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Enabling Change

TOBACCO FREE FINGAL

A toolkit for a Tobacco-Free Community

CLEANER AIR FOR ALL TO SHARE

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INTRODUCTION

Why tobacco-free?

The majority of people are not dying prematurely from infectious diseases or genetics but from lifestyle choices related to poor diet, exercise, alcohol and smoking habits[1].

Ireland ranks second in Europe for smoking-related deaths, 5,500 per year, and tobacco remains the leading cause of preventable cancers[2]. While 22% of the Irish population are smokers, smoking rates in lower-income communities are 37% and, for lower-income women aged between 18 and 29 years, smoking rates are 56%.[3]

For the cigarette industry to simply maintain the size of its customer base in Ireland, it is estimated that 50 new smokers have to start smoking every day. As 80% of people begin smoking when they are young, most of the new smokers are children and young people, de-normalisation of smoking is, therefore, a key community health initiative. [4]

The Healthy Ireland Framework 2013-2025 is a roadmap to ensure the people of Ireland can enjoy the best possible health and wellbeing. It sets the ambitious target of making Ireland smoke-free by 2025.

Key framework objectives include reducing smoking rates to 5% or below, promoting and providing access to smoking cessation supports, protecting children from exposure to second-hand smoke, reducing or eliminating exposure to second-hand smoke for the general population and de-normalising smoking/tobacco use in the community.

Research indicates that community agencies can play an important role in supporting smoking cessation, and in de-normalising smoking, especially in lower-income communities. A key government strategy is, therefore, to actively involve the community and NGO sector in the Tobacco Free Ireland actions.[5]

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[1] Morris, 2010

[2] Fullerton, Bauld & Dobbie, 2015

[3] IBID

[4] Department of Health, 2013

[5] IBID

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Empower - Enabling Change

A key strategic objective of Empower is to work with community stakeholders to improve the health of Fingal by enabling local community groups to become active participants in creating a healthier living environment.

With a strong history of community-based partnerships in Fingal, this toolkit has grown from collaborative work undertaken between Empower, the Irish Cancer Society, the HSE's Health Promotion and Improvement Unit with feedback from a number of community centres across Fingal.

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Development of the Toolkit

The HSE has developed its *"Tobacco-Free Campus Policy"* in line with best practice internationally and includes the use of ENSH[6] standards to support HSE facilities to achieve a Tobacco-Free Status. The Irish Cancer Society has developed, *X-HALE: A Tobacco-Free Generation in the Making*, which aims to prevent young people from smoking through awareness building and empowerment.

The Irish Cancer Society has led the development of *"We Can Quit"*, a successful smoking cessation programme being run with the support of Empower in a variety of community settings across Fingal.

The toolkit is intended to complement and build on the existing knowledge and to address an identified gap in support for community-led facilities to implement and maintain a tobacco-free facility policy.

Design Approach

The toolkit has been informed by three design principle questions;

•   Why should a community-led facility or group do this?

•   Is the initiative viable (financially)?

•   Is it achievable?

Methodology

The implementation methodology has been informed by the core principles of community development, an approach grounded in the principles of empowerment, human rights, inclusion, social justice, self-determination and collective action. Community development considers community members to be experts in their lives and communities and values community knowledge and wisdom. (Kenny, 2007).

Organisational development is a planned process for change in an organisation's culture that involves stakeholders in deciding how to improve, was selected as the change framework as it shares the foundational principles of community development. An organisational development tool, action research provides a credible and tested planning process that will increase the likelihood of a successful implementation. (French & Bell, 1999).

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[6] ENSH

Action Research Loop

Plan – the time spent planning will support and speed up the implementation phase
  • Do – implement the plan, specify the tasks, who is responsible for doing them and by when

  • Check – gather data and monitor from the start. If an action is not working, try something else

  • Act – data will tell you what is working and where you might need to adjust what you are doing

By planning and reviewing information and stakeholders learning at the end of each implementation step, better decisions will be made about the next actions, making success more likely.

Understanding the Starting Point

Understanding the organisational environment, the attitudes and the intentions of the key stakeholders towards the initiative can provide useful insights into the potential challenges and barriers to implementation. Being conscious of where the organisation or stakeholder group is currently, will allow you to consider what action is likely to be the most successful in taking them to the next step.

