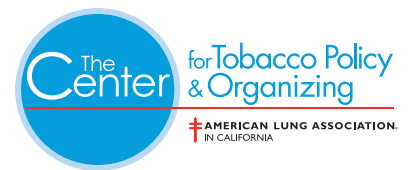


Five Phases to Victory:

Promoting Smokefree Policies in Substance Abuse and Mental Health Facilities



As awareness grows about the high smoking rate among people with behavioral health diagnosis, efforts are increasing to change cultural norms in this community. According to one study people with substance abuse or mental health disorders represent over 44% of the U.S. tobacco market and consume over 34% of all cigarettes smoked. Making a facility smokefree, inside and out, is one important step to begin to change the norm about smoking within the behavioral health community.

The American Lung Association in California's Center for Tobacco Policy & Organizing has developed this version of our Five Phases to Victory document to help develop successful campaigns to limit tobacco use at substance abuse or mental health facilities. This document can be used by staff, clients or administrators.

The step-by-step approach described below should be completed "in order." This ensures that by the time you get to Phase 4, you are ready for the visible, public phase of the campaign and have a path to success. However, these campaign phases are guidelines, not iron clad rules, so feel free to adapt them to your own situation.

PHASE 1— PRELIMINARY INVESTIGATION AND ASSESSMENT

The purpose of the preliminary investigation and assessment phase is to build the case for a smokefree environment at your facility and lay the foundation for developing your strategy in the next phase.

Consider the following investigational activities during this phase:

- Research to see if your agency has ever considered a smokefree policy in the past. Find out if there have been changes to the smoking policy over time – from no smoking in doorways to reducing the number of smoking sections, smoke breaks or even the sale and distribution of cigarettes at your facility. If the policy was recent, find out how it was handled and received by others.
- Assess the experience of other agencies similar to yours in your community which have gone smokefree. Collect papers and articles from credible sources about the benefits and feasibility of adopting a smokefree policy to eliminate any misconceptions that may come up later in your campaign.
- Learn more about the current smoking situation at your agency. Where is smoking allowed? Physically map out



all of the smoking locations at the facility. If you wanted to allow designated smoking areas outdoors, where would be a good location? When is smoking allowed? Are smoke breaks incorporated into the daily schedule? How prevalent is smoking among your clients? Your staff? Identify problems, issues, and resources which might impact your goal of going smokefree, and understand other factors which could influence the decision makers in your agency. Find out if tobacco use is discussed in the treatment planning process?

- Identify the decision making process for the facility – is the decision maker a clinical director, an administrator, a board or some other outside entity such as a review/assessment committee? Retrieve a copy of the agency's organizational chart and know your agency's funding streams. Consider any possible conflicts to changing the smoking policy.
- Conduct informal interviews with a number of people and keep a record of your conversations for future reference. Talk to clients and staff, such as the nurses, doctors, dentists, and other caregivers. Talk with the program managers within the agency, as well as other agencies which have gone smokefree. These conversations can provide you with information and help gain support for your effort.
- Survey the staff at your agency. Broad support for the policy among staff can be an important asset and you need to know if staff is on board. Conditions will dictate when such a survey can be mounted but it is of most use to the campaign in this phase.

PHASE 2 – STRATEGY AND PLANNING

The primary activity of this phase is to develop a preliminary strategy, or a campaign plan. We suggest using the Midwest Academy Strategy Chart. The best way to develop your strategy is in a meeting which involves your core group, but also includes others with critically needed knowledge and experience such as other staff, program managers, management, coordinators, case managers, clients and key caregivers (pharmacists, dentists, and physical therapists). If you conducted a survey in Phase 1, you will know more about who to invite to your strategy session.

In this session, you will adopt an approach for convincing the decision makers who you identified in Phase 1. Your strategy session will produce a written document which becomes your campaign plan. As the campaign unfolds, it will be helpful to revisit the plan, checking off accomplishments, revising judgments or assumptions and altering tactics as necessary. It is your touchstone that brings you back to square one and keeps you focused and strategic.

In addition, in this strategic discussion you will want to consider what type of policy you are going to be advocating for – 100% smokefree campus indoors and out, or something else.

We have additional documents that may serve as resource during this phase – you can visit our website to obtain these tools.

PHASE 3 – RECRUITMENT

It is now time to reach out beyond your core supporters and involve more people in your effort. When you identified the people responsible for making the decision to go smokefree and found a path to them in Phase 2, you actually took a step towards identifying the additional people you need to recruit. In addition to recruiting strategic allies with influence over decision makers, you will need a group of supporters who can demonstrate support for the policy (by writing letters or signing petitions).

In this phase, you and your supporters will need to conduct activities aimed specifically at recruiting new advocates. You should train your core group to conduct one on-one recruiting meetings and presentations. With these skills, your core group is prepared to conduct one-on-one meetings with key leaders within the agency as well as prospective new members. Volunteers can also make presentations to staff, clients, family members of clients, management, and caregivers (dentists, pharmacists, physical therapists, cessation therapists, and program staff). You can also recruit at other agency events.

In addition to recruiting supporters within your agency, you should also involve supporters from outside of your agency. Look to other institutions that have gone smokefree, the local county tobacco control coalition, and other advocacy organizations such as your local mental health association - these groups have experience, and they can be a great resource for your campaign. For example, they can assist you in making presentations to the different groups within your agency. A local smoking cessation provider can be helpful; ask them to offer their program at your facility and participants may become interested in supporting your work.

PHASE 4 – THE CAMPAIGN

In this phase, you will take the plan developed in the strategy chart in Phase 2 and implement it. But before moving forward, revisit the strategy chart and timeline to get the input of new supporters. Having a written plan is very helpful to get new supporters up to speed. It gives them a way to know what they're getting into and perhaps to offer a new perspective on decisions made earlier in the campaign.

In this phase we recommend creating different committees to efficiently implement the strategy chart. You can choose which tactics are the best for your campaign, your situation and your agency:

- **Activities Team:** This team would circulate petitions or letters of support, conduct surveys of clients or staff, have an information table or organize a visibility event. The Activities Team can also piggyback on other events aligned with your campaign such as the Great American Smoke Out, New Years smoking resolutions, Mental Health Awareness Month, Earth Day, and World No Tobacco Day to raise awareness of your efforts.
- **Speakers Team:** This team would prepare and deliver educational presentations to the various groups within the agency and in the community to get their support. The Speakers Team would also meet with management to discuss the policy proposal and serve as campaign spokespeople to the press.

PHASE 5 – IMPLEMENTATION & EVALUATION

After your agency has adopted the policy, the next challenge is making sure your agency implements and enforces it. Start by researching how the policy should be implemented in order to be effective. How have other facilities done it?

It is critical to continue and renew relationships with doctors, staff, clients, and caregivers developed during the campaign to pass the policy and to develop new relationships with staff involved in implementing the policy. After thoughtful implementation, and over time, no smoking policies become self-enforcing or complaint driven, so enlist the public as an ally in the implementation and enforcement effort by increasing public awareness of the policy.

In order to implement the policy effectively be sure to consider how to integrate cessation into the program to ease the transition away from smoking at the facility. Evaluate the effectiveness of the implementation and enforcement effort through visual observations, cigarette butt cleanups and complaint logs.



In addition, in this strategic discussion you will want to consider what type of policy you are going to be advocating for – 100% smokefree campus indoors and out, or something else.