-free environments; promote healthy alternatives to using tobacco; increase access to peer-based and other tobacco cessation resources and supports; and improve discharge planning to promote sustained tobacco cessation and healthy lifestyles in recovery.

Applicability

This policy is applicable to individuals receiving services, visitors, and staff in all AMH licensed and funded residential addiction treatment programs, and all AMH licensed and funded adult mental health residential treatment programs (covered program). This includes residential treatment homes, residential treatment facilities, and all secure residential treatment facilities.

Providers of Adult Foster Care Homes and Supported Housing programs are required to comply with the Oregon Indoor Clean Air Act (ORS 433.835 – 433.990) as applicable; however all providers are also strongly encouraged to adopt this policy.

This policy is not intended to restrict the use of traditional, sacred tobacco for ceremonial purposes. Smoking of noncommercial tobacco products for ceremonial purposes is permitted in spaces designated for traditional ceremonies in accordance with the American Indian Religious Freedom Act, 42 U.S.C. 1996

Policy

1. Individuals in covered addictions and mental health facilities licensed and funded by OHA, shall not use any tobacco products inside or outside on the facility property or grounds. This requirement includes:
 - a. Staff, volunteers, service recipients and visitors.
 - b. Cigarettes, e-cigarettes or other inhalant delivery systems, as defined by ORS 431A.175, cigars, pipes or smokeless tobacco.
 - c. Parking areas and private vehicles parked on the property or grounds.
2. All covered providers of addictions and mental health services and supports shall provide tobacco cessation assistance as stated in this policy.
3. Staff of covered providers shall not use tobacco products or inhalant delivery systems as an incentive or consequence for individuals receiving treatment.
4. AMH shall support providers in implementation of this policy with technical assistance and tobacco cessation resources including education, toolkits, and [QuitLine](#) materials.
5. All covered providers shall develop their own tobacco free facility and services policy that is explained to individuals at the time of entry into the program. The policy shall:
 - a. Address use and possession of tobacco and tobacco products and inhalant delivery systems while individuals are in treatment.
 - b. Provide that those choosing to use tobacco or inhalant delivery systems off program grounds are not subject to punitive actions.
6. Covered providers shall develop policies and procedures to ensure resources and supports for tobacco cessation are available in accordance with individual needs, including:
 - a. Screening, assessment, treatment planning and residential services planning.
 - b. Ongoing engagement and planning of health lifestyle choices and wellness.
 - c. Peer support, including peer wellness coaches where available.
 - d. Evidence-based practices in tobacco cessation education, treatment, and nicotine replacement therapy.
 - e. Communication and collaboration with primary care physicians regarding effects of withdrawal, and other health care considerations.
 - f. Discharge planning and resources to support sustained tobacco cessation.
7. Covered providers shall address tobacco cessation for staff, including:
 - a. Offering an orientation training for staff, volunteers, and contractors that includes an overview of the facilities policies and procedures and any staff responsibilities involved with implementing and maintaining those policies.
 - b. Offering tangible resources to staff for tobacco cessation and assistance in accessing tobacco cessation benefits, such as health insurance that includes cessation treatment.
 - c. Setting standards within disciplinary policies to address staff tobacco or inhalant delivery system use on premises.
8. Covered providers shall communicate about this policy as appropriate, including:
 - a. Notifying all program referral sources of this policy annually and in writing.
 - b. Posting signs indicating that the program grounds are tobacco free both inside and outside.
 - c. Providing all staff, including contractors and volunteers, with a copy of this policy.
 - d. Informing services recipients about this policy as part of the entry and admission process.
 - e. For residential programs, ensuring that house rules specify that no tobacco or inhalant delivery systems shall be used on facility grounds.

References

[American Indian Religious Freedom Act](#)

[Oregon Indoor Clean Air Act](#)

[Residential Treatment Programs Rules OAR 309-305-0100 to 309-035-0500](#)

Forms referenced

Related policies

Contact

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Policy history

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Keywords

Addiction, addictions, adult, foster homes, housing, inhalant delivery systems, mental health, mental health treatment, residential treatment, supported housing, tobacco, treatment, treatment programs

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