The assessment tool contained in Appendix 1 has been adapted from the Prochaska (TTM) and Community Readiness models and can be used as an indicator of where the organisation or stakeholder group is most likely to be, and it also includes some ideas for action.

The models recognise that communities, organisations and stakeholders may be at different levels of readiness, broadly considered as;

1. Building Awareness – No/little awareness of the issue or the impact on others is not recognised

2. Pre-Planning – Awareness that it is an issue but efforts may not be focused or planned

3. Preparation – Working group is actively planning for implementation; activities are underway

4. Action – A tobacco-free policy in place but not 'live' or yet well established

5. Maintenance – A tobacco-free policy is in place for some time, but some backsliding is occurring

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Purpose of the Toolkit

This toolkit has been developed to assist community-led facilities to implement a tobacco-free facility policy. The focus of the toolkit is on providing a step-by-step approach to planning and implementation.

How to use the Toolkit

A step-by-step guide to implementation is supported by the tools, templates and ideas for action contained in the appendices and they should be read together.

The Appendices contain;

- An organisational readiness indicator tool with sample ideas for action (Appendix 1)

- A policy template and policy-making decision tree (Appendix 2,3)

- An action plan template with ideas for action and suggested milestones (Appendix 5)

- The template includes examples and has been designed to provide a broad overview of an implementation plan. It contains examples of actions, resources and milestones and should be amended as appropriate

- A sample Tobacco and Vaping Scan (Appendix 4)

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WHY SHOULD YOU DO THIS?

It is important that you have begun the conversation about why your organisation should do this before you make the decision to introduce a new policy. If stakeholders understand why it is important, they are more likely to be supportive.

Starting the conversation - Talking Points & Quick Facts

- 22% of the population are smokers, 1 in 2 smokers will die of a smoking-related disease

- Recruitment of new smokers continues at a high rate, 20% of those aged under 25 smoke[7]

- 18% of the population is exposed to second-hand smoke on a daily basis[8]

- Second-hand smoke is the third leading preventable cause of disability and early death (after smoking and alcohol)

- Non-smokers who are exposed to second-hand smoke at home or work increase their risk of heart disease 25-30% and lung cancer by 20-30%[9]

- A packet a day smoker spends approximately €85 per week or €4,440 per year, on tobacco

- The proportion of smokers using Roll Your Own cigarettes had increased from 3.5% in 2003 to 24.6% in 2014[10]

- The estimated expenditure on smoking-related impacts are €506 million in Healthcare, €6 million in fire-related costs and €69 million cleaning up smoking-related litter[11]

Lower Income Communities

According to the research undertaken by the Cancer Council in New South Wales[12] social deprivation in its various forms increases the risk of smoking, and because it undermines physical health and has a significant financial cost for smokers, smoking deepens social disadvantage.

"Households where people smoke, are twice as likely to experience severe financial distress that non-smoking households and to report 'going without meals' or being 'unable to heat the home'." [13]

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[7] Healthy Ireland, 2016

[8] IBID

[9] Morris et. al. 2012

[10] The Tobacco Free Ireland Programme & National Tobacco Control Office, 2017

[11] IBID

[12] Tacking Tobacco Program, 2008

[13] Siahpush et. al, 2003

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- Those living in the most deprived areas are twice as likely to smoke as those living in more affluent areas

- Non-smokers in more deprived areas are more likely to be exposed to second-hand smoke than those in more affluent areas[14]

- Exposure to second-hand smoke is related to a number of child health problems including sudden infant death syndrome, asthma, respiratory infections, middle ear infections and learning difficulties, making it more likely that they will be ill and miss school

Social conditions that have been identified as associated with higher smoking rates include;

- Low Income, Poor Housing, Family and friends that smoke, Unemployment[15]

In Ireland, preliminary research indicates that measures of disadvantage and deprivation account for as much as half of the differential in smoking rates. Psychological stress, lack of control and reduced resilience have been cited as some of the 'push' factors to start smoking, inhibit quitting, and contributing to relapse.[16]

Going tobacco-free

- 47% of those who smoke have made an attempt to quit during the year[17]

- 57% are thinking about quitting

- 13% are currently trying to quit

- Disadvantaged groups are just as interested as other groups in quitting and given the right support, were as successful in quitting[18]

Legislation currently bans smoking in a range of enclosed public places including the workplace, restaurants, hotels, clubs and public transport. The legislation is intended to protect people from second-hand smoke. However, the restrictions also provide a number of additional benefits, including;

