# Inventory of Alberta Regional Health Authority Smoking Policies

## January 2003

## HIGHLIGHTS

The following highlights are based on the findings of a province-wide inventory of Alberta regional health authority smoking policies conducted by Action on Smoking & Health as part of an 18-month project titled "Building Capacity for Smoke-Free Environments in Alberta". Telephone interviews with key tobacco reduction practitioners in each of the 17 regional health authorities[1] were conducted between January 3 and January 30, 2003. Smoking/tobacco use policies were collected, reviewed and charted for each region. Numbers in ( ) brackets indicate the number of regions with that policy.

**POLICY COMMON TO ALL HEALTH REGIONS**

- Smoking prohibited in all owned/operated buildings and facilities
  - « Smoking prohibited in health region owned/leased vehicles (7)
- Special considerations for continuing care patients & residents
  - « Exemptions were also made for:
    - Psychiatric & palliative care patients (6)
    - Ceremonial tobacco use (3)

**POLICY COMMON TO A MAJORITY OF HEALTH REGIONS**

- Smoking permitted in designated outdoor areas only (10)
- Smoking prohibited near building entrances (9)
- Support for staff who wish to quit smoking
  - « Financial support to attend cessation programs (8)
    - Through employee assistance and benefits plans
  - « Cessation information, referrals and self-help resources (13)
    - Referrals to community-based cessation programs (e.g. AADAC)
- Support for patients who smoke
  - « Quit smoking and cessation program information (13)
    - Dr. prescribed cessation aids available to inpatients (5)

**UNIQUE POLICIES** *(Policies found in just one or two regions)*

**General policy:**

- No smoking on grounds or in parking lots (Calgary)
- Smoking prohibited near windows or air intakes (David Thompson)

[1] Amalgamation of the 17 health regions into 9 health regions took effect April 1, 2003

**Community care:**

- Clients are asked to refrain from smoking 1 hour prior to and during a home visit (Calgary & Headwaters)
  - « Two other regions reported similar policies, but those policies are set by the Home Care agency (Lakeland & Capital)

**Contracted services:**

- "Future agreements with agencies or facilities funded primarily by the health region shall require the agency or facility to have a similar non-smoking policy" (Calgary & Mistahia)

**Support and education:**

- Nicotine replacement therapies available to visitors at outpatient pharmacy (Calgary & Keeweetinok)
  - « Some regions indicated that their hospitals do not have in-house pharmacies open to the public. In these cases, the public is referred to local pharmacies within the community.

- Staff receive training in Clinical Tobacco Interventions (Calgary & Chinook)

## SCHOOL AND COMMUNITY CONNECTIONS

All health regions reported that work was being done around awareness and prevention in the community and with vulnerable populations (e.g., pregnant women who smoke).

**School board smoking policies**

- Respondents reported that much of work being done in schools is around awareness and prevention.

- Only a handful of respondents reported having been approached by a school board for information or having been involved in school board smoking policy development in the recent past.

**Municipal smoking bylaws**

- About three-quarters of the regions reported either being currently involved in municipal smoking bylaw development or having been involved in bylaw development in the recent past.

- Involvement ranged from providing information to municipalities who requested assistance to participation on the board of a local smoking bylaw coalition.

## CAPACITY FOR TOBACCO REDUCTION

*In order assess capacity, we asked a few questions about staffing and budget. Three additional follow-up questions were asked around the effects of the Alberta Tobacco Reduction Strategy (ATRS) in September 2003. Responses are indicated below.*

**Tobacco reduction department or coordinator**

- Four regions reported having either a tobacco reduction department or a full-time tobacco reduction coordinator.

**"Do you believe that the Alberta Tobacco Reduction Strategy (ATRS) has helped or hindered your health region's efforts to reduce tobacco use?"**

| | |
|---|---|
| Helped | N=12 |
| Hindered | N=0 |
| No effect | N=3 |

**Tobacco reduction staff**

- In terms of staffing for tobacco reduction, the average reported number of FTEs (full time equivalents) for all regions was slightly less that 2.

- Many respondents noted that tobacco reduction is just one aspect of their (and their staff's) overall job description.

**"Did your (old) health region's staffing level for tobacco control increase or decrease after the Alberta Tobacco Reduction Strategy was launched?"**

| | |
|---|---|
| Increased | N=2 (one indicated increase for short term grant only) |
| No Change | N=11 |
| Decreased | N=2 |

**Tobacco reduction budget**

- Much of the tobacco reduction work is being funded under Health Promotion Department budgets or through funding and grants from Action for Health and AADAC.

- Calgary Health Region reported having a separately designated budget for tobacco reduction.

**"Did your health region's tobacco reduction budget increase or decrease after the ATRS was introduced?"**

| | |
|---|---|
| Increased | N=4 (primarily through non-RHA grants, e.g., AADAC) |
| No Change | N=11 |
| Decreased | N=0 |

## IF YOU HAVE ANY QUESTIONS ABOUT THIS SURVEY PLEASE CONTACT

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*Disclaimer: Inventory of Alberta Regional Health Authority Smoking Policies, updated June 24, 2003*

*The information provided in this summary has been interpreted by ASH staff from regional health authority policies and key tobacco reduction practitioner interviews. Please note that these policies may be amended from time to time. ASH assumes no responsibility for the accuracy of the information contained herein. For complete clarification, please refer to the actual policy, or speak with the appropriate regional health authority.*

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