

Valley Vista Position on DOH Smoke Free Campus Requirement

1. The DOH requirement for a smoke free campus for residential substance abuse providers represents an **amendment of ACT 135** without legislative approval and public debate.
2. The requirement will effectively force some of the most acute clients who choose not to quit smoking to opt for outpatient treatment, where they can smoke when not on the property, as opposed to the inpatient setting that they need clinically.
3. The collateral damage from this requirement is that an estimated 33% of addicted Vermonters will refuse medically necessary residential treatment for more pressing drug and alcohol addictions due to the fact that they will not be permitted to smoke during their stay.
4. The requirement does not factor in the fact that the three residential facilities are older wood frame structures. While currently, smoking is only permitted in designated outdoor areas, the new regulations will encourage surreptitious smoking in bedrooms and bathrooms creating fire hazards.
5. The requirement does not factor in the fact that each campus sizes vary and where for on provider a patient may have to only walk steps to be off campus, for another it may not be feasible for patients to walk off campus.
6. The requirement does not factor in the fact that patients in the residential facility regularly have activities and attend self-help meeting off campus where they can smoke.
7. In communications with the Division of Alcohol and Drug Abuse Programs in early 2015, the three residential treatment providers were willing to voluntarily adhere to further limitations on smoking and increased education and support for clients who wish to quit. ADAP never responded to this proposal.
8. The evidence based support for this requirement results come from studies on **individuals who chose to address their nicotine addiction** at the same time they addressed other addictions. We do not dispute the fact that when a patient is willing this is best practice. Currently all three facilities offer patients the option of smoke cessation treatment concurrently with treatment for other addictions.

There is no evidence based data on patients who were **required to quit smoking against their will** or for patients who were denied needed inpatient treatment for other addictions because they did not choose to address their nicotine addiction.

9. DOH has not applied this requirement evenly. While the wording of the grant for two providers calls for them being smoke free by 1/1/16 the third provider grant only calls for the facility not to promote tobacco use.
10. A survey of 78 inpatient admissions was conducted from 11/1/15 to 12/15/15. In total there were 78 admissions, 68 (87%) of whom were smoker and 84% were opiate users. 38 patients (48% of total admissions and 56% of smokers) stated they would opt out of inpatient admission if they could not smoke.
11. The DOH smoke free campus requirement is effectively demanding that clients agree to cease their nicotine use if they wish to get treatment for other illegal drugs and alcohol. This is a much different approach than is taken in HUBS where opiate addicts are regularly allowed to use marijuana, an illegal drug, without any impact on their opiate substitution therapy.

Valley Vista supports all efforts to educate and encourage our clients to recognize and address their addiction to nicotine, however, we know that no treatment for any addiction can be successful without a measure of willingness on the patient's part. Our treatment setting is designed to bring patients to a state of willingness while in residence so that they can remain clean and sober after discharge. Our proposal to DOH was to use the same treatment modalities to address nicotine addiction. We believe that the mandate for patient smoke cessation will have no impact on long term smoking habits of patients and will encourage a significant number Vermonters to refuse needed inpatient treatment.