- Prompting some to quit

- Others to reduce the amount they smoke

- De-normalising smoking in public, leading to fewer people taking up smoking

- Supporting those who have quit by reducing the cues and triggers to smoke

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[14] Siahpush et. al, 2003

[15] Colman, 2004

[16] ESRI, 2004

[17] Healthy Ireland, 2017

[18] Wise, 2008

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Benefits of community-led tobacco-free facilities and groups identified include;

- Addressing smoking is in keeping with the mission and values of community-led organisations

- Making grounds tobacco-smoke free reduces the amount people smoke, and is twice as effective when there are no designated smoking areas.[19]

- Supporting clients and staff who have quit by removing cues and triggers

- De-normalising smoking in the community which is particularly important for children

- Creation of a healthier 'clean air' environment by eliminating exposure to second-hand smoke

Successful initiatives have included a workplace ban, tobacco-free initiatives in hospitals, primary care, social care (care of the elderly and disability services), mental health and residential settings. The Aviva Stadium is tobacco-free, and GAA has also introduced a tobacco-free clubs initiative. City councils and county councils have implemented smoke-free playgrounds, and all primary and secondary schools have tobacco-free campus policies. A number of private businesses have also implemented a tobacco-free campus policy to support better health and well-being for all employees.

Addressing Barriers and Common Concerns

"Smoking is a personal choice."

Most smokers started smoking while they were teenagers and continue not because they choose to, but because they are addicted. The majority of smokers want to quit. While most smokers are aware of the dangers of smoking and cancer, less are aware of the strong links to heart disease or emphysema, stroke and vascular disease.

Smoking should be considered a health issue that disproportionately affects lower-income communities.

"Clients, staff or volunteers are smokers."

The smoking ban has prohibited smoking at work, and it has had a significant effect on reducing the amount people who smoke and prompting others to quit. Second-hand smoke can't be controlled by good ventilation, air conditioning or spatial separation of smokers and non-smokers and can cause harm, even in open spaces.[20]

Having volunteers or staff that smoke need not be an obstacle, many will be interested in quitting themselves and can empathise with those that are trying to do so. The key to introducing any organisational change is to engage all of those that may be affected, positively and negatively, in the planning, roll out and monitoring of the change. Enabling stakeholders to support the initiative in whatever way they can.

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[19] (Tackling Tobacco Program, 2008)
[20] ASH, 2009

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Communications with stakeholders

Use the talking points and quick facts section of the toolkit, and other useful websites are www.cancer.ie, www.healthyireland.ie, www.healthpromtion.ie.

Identify other change initiatives that the organisation has done well, what worked and can it be used here. Key messages should be designed to have most relevance for your particular audience and should include the information that addresses both rational 'head' and more emotional 'heart' reasons.

For example;

- The benefits of a 'clean air', the costs of smoking, 1 in 2 smokers will die from smoking

- Smoking is an issue that particularly impacts lower-income communities, de-normalisation of smoking will reduce the number of children and young people that take up smoking

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THINGS TO CONSIDER BEFORE YOU BEGIN

- Use the readiness indicator in Appendix 1 to assess the level of readiness your organisation or stakeholders and plan actions for where the organisation is right now, not where you would like it to be

- Acknowledge any concerns regarding the implementation and actively seek to address them in a meaningful way

- Develop the plan with specified timeframes; it will help keep you on track

- Identify where people can support the implementation and help, and ask them to help

- Measure and keep everyone informed of progress, use the Tobacco and Vaping Scan in Appendix 4 to help keep track of progress

Key Requirements for a successful implementation:

- Appoint a person to lead on the initiative; this may or may not be the senior manager, but they will need their full support. They should have the skills to lead the working group and the drive to lead the initiative

- The support and leadership of the senior manager/s board will substantially increase the likelihood of success

- Regular and well-prepared communications will be critical to the ongoing success of this initiative

- Data on the level and frequency of current smoking activity will provide a base from which to identify priorities, measure progress and keep the momentum going

- An actively inclusive process that involves and empowers the key stakeholders will help create and sustain momentum and is in keeping with community and organisational development principles

- Allow 6 months to get to the advanced stages of implementation

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IMPLEMENTATION

Where you begin should be informed by where the organisation and stakeholders are in the implementation journey

