

## ON THE ROAD: Work-based Tobacco Dependence Treatment

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The Tobacco Dependence Clinic offers on-site tobacco dependence treatment for employees in their workplaces. We at the Clinic agree with the Center of Disease Control that these groups save the lives of smokers and the money of their employers<sup>1</sup>; but more relevant to our Clinic mission, we see work-based groups as an excellent means to reach tobacco users who are underserved or unlikely to seek treatment. We think it makes good sense to go out on the road to the place where most adults spend most of their time: their jobs. Our work-based treatment has focused on *helping the individual employee* quit smoking. We have partnered with our regional American Cancer Society, whose focus has been to *change the workplace* as an entity and to provide financial incentive for employers. For example, we have not provided consultation to employers who are looking to make change through rules and regulations about tobacco use on the premises; but we have advised Human Resource (HR) personnel to select health insurance options that provide financial support for evidence based treatments, including nicotine replacement medicines, bupropion and varenicline, for employees.

At our Clinic, the process of treating individuals in their workplaces typically begins with a phone contact from a workplace HR representative. This contact is an opportunity for discussion of workplace forces that may have motivated the call as well as a time to collect specific information on the number of employees who smoke, location of worksite, and desired time frame. Additionally, when possible, viewing the website of the worksite provides a helpful overview. After gathering the necessary background information, we prepare a one page proposal and enclose brochures of Clinic and Work-based Treatment. Knowing that one size does not fit all, we label the proposal as a document that can be adapted to the specific needs of a workplace. The initial document may be identical to the final document, or it may be drastically altered by legal departments of the respective groups. We have also learned that we will prepare more proposals than will be accepted, and we understand that our proposals are sometimes solicited for reasons other than hiring us (e.g., to provide counterarguments to requests for treatment).

Once our proposal is accepted, it's show time. We quickly fix on a day for an Information Session that will accommodate the worksite's needs as well as our staffing capability.

**Step 1:** An Information Session held at the worksite is publicized and hosted by the employer. Lunch or snack is sometimes provided as an incentive. Our medical director and clinical social worker make an informal presentation during which there is discussion of logistics (time, day of week, confidentiality) and treatment specifics (medications, personnel) and ample time allowed for questions and answers. We schedule assessment appointments with employees who accept our offer of treatment. At this and all other sessions, it is important that we set a friendly yet professional tone.

**Step 2:** Our model requires an individual one hour assessment conducted in a private setting at the worksite (sometimes a challenge in some workplaces) by a clinical social worker where a clinician-patient relationship is established as data regarding demographics, tobacco use history, previous quit experience, medical and behavioral health history, triggers and cues to smoke, withdrawal symptoms, motivation and importance of quitting is collected<sup>2</sup>. At this step, the goals include committing to a quit date, measuring

expired carbon monoxide rate, and establishing a treatment plan that includes medication(s) to manage withdrawal symptoms and direction for behavioral change. Typically one to two full days are required for assessment (15 one hour assessments makes for two full days); and, when necessary due to a large-size group, our medical director leads a small team of clinical social workers, social workers, or social work interns to complete assessments. Stop-Smoking Group sessions are then scheduled to meet weekly during lunch break or at shift change and commence soon after assessments are completed.

**Step 3:** Group begins. We provide our 6 week group, 60 minutes per group. While maintaining a consistent theme of withdrawal symptom and trigger management, each week covers a specific topic:

Session 1: Preparation -- (medication(s) and treatment plan, what to do on your quit date)

Session 2: Quit Date -- Just make it through today.

Session 3: 8 days tobacco free

Session 4: Hardest part is over

Session 5: Should be getting easier

Session 6: Celebration, 4 week follow-up data collected.

Additionally, we tell employees that we are committed to their tobacco-free states and that they can visit us at our Clinic location even though group is ending.

**Step 4:** Contact employee by phone 6 months after quit date to collect follow-up and patient satisfaction data. At this point, we learn if the individual is smoking, and, if so, how long s/he stayed smoke-free. We treat tobacco dependence as a chronic condition, and individuals that have relapsed are invited to return to our Clinic for a new quit attempt.

Despite evidence that implementing tobacco control programs in workplaces is both medically and financially prudent,<sup>1</sup> tobacco prevention and cessation practices remain the most underutilized clinical prevention practice among US employers, who cite reasons such as high cost, lack of access to return-on-investment information, interference with work time, concerns about intruding into employee's lives, and feelings among non-smokers that spending money only on smokers is unfair for not implementing such programs<sup>3</sup>. We at the Clinic appreciate these concerns and do our best to work with employers to implement a tobacco cessation treatment program that works for their workplace.

1. Centers for Disease Control and Prevention. Save Lives, Save Money: Make Your Business Smoke-Free. Atlanta, Georgia: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, June 2006.

2. Clinic assessment tools can be accessed at our website: [www.tobaccoprogram.org](http://www.tobaccoprogram.org)

3. Survey of Employers Reveals Their Barriers to Supporting Tobacco-Control Programs. Partnership for Prevention Grant Results; Robert Wood Johnson Foundation: 2007.

