

TOBACCO FREE POLICY
Assessment of the Impacts of Capital Health's Smoke-Free Policy on
Addiction Prevention and Treatment Service's Programs

Final Report

Addiction Prevention and Treatment Services
Capital Health

June 16, 2005

Prepared By: Stephanie Heath, Research Power Incorporated
Prepared For: Addiction Prevention and Treatment Services, Capital Health

TABLE OF CONTENTS

ACKNOWLEDGEMENTS	ii
EXECUTIVE SUMMARY	iii
INTRODUCTION.....	1
BACKGROUND	1
PURPOSE OF THE EVALUATION.....	1
METHODOLOGY	2
INSTRUMENTS AND DATA COLLECTION	2
DATA ANALYSIS	3
RESULTS.....	4
PROGRAM HISTORY	4
DESCRIPTION OF PREPARATIONS FOR GOING 100% SMOKE FREE	5
CLIENT DEMOGRAPHICS	7
PROGRAM CHARACTERISTICS.....	7
STAFF PERCEPTIONS.....	9
KEY OBSERVATIONS AND CONCLUSIONS.....	18
OBSERVATIONS	18
CONCLUSIONS	19
APPENDIX 1: INTERVIEW GUIDE	20

ACKNOWLEDGEMENTS

We would like to thank the Tobacco Control Strategy: Nova Scotia Health Promotion for the financial support provided to fund this evaluation. We would also like to thank the Director of Addictions Services and Managers of the Detox Unit and CHOICES Program who have fully supported the evaluation and provided valuable feedback into the process:

- Tom Payette, Director of Addiction Services
- Colleen Phillips, Head Nurse Withdrawal Maintenance, Addiction Prevention and Treatment Services
- Jack Godsoe, Program Manager CHOICES, Addiction Prevention and Treatment Services

Finally, we would like to thank the staff of the Detox Unit and CHOICES program who participated in the interviews and provided valuable feedback and insights into this evaluation.

Dan Steeves
Community Outreach Worker – Tobacco
Addiction Prevention and Treatment Services, Capital Health

EXECUTIVE SUMMARY

BACKGROUND AND METHODS

Addiction Prevention and Treatment Services within Capital Health provides a comprehensive range of programs and services to those affected by their own or other's harmful involvement with alcohol, other drugs or gambling. These services include inpatient services through the Detox Unit and adolescent CHOICES program. On May 31, 2003, through a phased-in approach, Capital Health's 100% smoke-free policy was implemented prohibiting smoking on all Capital Health facilities and grounds.

The purpose of this evaluation was to investigate the impact of the 100% smoke-free policy on referral rates and length of stay at the Detox Unit and CHOICES program. The evaluation report compiles quantitative data related to admission rates and length of stay of clients pre and post policy, as well as qualitative information related to staff perceptions of the policy.

RESULTS

Program History

Both the Detox Unit and the CHOICES program traditionally regarded smoking as a minor concern when compared to the harm caused to clients by other addictions. Clients were permitted to smoke within designated rooms, and smoking was often used as a tool to establish rapport and calm those in crises. Staff were often exposed to second hand smoke while supervising clients in the smoking areas. Over time, staff became more concerned about the negative impact of second hand smoke, and this concern coupled with advances in smoke-free places legislation lead to more restrictive smoking policies within the programs (e.g., the smoking area being moved outside, restricted access to the smoking area, etc.). Capital Health's smoke-free policy required that both programs become 100% smoke-free with the CHOICES program implementing their policy a few months ahead of Capital Health's policy in September 2002. The Detox Unit went 100% smoke-free in January 2003 along with all other Capital Health facilities.

Program Preparation for the Smoke-free Policy

Both the Detox Unit and CHOICES program undertook several activities to help prepare for the 100% smoke-free policy. The major preparations made by both programs were: educating staff about the policy and why it was being implemented; providing opportunities for staff to discuss their issues and concerns; educating clients about the policy including why it was being implemented and the supports they would receive; and providing support for clients including NRT and smoking cessation education and counselling; and establishing guidelines and protocols related to the policy (e.g., guidelines specifying consequences for those that violate the policy).

Length of Stay and Admission Rates

The 100% smoke-free policy did not appear to impact admission rates or length of stay to the Detox Unit or the CHOICES residence. Although the length of stay initially went down somewhat in the first year post implementation of the policy within the CHOICES residence, this was not statistically significant and the rate increased in year two.

