

MICA Program Celebrates One Year Tobacco-Free

The Circle Program, a 90-day inpatient program for dually-diagnosed patients in Pueblo Colorado, marked its first tobacco-free anniversary this past January. This 30-bed, voluntary unit is part of the state hospital system in Colorado. Patients admitted to the program have an Axis I diagnosis (i.e., Schizophrenia, Schizoaffective Disorder, Bipolar, Major Depression, or even eating disorder) as well as an Axis I substance abuse disorder. There is a 3-4 month waiting list for this very comprehensive program. Although the ward is co-ed, most groups are gender specific. The program employs cognitive behavioral approaches to treatment using the Strategies for Self Improvement and Change model. There are the typical counseling groups, a Behavior Awareness Group using strategies one might find in a therapeutic community, and even a group on Criminal Thinking used to address many of the issues faced by patients with Axis II diagnoses. In the past year, 5 physicians were trained in acupuncture to address detoxification, relaxation, craving, and hopefully to assist patients in dealing with their tobacco issues as well.

Under the direction of Dr. Elizabeth Stuyt, a board-certified addiction psychiatrist, the program prepared for 6 months to become tobacco-free. Dr. Stuyt provided staff education about tobacco dependence, its impact on the population served by the program and the rationale for integrating tobacco dependence treatment into the treatment setting. Staff who used tobacco were encouraged to address their own use and were offered support for quitting. A one-day retreat for Circle Program staff offered the opportunity to voice concerns and to process feelings about becoming tobacco-free. It was important to Dr. Stuyt to have buy-in and a willingness to try from her staff. During the course of the one-day retreat, many fears were addressed. Some staff were angry, while others were concerned that the focus on tobacco would undermine the other work being done with patients. There were even tears from some as they processed this very emotional issue. She received everyone's commitment that they would be willing to support the policy change.

Following the retreat, Dr. Stuyt began facilitating a group for patients about tobacco. Her staff provided the education-

al component of this group. The program adopted a protocol of not separating tobacco from the other drugs of addiction including alcohol. "Anytime you use the word 'alcohol' or 'cocaine' in teaching about addiction, you use the word 'tobacco'," she said. For the months prior to going tobacco-free, the entire staff talked about the intent of the program becoming tobacco-free with patients. They even told patients, "It might not happen while you're here, but it will happen with this program."

December 1st, one month prior to the tobacco-free date for clients, staff were no longer allowed to be identifiable as tobacco users. From that point forward, staff couldn't talk about their own continued tobacco use with clients, or be seen by clients smoking; staff could neither bring paraphernalia onto the unit nor show evidence of having used tobacco, such as having the odor of tobacco on their clothes. Although there were still staff who continued to use tobacco, they were compliant and respectful of the policy as it related to them. Dr. Stuyt remarked that all her staff, including those who use tobacco are supportive of the policy and are helpful to clients in addressing their own tobacco use and, in fact, several used the date to quit smoking.

Since becoming tobacco-free, there has been no decrease in census. No patients have refused admission to the unit and no patient has left the program because of the tobacco-free policy. No patient has been discharged because of non-compliance with the tobacco policy. What has become apparent at the Circle Program is that patients who violate tobacco policy have trouble complying with rules in general—the tobacco policy is just one of many infractions. The inability to comply with the tobacco policy has become a marker that a patient may not be ready or willing to work on the issues that brought the patient into treatment in the first place.

Dr. Stuyt admits that no patient entered

her program with the intent of stopping smoking. However, what she finds so exciting is that some patients report, "I really want to keep this up" as they prepare for discharge. For each issue presented during the patient's initial assessment, including smoking and their motivational level, based on the Stages of Readiness for Change Model, is assessed. Dr. Stuyt reports that 75% of patients leave the Circle Program expressing a desire to stay stopped.

Prior to the implementation of a tobacco-free policy, Dr. Stuyt reported there were problems on the unit with positive drug screens for substances such as marijuana and alcohol. However, since the institution of the tobacco-free policy a year ago, there hasn't been a single positive drug screen.

Another observation that was particularly exciting was the active participation by Circle Program patients in the recreation program at the hospital. Prior to becoming tobacco-free, patients used their free time to sit around and smoke, and patients as a whole did not participate in recreational activities during free time. Now, patients are using this time to walk the track at the hospital and/or to work on homework assignments.

Dr. Stuyt has collected data on 100 patients prior to becoming tobacco-free and additional data on 180 patients since the implementation of a tobacco-free policy. She is hoping to get appropriate funding to study in greater detail, the results of the tobacco-free policy on treatment outcomes. Based on patient reports, having addressed tobacco while in treatment appears to have increased their awareness about relapse with other drugs of addiction and may have even improved their resolve to remain clean and sober. Many patients, however, struggle with tobacco use after discharge and often report that they regret any tobacco use after treatment. Their concern about smoking is heartening in light of the fact that, for most patients, tobacco was not an issue at all before treatment.

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