



## TOBACCO-FREE POLICY

### **Mission Statement:**

The Department of Mental Health and Substance Abuse is dedicated to providing a healthy, comfortable, and productive work environment for our employees, consumers and visitors.

### **Background and Rationale:**

Numerous studies have confirmed that tobacco use is dangerous, and that cigarette smoke is a major contributor to indoor air pollution. Tobacco use and exposure to second hand smoke (SHS) are two of the largest preventable causes of premature death today.

Guam has the highest rate of smoking among all US States and Territories. Not surprisingly, the top three causes of death on Guam---heart disease, cancer and stroke---are all directly related to smoking.

In addition, breathing secondhand smoke (SHS) causes disease, including heart disease, stroke, respiratory disease, and lung cancer, in healthy nonsmokers. The National Cancer Institute determined in 1999 (Monograph #10) that secondhand smoke is responsible for the early deaths of up to 65,000 Americans annually.

The Department of Mental Health and Substance Abuse is committed to promoting healthy drug-free lifestyles. The World Health Organization recognizes tobacco dependence as a form of drug addiction. In fact, nicotine addiction is one of the most powerful and prevalent addictions on Guam.

As a recipient of federal grants, the Department of Mental Health and Substance Abuse must comply with the Americans With Disabilities Act. This Act, which requires that disabled persons have access to public places and workplaces, deems impaired respiratory function to be a disability. Persons with impaired respiratory function are at higher risk of adverse health effects from secondhand smoke.



The U.S. Surgeon General has determined that the simple separation of smokers and nonsmokers within the same air space may reduce, but does not eliminate, the exposure of nonsmokers to secondhand smoke. The Environmental Protection Agency has determined that secondhand smoke cannot be reduced to safe levels in businesses by high rates of ventilation. Air cleaners, which are only capable of filtering the particulate matter and odors in smoke, do not eliminate the known toxins in secondhand smoke.

A significant amount of secondhand smoke exposure occurs in workplaces that permit smoking. Employees who work in smoke-filled offices suffer a 25-50% higher risk of heart attack and higher rates of death from cardiovascular disease and cancer, as well as increased acute respiratory disease and measurable decrease in lung function. The Centers for Disease Control and Prevention has determined that the risk of acute myocardial infarction and coronary heart disease associated with exposure to tobacco smoke can occur even at low doses, and has warned that all individuals at increased risk of coronary heart disease or with known coronary artery disease should avoid all indoor environments that permit smoking.

Moreover, workplaces that permit smoking result in higher worker absenteeism due to respiratory disease, lower productivity, higher cleaning and maintenance costs, increased health insurance rates, and increased liability claims for diseases related to exposure to secondhand smoke.

Finally, policies that create tobacco-free environments have been shown by research to be effective in promoting tobacco-free lifestyles and protecting non-smokers from exposure to secondhand smoke. Creating tobacco-free environments at the workplace is an evidence-based intervention that is supported by the World Health Organization, the Center for Substance Abuse and Prevention, the US Centers for Disease Control and Prevention, the US National Cancer Institute, the American Cancer Society, and other health organizations.

## Policy

***In light of these findings, and recognizing that a tobacco-free environment promotes the reduction of tobacco use among smokers and the protection of non-smokers from second hand smoke, the Department of Mental Health and Substance Abuse shall provide a tobacco-free environment for all employees, clients and visitors effective 01 July 2006.***



## Definition

1. Tobacco use, including smoking and chewing tobacco, shall not be permitted within the facilities and on the property of the Department of Mental Health and Substance Abuse at any time. This includes common work areas, auditoriums, classrooms, conference and meeting rooms, private offices, elevators, hallways, medical facilities, cafeterias, employee lounges, stairs, restrooms, auxiliary offices, parking lots, outdoor storage sheds, gardens, walkways and all other facilities. All satellite DMHSA facilities and properties are included in this policy, without exception.
2. There will be no tobacco use in any DMHSA vehicle at any time. There will be no tobacco use in personal vehicles when transporting persons or equipment on DMHSA-related business.
3. All DMHSA-related activities shall be tobacco-free. This includes Departmental parties, picnics, retreats, outings, field visits, etc.
4. This policy applies to all employees, consumers, contractors, and visitors. The only possible exception covers consumers highly addicted to tobacco, but not yet ready to quit, wherein the sudden cessation of tobacco use is felt to put the consumers at risk of adverse medical events. In such cases, a written evaluation and recommendation from the physician shall be required. This evaluation shall be kept in the chart as part of the official medical record. The consumers covered by this exception shall be periodically evaluated by their physicians for readiness to quit. An outdoor smoking area shall be designated for the use of these few exceptional cases. Staff, contractors and visitors are not covered by the exception.

## Procedures

1. Employees will be informed of this policy upon employment, through the DMHSA policy manual, orientation and training provided by supervisors, and signs and notices posted in DMHSA facilities.
2. Consumers and visitors will be informed of this policy through signs, and it will be explained upon entry into DMHSA facilities by security personnel. Consumers will also receive additional information from their service providers.
3. DMHSA will assist employees and consumers who wish to quit tobacco use by facilitating access to recommended smoking cessation programs and educational materials.



4. DMHSA medical staff will include the routine assessment of smoking status/tobacco use and readiness to quit, which is in line with the policy recommendations of the U.S. Department of Health & Human Services.
5. Any violations of this policy will be handled through the standard disciplinary procedure.

APPROVED:

  
J. PETER ROBERTO, ACSW  
Director

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