Initial Perceptions of Staff and Changes over Time

Originally staff of both the Detox Unit and CHOICES program were concerned that the smoke-free policy would negatively impact their services and clients in terms of both admission rates and length of stay. Further, staff believed that the new policy would also result in behaviour problems among clients and preclude effective treatment of other addictions. However, the qualitative data clearly illustrates that this was not the case and although there were some initial issues that had to be resolved, overall implementation of the policy went smoothly. Further, the qualitative data indicate that there have been improvements to treatment services and outcomes, and enhanced overall client and staff health as a result of implementation of the policy.

Challenges with Implementing the Policy

It appears that the CHOICES program faced more challenges than the Detox Unit during the initial stages of policy implementation, which is related to the fact that guidelines and protocols for NRT for youth had not been well established in the literature and the program was forging new territory in this area. Therefore clients did not have access to the patch in the first few months of the policy and the guidelines around the use of gum were restrictive. In addition, the structure of the program where clients have freedom to leave the residence to access other activities provides opportunities for clients to smoke as they are away from the facility and grounds (unlike clients of the Detox Unit that do not have such opportunities), which is a further challenge faced by the CHOICES program. Therefore more of the CHOICES program clients compared to Detox Unit clients appear to break the policy and smoke while in the program.

Lessons Learned

Both the Detox Unit and CHOICES program described their top lessons learned which included the importance of:

- Not making assumptions because, contrary to staff expectations, implementation of the policy went relatively smoothly with few, if any, negative consequences.
- A detailed plan to support implementation of the policy including client and staff education, supports for clients in terms of going smoke-free, and clear guidelines and protocols.
- An overall organizational policy and provincial legislation to justify and support the program policy.

CONCLUSIONS

Capital Health implemented the 100% smoke-free policy beginning January 2003. It has been two years since this policy was implemented, with few negative consequences. Capital Health has developed a tobacco control strategy that encompasses a comprehensive multi-sectoral approach addressing policy and legislation, prevention and education, support for cessation, youth programming, and community initiatives. The current evaluation illustrates that both the Detox Unit and CHOICES program incorporated key health promotion strategies such as education and capacity building in implementing a 100% smoke-free policy which has resulted in advancement of tobacco control efforts among high risk populations with well above average rates of tobacco use. The policy also supports a safer and healthier environment for both clients and staff of Capital Health.

INTRODUCTION

BACKGROUND

Addiction Prevention and Treatment Services within Capital Health provides a comprehensive range of programs and services to those affected by their own or others' harmful involvement with alcohol, other drugs or gambling. These services include inpatient services through the Detox Unit and CHOICES program. The Detox Unit is an inpatient service that enables drug dependent persons to participate in a supervised program of assessment and withdrawal from alcohol and/or other drugs. CHOICES is a treatment program for adolescents between the ages of 13 and 19 whose involvement with substance use and/or gambling is having a negative impact on their lives and includes a 14-bed residence.

On May 31, 2003, through a phased-in approach, Capital Health's 100% smoke-free policy was implemented prohibiting smoking on all Capital Health facilities and grounds. The phased-in approach began by all facilities going smoke free in January 2003 with the policy extended to the property and grounds in May 2003. The primary goal of this policy is to support a safe and healthy environment for staff and patients by providing protection from the harms associated with second-hand tobacco smoke.

The Detox Unit went 100% smoke-free at midnight December 31, 2002, prior to implementation of Capital Health's policy on January 1, 2003. The CHOICES program corresponds to the school year and the 100% smoke-free policy was implemented four months prior to the smoke-free policy of Capital Health on September 1, 2002.

PURPOSE OF THE EVALUATION

The purpose of the current evaluation was to investigate the impact of the 100% smoke-free policy on referral rates to the Detox Unit and CHOICES residence program as well as length of stay. In addition, the evaluation qualitatively explored the perceptions and opinions of staff and managers about the impact of the 100% smoke-free policy on their services and clients. Specifically, the objectives of the qualitative interviews with staff and managers of the programs were to:

- Assess their experiences with implementation of the 100% smoke-free policy and its impacts on their programs' clients.
- Explore attitudes about the 100% smoke-free policy and changes over time.
- Identify lessons learned, and recommendations to support 100% smoke-free policy.

The report presents the compilation of quantitative data related to admission rates and length of stay collected one year prior to implementation of the smoke-free policy, and one and two years after implementation of the policy. The report also compiles data from a review of documents related to the program's history of their approach to nicotine, and preparations made for implementation of the policy. Finally, qualitative data collected through interviews with selected program staff are also synthesized within the report.