Step 1 – Engaging the Stakeholders

Objective: Building awareness and leadership support

Outcome: Visible leadership commitment and agreed next steps

- Provide the Board with information about the benefits of adopting a tobacco-free policy

- Provide the staff, volunteers and other stakeholders with information about the benefits of adopting a tobacco-free policy

The objective is to;

- Increase awareness, start the conversation, build support and agree on next steps

- Actively listen to concerns, capture ideas and identify where people could help

- Gain commitment to working with stakeholders to introduce a tobacco-free policy

- Gain agreement that the tobacco-free status becomes a standing item on the agenda for board and staff meetings

- Agree on the implementation date for your tobacco-free facility or group policy

Key messages should be designed to have the most relevance for your particular audience;

- The creation of a 'clean air' and healthier environment for staff, clients and visitors

- The importance of de-normalisation of smoking in the community

- As support for those in the community that have already quit and to protect children

- Everyone could do more to reduce the harmful effects of smoking

- Seek to identify other new initiatives that the organisation has done well and refer to successes

- Seek volunteers for the task group and agree on the date of the first tasks group meeting

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Prepare to answer questions about why the organisation should do something more about smoking and select information that will be most meaningful for the stakeholders. Prepare to answer general questions about costs (have we the resources) and an inclusive process (is it achievable). Actively seek to understand and capture concerns, include consideration of the concerns and ideas at the planning step of and address them where possible.

Step 2 – Developing the Policy

Objective: To draft the new tobacco-free policy and an outline plan and timeframe

Outcome: Approved tobacco-free policy with clear goals and an implementation date

Establish the Working Group

Set up a tobacco-free working group made up of key stakeholders and those that may be affected positively and negatively by the change. Where facilities are shared, key stakeholders from other organisations could be included. This may be a new group or could be an existing group, for example, a health and safety committee.

Talk to others who might be supportive of the idea. Explore which of the facilities stakeholders might be helpful to have on the working group, talk to other groups and individuals, and ask for opinions. Ideally, you will have representation from all of the key groups, maybe local business and others that might be supportive, including smokers.

A tobacco-free coordinator should be appointed; this may or may not be the senior post holder or could be a health and safety representative, but the coordinator acts with the support of the group and of the senior post holder in the organisation. It is recommended that the group meets every two weeks at the early stages to progress the initiative.

The role of the Lead / Co-ordinator

- To ensure the working group meets regularly

- To keep the agenda for the meeting focused

- To ensure actions and timeframes are assigned

- To hold members and the group accountable for actions and timeframes that they have committed to

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The role of the working group is to;

- Collect data on current levels of tobacco use

- Use the information gathered to identify the policy goals, barriers to implementation and to generate ideas and how stakeholders might help

- Draft the policy

- Communicate progress and gather feedback from other stakeholders

- Circulate a policy draft to the stakeholders to capture their thoughts, ideas and concerns

- Plan the implementation and identify the resources (people, time and money required)

The group may need to meet more regularly at the initial stages to build momentum. Actions and timeframes should always be assigned to ensure that the group's time is used well.

Gathering Data

Gathering the information will allow the group to get a clear picture of the problem areas and where the policy could really make a difference. It allows the group to develop the plan and discuss actions based on the information for your facility.

- It will allow you to capture and communicate key issues with the stakeholders

- It will allow you to identify where actions are working well and areas where the group may need to focus attention

- It will allow you to track progress over time and to remember how far you have come

Data can be gathered through surveys, staff meetings, observations and focus groups or through a combination of methods, in whatever way works best for your organisation. A sample Tobacco and Vaping Checklist scan is included in Appendix 4.

Policy Development

The ultimate goal is a tobacco-free community, but every step in doing more about smoking is progress. Organisations should aim to be as tobacco-free as possible, and the policy goals should challenge all stakeholders to contribute to doing something more about smoking in the community.

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However, an inability to achieve the ideal should not prevent real progress towards a tobacco-free facility over time; it may mean that a tobacco-free facility is a longer journey for some organisations.

The group should consider what the policy goals are, what is achievable within the current organisational environment and what resources might be needed to implement the policy. Lively discussion areas are likely to include;

Tobacco-Free or Designated Smoking and Vaping area

While some facilities can implement a fully tobacco-free facility, it should remain the ultimate goal, others may provide a designated smoking area for staff and visitors on the grounds.

