

## Tobacco Free Evaluation of Curran Place

### Background

Despite common perceptions about the difficulty of ceasing more than one substance at the same time, current research shows that ceasing tobacco concurrently with other substances often yields positive substance treatment outcomes (Callaghan, et al., 2007; Thurgood et al., 2016; McKelvey et al., 2017; Mendelsohn & Wodak, 2016). Adhering to research recommendations within a public health rationale, in May 2016, ReGen's adult withdrawal facility Curran Place became a tobacco free service. Now one year later an evaluation of the tobacco free policy has been completed. The evaluation aims to assess the policy's impacts on experiences and treatment outcomes for residents.

### Methodology

Curran Place is a 16 bed residential withdrawal unit of which 4 beds are available for mothers and babies up to 12 months of age. This evaluation sought to capture the thoughts and experiences of both clients and staff of Curran Place. Methods of data collection included both individual interviews conducted with residents in person and anonymous surveys emailed to staff.

Residents were interviewed over two days but on different weeks with the purpose of obtaining an adequate sample size. This was a challenge because even though there were approximately 11 residents staying on each of the days, it is common for residents in the first days of withdrawal to rest in their rooms rather than engage in programs since this grace period is provided. In total, 12 residents were interviewed and 8 staff returned their completed surveys.

### Client experience

All but 2 clients knew that Curran Place had changed its tobacco use policy before they arrived for admission. The 10 clients who were informed stated their primary reason for coming to Curran Place was an urgent need for treatment and smaller wait times. There were other secondary reasons reported by residents including having previously been to Curran Place and therefore feeling comfortable to return and 5 residents stated that reducing or ceasing tobacco was part of their initial treatment plan.

Of the clients who did not include ceasing tobacco as one of the reasons they chose Curran Place, the majority reported that their overall experience and opinion of a tobacco free withdrawal was positive and shared comments about the positives such as, "is helping get over a persistent cough", "is good not having it (smoking) in your face" and "I remember times when smoking was allowed and things could get chaotic".

All but one resident who was interviewed used Nicotine Replacement Therapy (NRT). The resident who declined NRT did so because she is pregnant and planned on quitting tobacco and nicotine completely. Residents made it clear that the inclusion of NRT is a good support when managing their withdrawal. Only two younger residents found the NRT of little support. From the conversation it

became clear that their tobacco use is not a symptom of a nicotine dependency but used for emotional regulation and distraction.

Major themes that came out of the interviews were:

1. Positive impacts on personal withdrawal experiences due to improved health
2. Open to opportunities to try other activities when feeling anxious
3. Greater engagement in the programs that Curran Place offers

It was suggested by some residents who had previously attended residential withdrawal when tobacco was permitted that now there is less socialising between residents. The flipside of this is that those same residents reported a greater openness to trying new activities in withdrawal and not smoking allows them to be more reflective instead of sitting around smoking and socialising.

Generally it was found that the younger the client, the less positive they responded to the tobacco free policy whereas older clients appeared more open about the policy because it gave them the opportunity to improve their health and treatment outcomes. Possibly the older residents are at a point in their lives where they feel more ready to address or at the least consider ceasing tobacco use due to the negative health impacts they are now experiencing from years of using tobacco.

#### Staff experience

Staff results were mostly positive in favour of the tobacco free policy overall. The key points came from staff surveys were:

1. Easier for staff to get clients to group programs
2. Residents arrive on time instead of being outside smoking
3. Non-smokers and smokers are given more chances to socialise
4. Residents have increased self-confidence about ceasing tobacco even for a short time
5. Residents seem to be sleeping better and more engaged

Some staff reported that they have noticed a reduction in staff using tobacco as a consequence of not being able to smoke onsite. Like all evaluations there are both positives and negatives. Some negatives reported by staff were; an increase in residents leaving withdrawal before completion so that they could smoke and staff needing to police residents who try to sneak a cigarette during withdrawal. Some staff reported an increase in the need to support resident's behaviour when they become anxious about not having tobacco on hand.

#### **Discussion**

With regards to staff reports of residents leaving withdrawal early to have a cigarette, statistically Curran Place data shows an increase in the average length of stay since the tobacco free policy came in although occupancy rates have reduced. It is difficult to attribute reduced occupancy to the tobacco free policy since Curran Place underwent renovations during this time. However the tobacco free policy might have some impact on dissuading clients from choosing a tobacco free withdrawal facility.

Given this possibility it is appropriate to ask if Curran Place becoming a tobacco free facility has created any impacts on facilities that still allow tobacco use. Drug Health Services (DHS) which is part of

Western Health in Footscray is the only withdrawal facility in the North West metropolitan area that still permits tobacco use. I contacted Cameron Moffatt the intake worker at Drug Health Services to have a conversation about this. Cameron confirmed that he has definitely noticed a spike in referral numbers in the last 12 months. Cameron stated that DHS were previously managing a waitlist of 2 – 4 weeks but he has seen it extend to around 2 months, sometimes more. Cameron says that it is not only clients from the Inner north and North catchments that have increased as he has noticed an increase in referrals from other catchments too due to the prevalence of tobacco free policies. Cameron stated that he is looking forward to when DHS also becomes tobacco free so that the referrals become more evenly spread.

### Recommendations

- Ensure clients are always informed that Curran Place is now tobacco free before arrival. This information is usually provided at the assessment appointment however this could also be done when staff call clients to organise admission dates.
- Incorporating brief interventions around tobacco cessation. Research shows that incorporating interventions around tobacco use relapse prevention can be helpful to encourage residents to continue on the tobacco cessation path post discharge (Guydish et al., 2016; Prochaska et al., 2004). Providing group interventions around tobacco cessation is also thought to increase success rates of substance users in reaching their substance goals, particularly if that goal is abstinence (Prochaska et al., 2004). Research in youth substance treatment shows similar results (Fortuna et al., 2012; Campbell et al., 2009) so this might be something to consider for the youth residential facility Williams House, in the future.
- Lastly, because treatment outcomes are paramount in the work we do in AOD, if resources permit, it would be beneficial to contact clients post discharge of Curran Place and follow up on how their substance and tobacco use is going.

In conclusion, the tobacco free policy evaluation has uncovered more advantages than disadvantages for residents of Curran Place. Of course there will always be some who come in and feel unable to complete the withdrawal for various reasons, of which not being able to use tobacco might be one. Those clients are able to return at a time when their readiness to change has increased. What is clear is that for most clients and staff, the positives seem to outweigh the negatives.

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## References

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