METHODOLOGY

An independent Evaluation Consultant was contracted to conduct the evaluation including a review of program documents, quantitative data interpretation and synthesis, qualitative data collection and analysis, and writing of the report. The quantitative data was collected and analyzed (i.e., completion of frequencies, means and statistical analyses) by staff of Addiction Prevention and Treatment Services.

INSTRUMENTS AND DATA COLLECTION

Quantitative Data

Staff of Addiction Prevention and Treatment Services routinely collects data on a variety of variables upon patient admission to the Detox Unit and CHOICES residence. Data quality varies with data related to admission rates and length of stay rigorously collected and few missing responses. However, data related to other variables such as smoking status and Nicotine Replacement Therapy (NRT) tend to have more missing responses.

The data is collected on an ongoing basis and for the purposes of this report data consisted of variables collected one year prior to implementation of the 100% smoke-free policy and one year post implementation of the 100% smoke-free policy. The CHOICES program also had data available for the second year after policy implementation.

In the case of the Detox Unit data was included from January to December 2002 (pre-policy implementation) and January to December 2003 (one year after implementation of the policy). The CHOICES program corresponds to the school year calendar and data was included from September 2001 to June 2002 (pre-policy implementation), September 2002 to June 2003 (year one post policy) and September 2003 to June 2004 (year two post policy).

Qualitative Data

A total of seven one on one telephone interviews were completed with staff of the Detox Unit and CHOICES Program. The Managers of each program at the time of policy implementation were interviewed as well as selected staff. Purposive sampling was used to ensure a range of opinions and views were expressed through the evaluation. Two staff of the Detox Unit and three staff of the CHOICES program participated in the interviews. Individuals were selected to participate in the interviews by the current Managers, in consult with staff in the Outcome Monitoring Department responsible to oversee the evaluation.

An interview guide, developed by the Evaluation Consultant, was used to guide the discussions (Appendix 1). The interview guide was reviewed by the project lead within Addiction Prevention and Treatment Services.

The managers and staff who agreed to participate in the interviews (all who were approached agreed to participate) were contacted by the Evaluation Consultant and interview times arranged. The

interviews lasted between 30 and 60 minutes, with six telephone interviews and one face to face interview conducted (a face to face interview was conducted due to convenience for the interviewee)

Managers of both programs provided a written summary of the history/evolution of their program's approach to tobacco use, as well as a description of the preparations that were made prior to implementation of the smoke-free policy. These documents were reviewed and summarized in the findings by the Evaluation Consultant.

DATA ANALYSIS

Quantitative Data

Frequencies and descriptive statistics were calculated for the quantitative data, with missing data included in the calculations. The results are presented as frequencies in table format or bar graphs with accompanying text.

Qualitative Data

The interview guide was used to facilitate the interviews which were tape-recorded and then transcribed verbatim. The data from the transcripts were analyzed using content and thematic analysis. Qualitative interviewing is exploratory in nature and thus provides rich and valuable insights into people's views and feelings, and elaborates on the quantitative findings, but is not intended to be generalized or quantified. Verbatim quotations from respondents are used throughout the report to further illustrate the findings.

RESULTS

The results begin with a summary of the history of both the Detox Unit's and CHOICES program's approach to smoking and nicotine replacement. This is followed by a description of the preparations made by both Programs prior to the implementation of the 100% smoke-free policy. The results of the quantitative analyses are then presented including demographics of program clients, and program characteristics pre and post smoke-free policy including admission and length of stay rates. The results conclude with a presentation of the qualitative analyses where staff and managers' perceptions of the policy and its impact were further explored.

PROGRAM HISTORY

Traditionally, the philosophy of both the CHOICES program and Detox Unit regarding client smoking was that nicotine use, while not healthy, was a minor issue compared to the harm caused in the lives of clients by their use of other drugs. Clients were permitted to smoke in a designated room and staff often smoked with clients with the "smoking room" used as a place to establish rapport with clients. Further, smoking was used as a tool to calm clients who were in crisis, and as a reward or punishment to change behaviour.

CHOICES Program

Originally, staff of the CHOICES program supervised clients in the smoking room and the staff was responsible for lighting client's cigarettes. Over the years since the inception of the program in 1990 growing numbers of staff stopped smoking, and concern about exposure to second-hand smoke while supervising the smoking room grew. In 1996 the program moved to a new facility, the smoking rooms within the facility were eliminated, and clients were mandated to smoke outside in designated areas just outside the building. Staff were still required to supervise clients in the outside smoking areas, and clients were permitted to smoke as much as they wanted during program breaks and personal time.