Smoking breaks

Agree with staff, measures to reduce their own smoking while at work, limiting smoking to agreed break times, off-facility or designated areas.

Smoking with visitors or service users

Ask staff that smoke how they could help to reduce the risk of exposure to secondhand smoke, de-normalise smoking by not smoking with visitors or when children are around.

Consequences for breaching the policy

Deciding what should happen when staff, visitors or others are not implementing the policy. What do people do if they see someone not following the policy?

The policy draft should be sense checked and the likely impact of the approach considered. Stakeholders questions anticipated and concerns addressed where it is possible to do so.

Developing SMART Goals

Policy goals should be Simple, Measurable, Achievable, Realistic, and Time-bound (SMART). Between 3 and 5 achievable goals should be selected initially, each informed by the data collected and each should clearly be linked to;

- Actions that support de-normalising of smoking in the community

- Actions that protect children and young people

- Actions that support a reduction in exposure to second-hand smoke

- Actions to support reduced smoking and smoking cessation

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Examples of goals could include;

*   No smoking on the facility grounds, or

*   No smoking outside of the designated areas

*   No smoking at public access points or near social areas, 20 metres from any children's activities

*   Staff and volunteers may not smoke while at work, or only on official breaks

Examples of measuring progress could include;

*   The number of people observed smoking on the grounds / outside of the designated area; no cigarette litter found (date)

*   The number of people observed smoking or vaping at access points or near social areas, level of cigarette litter found (date)

Monitoring and Measuring Progress

Monitoring progress will allow the group to confirm success, keep the momentum going and to see patterns, where a rethink or an adjustment might be needed.

The approach to monitoring progress over time should be detailed in the policy, how often and how it is reported and to whom. Look for opportunities or areas where staff could build monitoring into what they are routinely doing.

Workplaces will often display key information, publicly displaying successful achievements can have a significant impact on helping to keep the momentum going.

Consultation

In preparing the draft policy for consultation with stakeholders, the group should consider responses to key questions that might arise, for example, the benefits for the organisation and the community, some thoughts on the costs of implementing the policy (time and money) and the organisation is going to make sure changes are sustained over time? What do people do if they see someone not following the policy? What happens if other staff or volunteers don't comply?

The group should plan how best to present the draft for formal approval.

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Step 3 – Planning the Policy Launch

Objective: Develop an action plan to ensure a successful policy launch

Outcome: A successful policy launch

Once the policy has been approved, the group can begin the detailed planning for a successful implementation. Try and make the launch day a fun event.

How to identify and develop the actions

From a list of activities that could be done, the group need to agree on what is critical to successful implementation and what is less critical but still worthwhile or just fun.

Before drafting the final plan, key considerations could include;

- The role/availability of funds, staff and individuals with the skills required

- What resources will be needed for signs, to put them up, move bins etc

- Could you engage other initiatives, running a We Can Quit programme, the youth group getting involved with the X-Hale programme?

- The potential impact of action(s) on others including neighbours

- What success of the launch might look like?

- Whom do you need to know about the launch?

- How are you going to let people know?

- When are you going to let them know?

- Could local business or other community groups support the initiative? How?

The more time invested in developing a well-thought out action plan and the more stakeholders included, the greater the likelihood of success. Actively listen, capture ideas and identify where people could help. If something isn't working change it and move on.

A key temptation following a successful policy launch is to consider the task completed, too soon. It will take time and effort to ensure the policy goals are successfully embedded into the organisation. For the first 6 months, the policy will still be very much in the implementation stage. The working group should continue to meet to monitor and communicate progress on the tobacco-free status to ensure the policy and reporting systems are working as intended.

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Key focus points will include;

- Is the data being collected and recorded regularly?

- Is progress a regular item on staff agendas?

- Are visitors, staff, volunteers, groups implementing the policy?

- Is tobacco-related litter reducing, are less people smoking?

Step 4 – Policy Maintenance

Objective: To develop a maintenance plan

Outcome: The tobacco-free campus policy is successfully maintained over time

Maintenance Plan

Once the policy appears to be operating well (progress is sustained over 3-6 months), the group will need to decide whether to recommend staying together and refocusing on new goals or agree who in the organisation will take responsibility for monitoring policy implementation going forward.

