



Behind Closed Doors

*The Hidden
Epidemic of
Nicotine Addiction
in Assisted Living
Residences*

Kerry Cork, J.D.

publichealthlawcenter.org
651.290.7506

Funded by ClearWay Minnesota RC-2014-0017

Research Goals

- Explore barriers to reducing tobacco use and secondhand smoke exposure in assisted living residences (including adult foster homes).
- Identify effective strategies for ensuring a tobacco-free environment in assisted living residences.

What Are Assisted Living Residences?

States vary in the terms they use for assisted living settings, the populations they serve, assistance they provide, and ways they are regulated, certified or licensed. In general, assisted living residences are living arrangements that provide mentally or physically impaired, elderly or ailing adults around-the-clock support, including food, lodging, supervision and household services. Unlike nursing homes, they do not require a nurse to be on-site 24/7, and they are regulated by the state, rather than the federal government.

What is “Adult Foster Care”?

Adult foster care is a type of assisted living typically provided in a private residence where either the owner or a paid caregiver lives with residents who receive personal care and other supportive services. Many states limit the number of residents in an adult foster care home and restrict the type of services to meals, assistance with personal care, and supervision. The thirty-eight (38) states that license or certify some type of “adult foster care” use a variety of terms to describe this arrangement:

Adult Family Home (AR)	Boarding Care Home (KS)
Adult Family Care (MS, NJ)	Certified Adult Residential Environment Program (KS, MD)
Adult Family Care Home (FL)	Certified Family Home (ID)
Adult Family Care Residence (NH)	Community Care Foster Family Homes (HI)
Adult Family Home (NE, WA, WI)	Elder Group Home (IA)
Adult Family Living (CT)	Family Care Home (DE, KY, NC)
Adult Family Foster Care (ND)	Family-Type Homes for the Elderly (NY)
Adult Foster Care (AL, MA, MD, MS, OR, SD, UT, VA)	Health Care Home (WV)
Adult Foster Care Family Homes (MI)	Home for Individual Residential Care (NV)
Adult Foster Care Home (AZ, TX, WY)	Home Plus (KS)
Adult Foster Home (AK, MN, MT, PA, OH)	Personal Care Home (LA)
Adult Residential Care Home — Type 1 (HI)	Residential Care Home (DE)
Assisted Living Foster Home (AK)	

Population Served

Adults in assisted living have a variety of conditions, including mental illness (i.e., a diagnosable mental, behavioral, or emotional condition); physical or cognitive impairments and disabilities; age-related neurological diseases such as Alzheimer’s or dementia; or brain injury traumas. Assisted living residences provide a safe haven so these individuals receive the support they need to live with more independence than in an institutionalized setting.

Nicotine Addiction in Assisted Living Population

Adults with mental illness are twice as likely to smoke cigarettes as the general population. Those suffering from mental illness smoke more than a third of all cigarettes produced, yet are only half as likely to quit as other smokers. Roughly half of all annual U.S. tobacco-related deaths (200,000) are among people with mental illnesses. Assisted living residences in most states serve adults who suffer from some functional incapacity, including mental illness. Tobacco use by these residents is an ongoing problem.



1 OUT OF 3

One out of three adults with mental illness smoke cigarettes — twice as much as the general population



HALF AS LIKELY

They smoke more than a third of all cigarettes produced, yet are half as likely to quit as other smokers



1 OUT OF 2

Roughly half of all annual U.S. tobacco-related deaths (200,000) are among people with mental illnesses



1 IN 5

Nearly 1 in 5 adults (or 45.7 million adults) have some form of mental illness.*

Current Landscape

Only a handful of states prohibit smoking in assisted living or adult foster care residences (e.g., Michigan, Montana and Washington). Most state smoke-free or clean indoor air acts exempt these public or private residences from “workplace” or “public place” smoke-free requirements. What’s more, most state licensing requirements for assisted living or residential care settings do not include smoke-free policies. Many providers adopt their own smoke-free or tobacco-free requirements, which are generally self-enforced with varying degrees of success.

*Source: Centers for Disease Control and Prevention. Mental illness is defined here as a diagnosable mental, behavioral, or emotional disorder, other than a developmental or substance abuse disorder.



Timeline

PRE 1970s

Vulnerable adults who need assistance with daily activities, but not intense around-the-clock nursing care, are boarded in state or local facilities, or cared for at home by family members or hired medical staff. Smoking is endemic among residents and staff.

1970s TO 1990s

The advent of Medicare and Medicaid, in addition to federal and state policies, contributes to an “institutional bias” in long-term care service delivery, favoring nursing home care over community-based alternatives. Smoking remains common among residents and staff.