Over the next few years public awareness about the health risks of smoking and second-hand smoke increased, and legislation was under development to limit smoking in public places and restrict the sale and possession of tobacco products to persons under 19 years of age. During this time CHOICES staff also began to advocate for limiting the number of client smoking breaks. As a result, a smoking break schedule was introduced limiting the number of client smoking breaks, and eventually clients were required to sign in and out for their smoking breaks. In addition, the staff was no longer expected to supervise clients in the smoking area.

In April 2002, legislation was passed making it illegal for persons under 19 years of age to buy tobacco or tobacco products, and illegal for stores or individuals to sell tobacco to persons under 19. At this time, the manager of the CHOICES program, who had been reviewing the existing policy and exploring enhancements to the policy, announced to staff that the program would implement a 100% smoke-free policy in September 2002. On September 1, 2002 a smoke-free policy was implemented and the CHOICES program became 100% smoke-free.

DESCRIPTION OF PREPARATIONS FOR GOING 100% SMOKE FREE

Detox Unit

After the announcement by Capital Health in April 2002 that a 100% smoke-free policy would be implemented in all facilities in January 2003, the Detox Unit began preparations to implement the policy in their Unit including:

- Supported the participation of two Detox Unit staff in facilitating smoking cessation groups offered through Capital Health, beginning in April 2002.
- Installed locks on the smoking room doors in December 2002 to prevent access by clients.
- Incorporated both a medication sheet for NRT and the Fagerstrom Tolerance Test (a measure of nicotine addiction) into patient charts.
- Collaborated with both the Nova Scotia Hospital Pharmacy and SDM to stock the Detox Unit with NRTs, including both the patch and gum.
- Purchased hard candy and placed these on the Detox Unit in December 2002.
- Informed clients of the upcoming smoke-free policy during the intake process, beginning in December 2002.
- Provided staff education and opportunities for staff to discuss the policy, including their concerns.
- Conducted a session with clients on December 31, 2002 to discuss any final concerns about the policy, with cigarettes collected from all clients.

During the initial months following implementation of the policy adaptations and refinements were made to enhance supports to clients including:

- Cleaned and painted the old smoking room to eliminate any residual odors on the Unit.
- Provided smoking cessation support groups to interested clients, which was done by the Tobacco Intervention Team.
- Referred interested clients to the Tobacco Intervention Program (i.e., clients were provided with the contact information) to continue their smoking cessation efforts after discharge.
- Enhanced NRT by enabling staff to provide both the patch and gum to clients simultaneously without a doctor's order, unless contraindicated.
- Provided the "Keep It Going" package to clients which enabled them to access NRT upon discharge without a wait time.

CHOICES Program

After the announcement by management in April 2002 that the program would go 100% smoke-free in September 2002, several activities were done to prepare both staff and clients for the transition to a smoke-free program. Following is a summary of the preparations made between April and September 2002:

- Distributed research articles to Program staff related to adolescent smoking, including the effect of adolescent smoking on treatment outcomes.
- Provided presentations to staff explaining the research and responding to staff member's questions and concerns (this was done by Tobacco Intervention staff from Addiction Prevention and Treatment Services).
- Developed guidelines and protocols related to the new policy for the CHOICES program.

- Shared information about the new policy and its implementation with CHOICES referral agents across Nova Scotia, Prince Edward Island and Newfoundland.
- Informed clients about the new policy prior to admission and encouraged them to cut down or stop smoking prior to admission.
- Provided counselling and support to clients around nicotine withdrawal.
- Implemented measures to assess client's level of dependence on nicotine including *Hooked on Nicotine Checklist* and the *Fagerstrom Test*.

During the initial months after implementation of the policy, adaptations were made to improve and refine supports for clients including:

- Provided NRT gum to clients, beginning in January 2003.
- Enhanced educational content related to smoking by emphasizing the effects of nicotine, and improved counselling.
- Established the Nicotine Task Force in September 2003 to monitor the effects of the non-smoking policy and to improve support for clients.
- Improved the Fagerstrom Test and incorporated the measure into the client database.
- Provided NRT patches to clients with a doctor's prescription, which was initiated in the fall of 2003.
- Provided regular chewing gum for clients which was initiated in the fall of 2003.
- Improved education and counselling provided to clients upon intake into the program.
- Implemented a smoking cessation group.
- Implemented acupuncture to help clients deal with stress and cravings.
- Provided smoking cessation counselling and NRT to parents participating in the CHOICES One Day Parent Program which began in October 2003.
- Enhanced the client database in January 2004 by adding four additional questions at client intake to further assess dependence and readiness to quit.
- Provided the NRT patch to clients without a doctor's prescription and began offering NRT to out-clients in January 2004.
- Incorporated clinical progress related to nicotine within the client discharge summaries in the winter of 2004.