Awareness about the policy is essential to success and sustained implementation. Continuing to keep the facility community aware of the policy and why it is important will increase the likelihood of greater support in the long term.

The focus of ongoing activity should include;

- Conducting an evaluation of the plan at specified periods and amending based on the data

- Checking that the signage still looks fresh and is still in the right locations

- Promoting smoking cessation programmes, displaying posters and information on smoking cessation supports

- Identifying key speakers to keep awareness and momentum levels up

- Running a tobacco-free event to coincide with "World No Smoking Day"

- Running a mini Health Fair

- Running the We Can Quit programme

- Encouraging and supporting youth groups to run the X-Hale programme

- Updating the policy in all new facility-related agreements, HR documentation, including handbooks, websites, which could enable fully tobacco-free over time.

And deciding what else the organisation could do or get involved in to promote the health and well-being of communities in Fingal.

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APPENDIX 1
ORGANISATIONAL READINESS

STAGE	DEFINITION	IDEAS FOR ACTION
AWARE-NESS	• Not currently considering a policy change • Little or vague awareness of the need for efforts to address the issue • Not generally viewed as a community issue • Impact on others not really recognised • Not sure what it would take or where resources would come from	• Engage the Board and leadership to build support • Talk to leaders and others about the idea, build the conversation and support network • Ask others to read the toolkit • Invite speakers and peers in to talk about it • Actively communicate why a tobacco-free facility is a right thing to do for your organisation
PRE-PLANNING	• Some stakeholders are engaged in discussions about getting something started • Some recognise that it is a community issue, but lack information on the issue • No policy in place or not known or implemented	• Create a tobacco-free working group • Gather information from stakeholders on smoking on the grounds • Gather ideas and views on what could be done, barriers and supporting actions • Identify what you are already doing that could support • Draft the policy and outline plan for approval
PREPA-RATION	• An approved policy is in place, and launch or relaunch might help implementation • A tobacco-free policy will be in place over the next 6 months • Stakeholders are aware of efforts and why it's important	• Develop the action and communication plan • Discuss how barriers may be overcome • Examine how staff may be supported to support • Determine what resources are needed

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Action	• A policy has been agreed but not implemented	• Identify how communications of the policy will happen with staff and other stakeholders
	• Not a full level of awareness of the barriers to ongoing implementation	• Implement the Action plan
		• Announce the tobacco-free date
	• The policy has not been in effect for more than 6 months	• Communicate widely and often (signage, flyers, meetings, emails, social media)
		• Launch
		• Continue to meet after the launch
Mainte-nance	• The policy has been in effect for over 6 mths	• Conduct an evaluation and review the policy based on findings
	• Good level of understanding	• Identify why something may not be working
	• Viewed as a community responsibility, there is involvement in ongoing efforts	• Review the signage and make sure they are fresh and located in the right places
	• Data on progress is collected and shared	

Use this model to think about your organisation's readiness to implement a tobacco-free policy. Consider each of the stages in relation to your goals and the information it provides about readiness to change.

• Assess which of the definations most accuratly relects your organisation's or stakeholder group to identify what actions might be most helpful for where they are and not where you would like them to be. Where do you need to focus your effort initially?

• What are the main reasons your organisation/stakeholder is in its current stage?

• What action would need to happen to move your organisation or stakeholder forward?

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APPENDIX 2
SAMPLE TOBACCO-FREE POLICY

<u>Please Note:</u> This policy supersedes all organisational policies referencing tobacco or smoking.

1. Purpose

It is the policy of (Name) to prohibit smoking or the use or sale of any tobacco products on the facility/grounds or during the activities of our group.

As a community-led facility/group committed to the health and safety of staff, volunteers and visitors, (Name) is taking a leadership role on the major public health issue of tobacco use. To promote our commitment to public health and safety and to reduce the health and safety risks to those served and employed by the organisation, the grounds will be tobacco-free environments as of (Date). No smoking of cigarettes, cigars, or pipes or use of chewing tobacco or e-cigarettes in any form or other tobacco product will be permitted in [facilities or grounds [designated areas] on or after that date.

This policy is applicable to all staff, volunteers, visitors, tenants and service users.

The purpose of this policy is to describe how the tobacco-free workplace requirements will be implemented.

Definitions

Tobacco or Nicotine Delivery Products – Cigarettes, pipes, pipe tobacco, tobacco substitutes (e.g., clove cigarettes), chewing tobacco, cigars, e-cigarettes, vaporisers.

