

Integrating Tobacco into Chemical Dependency Treatment

By Martha Dwyer

The addictions treatment field has come along way over the past ten years in its understanding of tobacco as a substance of dependence and of the consequences for those addicts who continue to use tobacco. Research has shown that addressing tobacco concurrently with other substances of dependence does not undermine and, in some cases, supports recovery. The demand for our services from this special population has grown as the addictions treatment community increasingly recognizes that state-of-the-art treatment requires integration of tobacco on par with alcohol and other drugs.

New Jersey Residential Treatment Programs Go Tobacco-Free: A major focus during the last year and a half centered on the provision of assistance to residential addiction treatment programs in implementing the Residential Licensure Standards adopted November 15, 1999 by the Division of Addiction Service (DAS).

The tobacco provisions of the Standards present a paradigm shift, placing tobacco on par with alcohol and other drugs in residential substance abuse treatment programs. This paradigm shift reflects years of work by DAS with guidance from the Tobacco Dependence Program and its founder, Dr. John Slade. To that end, the Standards require that the smoking of tobacco products and the use of spit tobacco be prohibited within all buildings and on the grounds. The tobacco provisions also require that all clients are screened and assessed for tobacco dependence, and, when identified as a problem, tobacco dependence is placed on the treatment plan and included on the discharge plan if the problem remains unresolved. In addition, the tobacco provisions require that both patients and families are provided with education regarding tobacco dependence and information regarding the desirability of

continued on next page

Young People and Tobacco Dependence

by Mia Hanos Zimmermann

The young people's training and consultation component of the Tobacco Dependence Program has grown considerably since its inception in October of 2000, beginning with a broadened definition of this group to include college-aged young people who have been increasingly targeted with advertising and promotional activities by the tobacco industry since the Tobacco Master Settlement Agreement.

Since most tobacco programs for young people are prevention oriented, there is a need for treatment-focused activities among this group. The young people's component has, therefore, disseminated information about quit programs designed specifically for young people. Trainings have been conducted as part of conferences, continuing education seminars, full day events, staff development days, and staff in-services. Including all levels of staff helps raise awareness and increase knowledge of young people's service providers on issues such as:

- tobacco dependence
- issues specific to young people (i.e. image issues and advertising)
- quit-smoking options
- policy issues regarding tobacco use for staff and students
- treating or assisting young people with mental health problems
- treating or assisting young people with other addictions

Policy development is also an integral part of addressing tobacco with young people in schools and institutions. It is critically important that young people don't get the message that smoking is ok for adults but bad for them because of their age. Tobacco use and dependence is a public health issue that affects both young people and adults. Tobacco use is harmful regardless of age, and policies need to reflect this understanding. In light of former acting Governor DiFrancesco's passing of a law prohibiting tobacco use on school grounds for students, staff & visitors, many facilities have successfully revised their tobacco policies.

The issue of young people and tobacco dependence was showcased in two statewide conferences. The first conference in April 2001, "Tobacco Dependence and Young People" gave participants the most current information about trends in tobacco use among young people in New Jersey and about available treatment options. The conference brought together approximately 75 treatment professionals from the addictions field and mental health agencies, tobacco control workers and student assistance counselors. In addition, REBEL youth presented a plenary session on the impact of youth involvement against Big Tobacco.

The second conference, "The New Jersey College Tobacco Summit- A Call to Action," was the first of its kind in New Jersey and focused on the college-aged population. There were representatives from over 20 private and public colleges and institutions throughout the state. College students and professionals combined to make this conference a tremendous success. The conference focused on implementing a comprehensive approach to tobacco on campus. Issues covered were prevention, treatment, policy, student activism, advertising and treatment. The goal of the conference was to begin the dialogue among people in the state who are invested in the issue of tobacco use and dependence among the college aged population. An email list-serv was developed to maintain contact among the participants and to network around tobacco issues. The Tobacco Dependence Program will host meetings with interested participants to maintain communication and share resources.

The Tobacco Dependence Program offers phone and in-person consultations and trainings free of charge to New Jersey providers of services to Young People through MSA funding. Continuing education credits are offered for staff who attend training, and include Professional Development Hours, CADC credits and Social Work hours. Contact Mia H. Zimmermann, Consultant for Young People's Services at 732-235-8230 or mia.hanos@umdnj.edu for further information.





participating in self-help and support groups such as Nicotine Anonymous. Programs must have written policies and procedures for community education, “making information about alcohol, tobacco and other drug use and abuse available to the public.” Finally, recognizing that staff members serve as role models for clients and that staff use of tobacco can undermine the therapeutic relationship between staff and clients, it is required that facilities “establish written policies and procedures addressing the period of time during which former substance abusers (alcohol, nicotine and/or drugs) shall be continuously substance free before being employed in the facility” and that “staff shall not use alcohol, tobacco or illegal drugs during working hours or when representing the treatment facility.” Similar provisions address the need for volunteers to be substance free from alcohol, nicotine and/or other drugs.

The Tobacco Dependence Program conducted two 3-day intensive trainings for 35 Executive

continued on page 11

and Clinical Directors of 29 residential treatment programs. At both trainings two nationally renowned addiction physicians, Dr. Terry Rustin of The University of Texas, Houston, and Dr. Elizabeth Styt of The Circle Program at the Colorado Mental Health Institute at Pueblo, shared their expertise in taking programs tobacco-free and provided guidance on how to develop policies regarding tobacco use and how to integrate tobacco dependence successfully into treatment. In addition to a comprehensive reference manual, participants received a training manual to provide ongoing training of the staff at each facility. Participants also received materials to support their work in addressing tobacco, including: videos, sample patient training materials, a Facilitator's Guide and three workbooks for Dr. Rustin's *Quit and Stay Quit: A Personal Program to Stop Smoking*. Two full-day regional trainings were also held for over 70 clinical staff of residential programs to equip them with the tools to address tobacco dependence in treatment.

Experts Share Their Experience, Strength and Hope: Our annual conference, "Treating Tobacco Dependence in the New Millennium," included a workshop in which three New Jersey programs, representing three different residential treatment modalities (a chemical dependence treatment program, a therapeutic community and a halfway house), presented their experiences becoming tobacco-free, sharing both successes and challenges.

Department of Health Provides Nicotine Replacement Therapy to Residential Programs: The Tobacco Dependence Program was selected by DAS to serve as distributors of nicotine replacement therapy (NRT), both the patch and gum, funded by the state from monies from the Master Settlement Agreement. An up-to-date list of residential programs in the state was created to identify those eligible for NRT. (Programs are eligible for NRT if they are either licensed by DAS or are applying for licensure.) The Tobacco Dependence Program developed distribution procedures for NRT as well as a training manual on the correct use of NRT and protocols for recordkeeping and reporting. The manual was distributed at two trainings conducted for over 60 staff from 31 programs that were eligible for state-funded NRT.

The Tobacco Dependence Program will continue to work with agencies to promote the comprehensive integration of tobacco dependence treatment for those who are also dependent on alcohol and other drugs, and remains committed to its mission of reducing the harm to health caused by tobacco use, through education, treatment, research and advocacy.

The Tobacco Dependence Program offers phone and in-person consultations and trainings free of charge to New Jersey providers of addictions services. Contact Martha Dwyer Addictions Consultant at 732-235-8232 or martha.dwyer@umdnj.edu for further information.