CLIENT DEMOGRAPHICS

During the patient intake process information is collected related to the number of clients using the services as well information on age, sex and tobacco use. There were 1279 clients who used the services of the Detox Unit in the year prior to the policy being implemented with 1409 clients using Detox Unit services the first year after implementation of the policy. The number of clients using the CHOICES residence was 65 in the year prior to implementation of the policy with 55 accessing the program in the first year after policy implementation, and 92 using the program the second year following implementation of the policy.

Table one provides the profile of the clients of the Detox Unit and CHOICES Program pre and post policy.

Table 1: Client Demographics

Demographics	Pre Policy	First Year Post Policy	Second Year Post Policy
DETOX UNIT			
<i>Age</i>	Not available	Not available	Not available
<i>Sex</i>	<ul style="list-style-type: none"> • 64% male • 36% female 	<ul style="list-style-type: none"> • 69% male • 31% female 	Not available
<i>Tobacco Use</i>	57%, with 7% unknown	53%, with 7% unknown	Not available
CHOICES PROGRAM			
<i>Age</i>	17 years	16 years	Not available
<i>Sex</i>	<ul style="list-style-type: none"> • 57 % male • 43% female 	<ul style="list-style-type: none"> • 61% male • 39% female 	<ul style="list-style-type: none"> • 66% male • 35% female
<i>Tobacco Use</i>	71%	90%	82%

PROGRAM CHARACTERISTICS

Admission Rates

The admission rates for clients of the Detox Unit and CHOICES Program pre and post policy are presented in figure one. As illustrated, there were little changes in the admission rates for both programs.

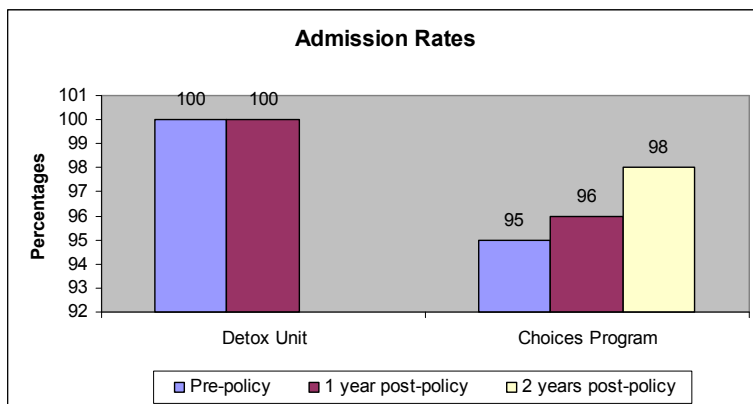


Figure 1: Admission Rates

Length of Stay

The length of stay of clients of both the Detox Unit and CHOICES Program was also examined and as depicted in figure two, there appears to have been little change over time. The length of stay of clients in the CHOICES program went down slightly in the first year after implementation of the policy from 28 days pre policy to 25 days, and then increased to 34 days in the second year post policy (these results were not statistically significant). In the Detox Unit the length of stay of clients remained the same at 8 days pre and post policy.