1990s TO TODAY

Various residential care options emerge, offering a broad range of personal services and assistance, and focusing on the desire of residents for more privacy, independence and autonomy than is available in typical long-term care institutionalized settings. Although many assisted living residences restrict smoking to designated indoor areas or outdoors, the vast majority of state smoke-free laws continue to exempt these residences, and smoking is still common among residents and many of the staff.

TOMORROW

As “baby boomers” continue to age, suffer physical and mental health setbacks, and require varying degrees of assistance in their daily activities, the need for “assisted living” settings will increase dramatically. Between 5.6 million and 8 million older adults in the U.S. today have one or more mental health and substance abuse conditions — roughly one in five of the older adult population. At least half of all 65-year-olds today are likely to need long-term support in their lifetimes, and may eventually reside in some type of assisted living residence. To protect the health and safety of this large influx of residents, many of whom will suffer functional impairment, assisted living providers will need to adopt strong comprehensive policies regarding the use of tobacco products on the premises.

Going Tobacco-free

Myths

- A tobacco-free policy in a residential setting constitutes an invasion of one’s constitutional right to smoke and violates one’s right to privacy.
- Designated smoking areas are an effective tobacco control measure.
- People with mental illness or other cognitive disabilities are less motivated and able to quit than others.
- Tobacco cessation treatment dangerously interferes with other medical treatments.

Public Health Rationale

- Tobacco use and secondhand smoke exposure can have a disproportionately adverse health effect on assisted living residents, many of whom are in compromised health, on prescription drugs, and otherwise vulnerable.
- A tobacco-free environment denormalizes smoking and promotes cessation.
- A tobacco-free environment reduces the risk of fire, particularly when cognitively impaired or disabled adults smoke surreptitiously.

Barriers & Unintended Consequences

Cultural Norm

- A disproportionately high number of staff in assisted living residences (attendants, personal caregivers, administrators) smoke. They often purchase cigarettes for residents and smoke outside with them. As a result, a more tolerant attitude toward overall tobacco use tends to exist in these settings.
- Smoking provides a socialization activity for residents, many of whom use smoking as an emotional coping mechanism for its perceived therapeutic benefits and as a way to deal with stress, anxiety, medication side-effects, and boredom.

Burden on Providers

- Limited resources and staff often make it difficult to monitor residents who smoke, to escort them outside for smoke breaks, and to ensure that resident “elopements” (unauthorized departures) do not occur when staff is preoccupied.
- Residents with mental illness or other disabilities, many of whom may be life-long smokers, often face special challenges in quitting smoking and may need counseling, as well as access to a combination of nicotine reduction therapies.
- Some providers are concerned that enabling non-ambulatory, elderly or infirm residents to smoke outside (at night or in inclement weather) will increase the likelihood of accidents, for which the providers will be legally liable
- Others worry that a tobacco-free policy will have an adverse impact on the recruitment and retention of assisted living staff or residents, and might result in staff turnover or resident departures

New Regulatory Challenges

Lack of clear policies for assisted living providers on —

- Use of e-cigarettes or similar devices by residents and staff
- Smoking of marijuana in states where medical or recreational marijuana use has been legalized

Policy Recommendations

For State and Community Leaders

- Promote passage of state smoke-free laws that do not exempt assisted living or residential care homes or facilities.
- Encourage mental health and primary care providers to integrate tobacco cessation treatment with their services. Also encourage social service workers to work with tobacco control professionals to help increase access to cessation services for this population.
- Support comprehensive insurance coverage for tobacco cessation treatment.

For Assisted Living Providers

PRE-IMPLEMENTATION

- Develop a careful implementation plan before adopting any tobacco-free policy in assisted living residences that could cause already vulnerable residents undue stress and result in their becoming agitated, depressed or defiant when the policy takes effect.
 - » Explain the public health rationale behind the tobacco-free policy.
 - » Describe the restrictions on and responsibilities of all relevant parties.
 - » Ensure that all necessary terms are well defined.
 - » Identify those responsible for enforcement, the terms and circumstances of a violation, and the consequences.
- Allow sufficient time to educate the staff, residents, resident family members/caretakers, and community and to establish the procedures for implementation and enforcement before the policy takes effect.

IMPLEMENTATION

- Disclose and discuss the tobacco-free policy in resident preadmission screening, house rules and regulations, employee interviews, and staff policy manuals.
- Place signage in conspicuous areas throughout the residence.
- Ensure that all visitors, staff and residents comply with tobacco-free policies on the premises and grounds, and that the policies are enforced equitably and consistently.
- Provide staff and residents with tobacco cessation information and (if possible) access to nicotine replacement therapy products or resources.

