

## The Addressing Tobacco... project Steps for Becoming a Tobacco-Free Treatment Facility

# The Evolution of Step 10

When the *Addressing Tobacco...* project began in 1991, the Steps for Becoming a Tobacco-Free Treatment Facility were developed as a way to provide a framework for the process of comprehensively addressing tobacco use and nicotine dependence during treatment for other addictions. The steps recognize tobacco policy, staff training and recovery, and patient education and treatment as important components of this process.

From the beginning, the issue of staff use of tobacco has presented the greatest challenge, and understandably so. Many addictions treatment professionals still use tobacco, and since, until recently, tobacco was not placed in the same category as alcohol and other drugs, there had been no reason to question its use by staff. But as treatment programs become more conscious of nicotine as a drug of addiction and move forward in their efforts to integrate nicotine dependence treatment, the "staff issue" continues to surface.

The original Step 10 stated: "Require staff to be nicotine-free." The rationale behind this statement was that staff members needed to be positive role models and this could only occur once they had addressed their own use of tobacco.

Several years later, however, the step was modified to read "Require staff to show no evidence of tobacco use during work hours." This new wording allowed for consistency with many facilities' policy with regard to alcohol (both legal substances). That is, that staff (who had not identified as recovering alcoholics) was required to be abstinent from alcohol during working hours, including lunch and breaks. The revised step 10,

therefore, required no use of tobacco during work hours - and no evidence that the individual had been using tobacco (not smelling of smoke, for example).

In an effort to somehow manage the situation of staff smoking, however, some programs made compromises with this revised step. They allowed staff to smoke as long as they were not in direct view of clients, and "work hours" was interpreted to mean only direct client contact hours which excluded breaks and lunch or dinner hours. While the awareness that "something" had to be done about staff smoking remained, the intent of the step was lost in these compromises which accommodated the problem rather than addressed it. Staff members were not "buying-in" to role modeling a lifestyle that included recovery from nicotine dependence, but were instead finding ways around the issue.

Recently, *Addressing Tobacco...* project staff discussed this step once again, and decided to revise the step to read, "Require that no staff member be identifiable as a tobacco user." This new revision, we hope, suggests two important issues, 1) that it is the responsibility of the facility to set policy and direct treatment of patients, and 2) that staff cannot compromise treatment or policy by being identifiable as tobacco users.

The 'letter of the law (policy)' according to this latest wording continues to recognize that any evidence of tobacco use (smelling of smoke, being seen smoking even if off grounds, visible tobacco products including tobacco paraphernalia-lighters, caps, promotional items, etc.) is indicative of non-compliance with the policy. Supervisors can address incidents of evidence of tobacco use as policy infractions and respond accordingly.

The 'spirit of the policy,' in this new iteration, however, recognizes that staff are clearly role models, and that education and treatment for nicotine dependence needs to be offered without staff use getting in the way of, or affecting, client's participation.

The basis for this policy requirement, as with an alcohol policy, is that if a staff person is not dependent on nicotine or alcohol, then there is no need to be smoking (or drinking) first thing in the morning or during lunch hour. What the staff person does at home, as long as it doesn't interfere with work performance or adherence to work policy, is their own business. If, however, a staff member finds him or herself unable to comply with the policy, the issue of dependence can be dealt with in much the same way as with any other addiction - with an offer of help and with support for recovery.

It is our hope that the wording in this latest revision of Step 10 clearly articulates the simplicity of the goal it is meant to achieve. If treatment for alcohol and other drugs of dependence is going to include nicotine, then staff need to be able to support the policy and treatment protocol of the facility. Staff cannot give the mixed message by smelling of smoke, or possessing or carrying tobacco products or paraphernalia. Treatment centers, according to Step 10, require that staff members support the mission of assisting clients in becoming clean, sober, and free of nicotine by clearly and consistently role modeling that recovery is attainable. ■

**We found an error in our Manual, *Drug-Free is Nicotine-Free*.**

Everyone who purchased the Manual should have received replacement pages 93 and 94 from us.

If you did not, please contact the *Addressing Tobacco...* office at (732) 846-4338 and we will send the new page to you.

*Thanks for your understanding.*