2. Accountability

It is the responsibility of all staff and volunteers to support the implementation of the tobacco-free policy by encouraging their colleagues, clients, visitors and others to comply.

The community, staff, clients and visitors will be informed of the policy through a variety of communication methods.

Employees, Volunteers, Students and Contract Workers

- Respectful implementation of this policy is the responsibility of all staff and volunteers and those who visit our facilities.

- The policy will be explained to staff, volunteers, and tenants during induction.

- Staff and volunteers are prohibited from smoking or using other tobacco products on [the grounds/confined to designated areas during work excluding official breaks.

  Employees may not smoke or use other tobacco products in their private vehicles while the vehicle is on (name) grounds.

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- Employees who encounter staff or visitors who are smoking are encouraged to politely explain the policy and report the policy breach to XXX.

- Staff who fail to adhere to this policy may be subject to disciplinary action in accordance with our disciplinary policy.

Visitors

- Signs will be posted at facility entrances and in selected locations inside and outside of the buildings and grounds.

- Visitors who become agitated or repeatedly refuse to comply when informed of the tobacco-free policy will be reported to (Name).

- (Name) will respond to the situation as appropriate, according to their professional judgment and need to maintain a safe environment.

Outside Groups

Outside groups who use the grounds and facilities for meetings will be advised of this policy. Violation of the policy will result in the rooms or facilities becoming unavailable to the group.

3. Ongoing Monitoring

The success of the tobacco-free policy over time is directly linked to regular monitoring. We do this by scheduled monthly walkabouts on the grounds to see if there is evidence of smoking, gathering reported incidents of smoking, reviewing the location and freshness of the signage. Incidents of smoking, complaints by visitors and service users should be logged as it enables us to keep track of progress and address any problem areas early. The information should be captured and with regular progress reports reported to staff and Board meetings. .

Good Neighbours

As part of our ongoing monitoring, areas around facility/grounds entrances will be regularly checked for tobacco litter and kept tidy to ensure our policy has had no unintended impact on those around us.

4. Complaints

Tobacco-related incidents will be incorporated into the normal complaints procedures for staff, volunteers, visitors and tenants. Alleged breaches will be appropriately dealt with by (Name) and the information collated to support the ongoing implementation and development of the tobacco-free policy.

5. Policy and Implementation Review

The Tobacco-Free Policy and data gathered to be reviewed annually.

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APPENDIX 3
SAMPLE POLICY DECISION TREE

Use the decision tree as a guide to assist in making decisions about certain aspects of your policy. Make sure that you clearly, simply, and effectively communicate all aspects of your policy.

Your policy should list ALL of the prohibited tobacco products.	YES	Do you want to be a tobacco-free facility or group?	NO	Only prohibiting smoking sends the message that people may use other forms of tobacco instead.
Your policy will prohibit all tobacco products and devices, such as e-cigarettes.	YES	Do you want to include all products?	NO	The health effects of e-cigs, have not been verified. You'll likely have to revisit this in the future.
Inform staff and clients about your property's boundaries to ensure compliance.	YES	Will your policy prohibit use on the entire grounds?	NO	Designating areas for tobacco use undermines your policy and will likely be an issue you'll need to confront in the future.
When drafting this part of the policy, be sure that you have consulted with your HR policies.	YES	Will your policy require a change in employees smoking behavior while at work?	NO	Smoking at work will undermine tobacco free and de-normalisation in the community
Your policy should address the importance of not burdening neighbours with tobacco use.	YES	Will your policy have a good neighbor section for staff and clients?	NO	Staff and clients will likely use neighbours' properties to use tobacco. If you don't address this, you'll likely deal with neighbour complaints.
Your policy should clearly state what cessation services will be offered, to whom, the duration and the evidence- base that supports the options provided..	YES	Will you offer time to attend programmes if running during work? Will you offer time to attend programmes if running during work? Will you refer staff and clients to a quitline?	NO	If your organisation is unable to offer cessation information or services, you will miss an opportunity to reinforce your policy and continue to help the community.

Adapted from Dimensions: Tobacco Free Policy Toolkit

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APPENDIX 4
SAMPLE TOBACCO AND VAPING SCAN

Complete the following scan by physically walking the facility/grounds and checking in on how smoking and vaping level are going. Keep in mind that the time of day (during/in certain classes, lunchtime, etc.), and the weather can affect your findings.