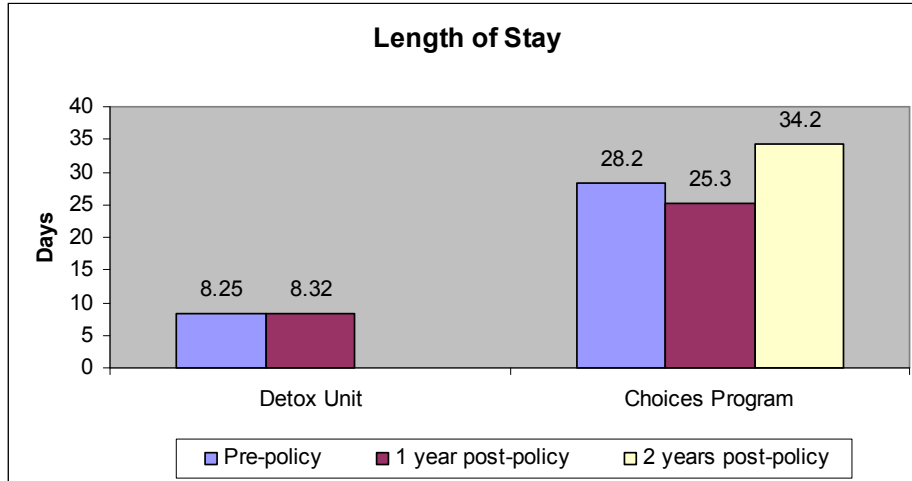


Figure 2: Length of Stay

Reason for Leaving

Reasons for leaving the Detox Unit and CHOICES program are documented based on the following categories: *completed treatment*, *self-discharge*, *discharged by staff* and *other*. As depicted in table two there was little variability in the reasons for leaving the Detox Unit and CHOICES program pre and post policy.

Table 2: Reason for Leaving the Programs

Demographics	Pre Policy	First Year Post Policy	Second Year Post Policy
DETOX UNIT			
<i>Completed Treatment</i>	69%	64%	Not available
<i>Self-discharge</i>	17%	21%	Not available
<i>Discharged by staff</i>	6%	3%	Not available
<i>Other</i>	7%	10%	Not available
<i>Not Available</i>	2%	2%	Not available
CHOICES PROGRAM (n=65)			
<i>Completed Treatment</i>	29%	32%	29%
<i>Self-discharge</i>	25%	21%	22%
<i>Discharged by staff</i>	34%	33%	26%
<i>Other</i>	8%	12%	24%
<i>Not Available</i>	5%	3%	-

Nicotine Replacement Therapy (NRT)

Information on NRT was available for only the CHOICES program clients, with no clients receiving NRT pre policy, 25% receiving NRT the first year post policy and 64% receiving NRT the second year post policy. It is important to note that in the first year post policy data on NRT was not known for 45% of clients and therefore NRT may be under reported in the first year post policy. However we know from the review of documents that NRT was not supplied until later in the year following implementation of the policy, and it appears that more clients were treated with NRT after implementation of the smoke free policy, particularly in the second year.

STAFF PERCEPTIONS

The one on one interviews with the managers and staff of the Detox Unit and CHOICES program gathered qualitative data related to: initial attitudes about going 100% smoke-free and changes over time; impact of the policy on services and clients; challenges and facilitators to policy implementation; and lessons learned. Following is a summary of the findings related to each of these themes.

Initial Attitudes and Changes over Time

Initial Skepticism and Concern

Respondents were asked about their initial thoughts when they first heard that their program would be going 100% smoke-free. Respondents from both the Detox Unit and CHOICES program consistently indicated that they were skeptical and felt that the policy would negatively impact services as clients would not come and/or not stay for full treatment. Some respondents indicated that they thought that it was inappropriate to impose quitting smoking on clients and others described it as “*cruel*” given the other “*more serious*” addictions clients were facing.

I certainly was dead set against it. My belief was that it was enough of a task for our clients to deal with whatever drugs or multiple drugs that they were using, to be withdrawing from those, let alone to take their cigarettes from them. So I had pretty strong feelings about [the policy] when it first surfaced a number of years back...I was fairly adamant that this was actually ridiculous, if not verging on being cruel...to force a captive audience to quit smoking.

While everyone acknowledges that smoking is harmful and not a positive thing and will cause harm to one's health, I think putting that in perspective of our clients who may be addicted to other drugs that result in getting kicked out of school, kicked out of home, having legal charges, putting themselves at risk for being abused or homeless...while there is harm [with tobacco use], it's not as immediate as maybe some of the harm they were experiencing with other drugs. So is it worth forcing them to give up this when it means they may not get treatment for the other things that are causing them harm right now?

Perception that the Policy would Negatively Impact Treatment

Some respondents from both the Detox Unit and CHOICES program also indicated that they thought the policy would negatively affect treatment by taking the focus off treatment of other drugs, and would result in behaviour problems among clients, and create an unsafe environment for staff.

I thought we would have a lot of angry clients, a lot of behaviour problems to manage and that it would take the focus off of the treatment and the clients would be consumed with nicotine withdrawal.

There was a lot of concerns [about the policy]... a concern of staff of what effect the policy was going have on client behaviour within residence. Just in terms of acting out behaviour, verbal and physical acting out. There were concerns that they are already dealing with the withdrawals from other drugs that they were using and very often the smoking was interpreted as a tool to help them deal with those other cravings and also to deal with some of the issues that they were working on while they are in treatment...smoking was [viewed] as another way to handle the stress and withdrawal of what they were facing in treatment.

