WHAT TO PUT IN YOUR ORGANISATION'S POLICY

Smoke-free environments

Service environments should be as smoke-free as possible. For some organisations this will mean having a complete ban on smoking on the premises, while for others it might mean setting aside a space for smokers to use.

If designated smoking areas are provided, they should:

- be located outdoors and be well ventilated to ensure no smoke will drift indoors
- be located away from public areas so there is no impact on either the service or visitors.

If possible, designated smoking areas should be out of view of group and social areas. This helps reduce modelling of smoking and lessens visual cues for those trying to quit. Designated smoking areas should be safe and functional but not provided with recreational amenities so that they become places to socialise.

Smoking breaks

It is recommended that if staff smoke they do so during their own time or within designated break periods.

They should do this in the designated smoking areas only or, if smoking is banned, beyond service buildings and grounds.

Smoking with service users

Staff have a duty of care to safeguard the health and safety of clients. They are also often in a position of being role models for clients, particularly children and young people.

While staff should be open and honest about their own tobacco use, they should:

- not smoke in the presence of clients
- refrain from using tobacco as a means of engaging with clients
- not purchase tobacco products for clients or supply tobacco products to them.

Home visits and other settings

Community organisations are required to provide a safe working environment for staff during home visits and in other service settings. This can be a problem when clients smoke.

To respond to this, organisations can:

- give information to clients about the dangers of passive smoking and the need to safeguard the health and safety of staff
- request that clients not smoke during home visits or other meetings; alternatively, staff and clients could meet outside or have breaks so the client can smoke outside
- provide management support in the event that clients do not cooperate with the policy
- negotiate arrangements for playgroups, group work programs, leisure activities and excursions along the same lines.

Data collection

Collecting and recording information about a client's smoking status at intake or on other occasions signals to the client and staff that it as an issue worthy of attention. Sometimes simply asking people if they smoke prompts a request for assistance to quit.

Results to do with smoking – such as smoking fewer cigarettes or being more motivated and confident to quit or making a quit attempt – could be included in outcomes reporting.

Collecting this data would also help develop more accurate knowledge about smoking in a client group and would help your organisation to identify the benefits of having a smoking policy.

Assistance for smokers to quit

Assistance comes in many forms and can be given to clients, staff and volunteers. It may include:

- Providing information about smoking and tips on how to quit. Information could include impacts on health and financial wellbeing, the effects of passive smoking, the nature of nicotine dependence and the benefits of quitting. Information could be provided to staff in induction or training programs.
- Asking clients about their smoking as part of routine casework and goal-setting and providing support and encouragement to quit.
- Providing information and referrals to help people quit smoking, such as Quitline or a local GP or pharmacist. Staff could be allowed to talk to Quitline during work time.

Additional support could include:

- providing staff with training to support clients to quit smoking as a part of everyday support work
- providing access for staff and/or clients to free or subsidised Nicotine Replacement Therapy (NRT) (e.g. patches or gum)
- developing new, or modifying existing, casework tools and resources that could be used to explore smoking issues with clients, such as using a motivational interviewing approach.

More substantial support might involve:

- providing funding for some staff to receive more intensive quit smoking training
- developing or accessing group or individual quit smoking programs and offering them to interested staff and clients
- providing free or subsidised NRT to all staff and clients who request it as a routine part of agency practice.

Advocacy

Organisations can support disadvantaged smokers by advocating for changes at the broader community level, including:

- support for legislation and other ways to limit tobacco promotion and regulate tobacco use
- quit smoking support and services that better meet the specific needs of disadvantaged population groups
- provision of affordable Nicotine Replacement Therapy (NRT), particularly for disadvantaged smokers
- continued efforts to reduce social inequality, enhance opportunity and address the structural causes of disadvantage, as social deprivation increases the risk of drug dependencies such as smoking.[1]

Investment and other income policy

A commitment to addressing smoking and disadvantage will mean that community service organisations:

- do not make capital investments in any tobacco company, or with any business, such as superannuation funds, that has substantial capital interest or investments in tobacco companies
- do not accept any financial or in-kind support from tobacco companies.

[1] Marmot M, Wilkinson R. (2003). *Social determinants of health: the solid facts*. Copenhagen: World Health Organization.