Facility: _____ **Weather:** _____

Conducted by:_____ **Date:**_____ **Time:** _____

Where do you see Smoking or Vaping on campus?

	YES	NO	HOTSPOT	COMMENT
Near building entrances? If yes, which buildings?				
(List Buildings)				
Community Centre				
Youth club				
Children's Crèche / Activity Area				
Cafe				
Other Groups (Name)				
In or around the campus grounds?				
On the paths, green or "public" areas?				
In parking lots?				
In Cars?				
In designated smoking areas?				
Other:				

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Where do you smell tobacco use on campus?

	YES	NO	HOTSPOT	COMMENT
Near building entrances? If yes, which buildings?				
(List Buildings)				
Community Centre				
Youth club				
Children's Crèche / Activity Area				
Cafe				
Other Groups (Name)				
In or around the campus grounds?				
On the paths, green or "public" areas?				
In parking lots?				
In Cars?				
In designated smoking areas?				
Other:				

EMPLOYEE & VOLUNTEERS   DATE (of asking)

How many smokers had at the beginning of the initiative _____ How many now _____

Will/Has the introduction of the Tobacco-Free Facility make a difference to your smoking?

Smoker 1

Make you think about stopping smoking?	**YES**	**NO**
Help you to stop completely?	**YES**	**NO**
Help you to reduce the number you smoke?	**YES**	**NO**
Have/had no impact on your smoking?	**YES**	**NO**
Have/has an impact on others who use the campus?	**YES**	**NO**
Has/Had made you aware of the smoking cessation programmes and aids?	**YES**	**NO**

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Smoker 2

Make you think about stopping smoking?	**YES**	**NO**
Help you to stop completely?	**YES**	**NO**
Help you to reduce the number you smoke?	**YES**	**NO**
Have no impact in your smoking?	**YES**	**NO**
Have/has an impact on others who use the campus?	**YES**	**NO**
Has/Had made you aware of the smoking cessation programmes and aids?	**YES**	**NO**

Any Comments or observations by those completing the scan?

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APPENDIX 5
SAMPLE ACTION PLAN TEMPLATE

Sample Actions	Resources	Responsibility	Timeline	Milestone	Status Update
Identify each of the stakeholders and assess readiness	Readiness indicator Key information/ messages for the audience			Understanding of the next step required with each of the stakeholders	Complete
Contact the Board to begin discussions about a tobacco-free facility or group	Presentation / Discussion Outline of data and process to be undertaken			Agreement to proceed Letter from the Board to all staff and other key stakeholders	
Meet with the staff to begin the conversation about a tobacco-free facility or group	Presentation / Discussion Outline of data and process to be undertaken			Volunteers to participate in the Working Group	
Agree to establish the Working Group	Tobacco Free facility or group toolkit			Terms of Reference Meeting Schedule Roles & Responsibilities	
Gather data and information on smoking levels, hotspots, litter, bins barriers and stakeholder concerns	Time to meet with stakeholders, observe and capture data			Profile of smoking prevalence, hotspots and barriers and project risks	
Using the data, draft the policy, identify other initiatives that could support a tobacco-free facility or group	Policy template			Policy drafted for circulation	
Using the data gathered to assess how ready key stakeholders are to support the initiative	Policy Draft. Presentation / Discussion. Outline of data and actions to be undertaken			Circulation and method agreed to feedback from the key stakeholders	

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Sample Actions	Resources	Responsibility	Timeline	Milestone	Status Update
Policy Approved	Presentation / Discussion			Board approved policy	
Agree the date for implementation	Presentation / Discussion			Launch date agreed and launch actions planned (move bins, put up signage)	
Contact local partners for support	Advertise tobacco-free initiative, provide information and locally available quitting supports Trainers providing talks and information on smoking			Number of named initiatives running to support the process	
Promote the initiative, advertise the start date	Tobacco Free Signage,Press Release, Social Media, Website, Newsletter, Conversations with stakeholders			Strong awareness of the date of implementation, community buy-in.	
Monitor Compliance	Scheduled walkabouts, observations captured Annual Review of progress and of policy			Smoking data recorded at regular intervals Standing agenda item on board and staff meetings Policy reviewed annually	

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