We work very hard in treatment centres to not have the underground stuff and when they don't have something such as cigarettes then you run the risk of having the underground. My interpretation of one of the major concerns is that we're going to be spending our time dealing with the underground smoking issues and not having time to spend on the therapeutic type of environment that we create with residents.

Positive Attitude and Satisfaction with the Policy after Implementation

When asked if their perceptions of their program going 100% smoke-free had changed over time, respondents from both the Detox Unit and CHOICES program consistently indicated that their attitudes and perceptions had improved, with all indicating that they were generally satisfied with the policy. Respondents noted that today the policy is generally accepted and clients and staff have become accustomed to it and now consider it “*the norm.*”

Was I very resistant? Absolutely! Am I really happy now that we've gone smoke-free? Again, absolutely. So, yes I have changed. I am quite happy.

We were surprised that it went as smoothly as it did. It was almost without a hiccup. The negatives that were anticipated with behaviours and verbal abuse...it didn't happen.

Initially, I really thought it was going to be a problem. Mostly because of ignorance more than anything else. I've spent a lot of time reading over the last three years, how smoking impacts relapse prevention and that sort of thing. So now, I'm more knowledgeable, therefore I think it's a good thing.

It wasn't as bad as we thought as far as the underground business (clients seeking tobacco products). The first couple of months were the roughest...during those months we sharpened, we tweaked, we did whatever we needed to do to bring people that were on the fringes on board...all the things that we thought would happen happened but not to the degree that we expected.

Impact on Program and Services

After discussing their initial reaction to going 100% smoke-free, interviewees were then asked how they thought the policy had actually impacted programs and services with respondents discussing the fact that the policy had not negatively impacted services, and in fact had generally improved programs.

No Adverse Impacts

Respondents from the Detox Unit consistently discussed the fact that implementation of the policy went relatively smoothly with very few issues. Several respondents indicated that while some clients have left due to the fact that they cannot smoke, this is a small proportion, and these clients may have left anyway and simply use the fact that they cannot smoke “*as an excuse to leave treatment.*” It was consistently noted that the 100% smoke-free policy has not appeared to impact admission rates or length of stay.

Truly, I was shocked that it actually has worked. The percentage of people that do leave because of smoking is very low. When we do our intakes, everybody is told that it is a smoke-free environment...but people want to get off of whatever they are on and they accept it [the smoke-free environment].

The one thing I can say is that I am quite happy that we have gone smoke-free and I think it has benefited the clients. I don't think there has been any large adverse impact. There is a minor one to some of the clients that are absolutely adamant that they have to smoke, but those numbers are very low.

CHOICES program staff also generally indicated that the policy has not negatively impacted their services, including length of stay and admission rates, although there are still some clients who continue to smoke during programs outside of the residence which poses challenges for implementing the policy.

It was not nearly as bad as I thought it was going to be. We get the odd client who hasn't had the work up prior to coming here that we're smoke free...because we treat clients from across the province...so they take advantage.

I think it's been much more manageable than we thought. There certainly are challenges. There's no doubt about it, but it certainly is manageable. And I certainly, looking back I think it was a good decision to do that. And I certainly support that decision. I am satisfied with the policy. I think there are still some areas in terms of managing the policy that we need to work on, but the policy itself I am satisfied with.

Improved Services

Respondents from both the Detox Unit and CHOICES program discussed improvements that had occurred as a result of the smoke-free policy including:

- Clients attempting to or actually quitting smoking, with some leaving the program on NRT – *“and surprisingly there are people that actually leave here after being detoxified and quit smoking”*.
- Creation of a healthier, *“cleaner”* environment for both staff and clients.
- Improved recovery for some clients as smoking can be a hindrance to recovery from addictions to other drugs – *“I think we're more on track in terms of talking about harm in all areas of the person's life.”*
- Greater focus among some clients during group sessions or one on one counselling as they are not *“watching the clock”* and waiting to have a cigarette – *“Now that we don't have a smoke break, there's not as much of 'I've got to get out of here kind of feel', and they actually work up until somebody says it's break time.”*
- Incorporation of smoking cessation into withdrawal management and relapse prevention– *“it flows into the whole picture of treatment.”*
- Improved health for some clients and as noted by a CHOICES program respondent – *“the health benefits have been significant.”*
- Incorporation of smoking cessation aligns with the philosophy of the program which takes a holistic approach to treatment – *“I believe that not addressing the tobacco issue as part of our treatment, we would have been selling the kids short.”*
- Improved quality of sleep for some clients as they are not staying up late and using the smoking room.
- Some staff have quit smoking, perhaps due to the 100% smoke-free policy.

Challenges to Policy Implementation

Program Structure and Consequences for Clients Who Smoke

Unlike the Detox Unit, where clients do not leave the facility, clients of the CHOICES residence do have the opportunity to leave the facility to take advantage of other services (e.g., individual activity programs). Therefore clients have the opportunity to smoke during these times away from residence and some take advantage and smoke even though they are not supposed to. It was noted that “policing” whether clients are smoking is challenging and it is difficult to keep clients from having a cigarette.

There's certainly been a lot more manipulative behaviour in terms of dealing with managing clients smoking once they get more freedom in the program...it's much easier as a staff member to detect if somebody has been smoking up or using pills or alcohol than it is for somebody who is smoking.

It was also noted by CHOICES program staff that there is inconsistency in how clients are dealt with when caught smoking outside of residence, which poses challenges for implementation of the policy and remains an ongoing concern.

I guess the question is that if [clients get caught more than once] is that considered non-compliant and do we discharge them from the program or not? So I think that's what

people are struggling with. So I think that is our biggest struggle now is should nicotine be treated the same as the use of other drugs.

Respondents from the Detox Unit discussed the fact that some clients smuggle cigarettes into the program, although it was noted that this is just the “*odd client*.” One respondent in the Detox Unit indicated that while some clients have received a warning for smoking that after one warning clients generally abide by the policy, and no one has ever been discharged because of smoking.

Staff Ambivalence and Lack of Staff Support

It was consistently noted by CHOICES respondents that staff ambivalence is a challenge to implementation of the policy. In discussing this challenge, respondents indicated that if clients sense that some staff are not committed to the policy they take advantage and find ways to smoke. Some respondents elaborated and indicated that a few staff convey that it is okay to smoke and do not enforce the rules when kids are caught smoking and this inconsistency sends a message to clients that it is acceptable to smoke while away from the residence.

If we give the kids that we work with any ambivalence what so ever, they have a tendency to go with that. So if you're not 100% convinced that this is a good thing, than they hear that ambivalence in your voice and they'll go with it...there are kids that say 'I know you don't truly believe in this so I'm going to go with that and I know the consequences will be weak at best'. It challenges our program because then we have kids who use their 45 minute walks for smoking. They use their individual activity plans for smoking knowing that when they come back there's not as much of a consequence to their behaviour as there could be.

I think there's still a fairly wide range of views on how nicotine should be handled in programs and I think we need to become a little more consistent in how we handle it or be more on the same page.

Some of the CHOICES program staff indicated that greater leadership and direction from management would be beneficial in resolving some of the inconsistencies in terms of how nicotine should be handled including consequences of clients' smoking during programs.

I think keeping it too loose [treatment of nicotine and enforcement of the policy] is creating some problems for us...more direction from management about how we are managing the policy would be helpful.

Detox Unit respondents also discussed lack of staff buy-in as a challenge, although this seemed to be less of an issue than in the CHOICES program, and interviewees from the Detox Unit indicated that even though some staff did not fully agree with the policy, they still supported its implementation.

Lack of Support for Clients

While the Detox Unit staff consistently indicated that they felt clients received adequate support for nicotine withdrawal and smoking cessation efforts, some CHOICES program respondents felt that client support could be improved. It was noted by CHOICES program staff that sometimes the challenges youth face in quitting smoking are not recognized as they are with adults, and therefore youth do not receive sufficient support in their quit attempts.

[I think youth need] more *support in terms of normalizing their withdrawal process, normalizing the difficulties they're having with quitting. It is a really tough thing and more support is required in terms of what their body is going through. It doesn't matter whether you're 65 or you're 16, if you've been smoking for five years you're addicted to nicotine and you need the same withdrawal management.*

CHOICES program staff indicated that group support programs or informal sharing sessions may be beneficial for some clients.

Brief information sessions and feedback sessions on how they feel things are going in the first couple of weeks...I think we could probably be doing a better job of that.

Lack of Parental Support

Some CHOICES program staff indicated that lack of parental support challenges the 100% smoke-free policy. Respondents indicated that parents often view smoking as a minor issue compared to the other problems their child is facing and don't support the policy. Further, some of the parents who smoke do not view smoking as a significant issue and do not understand the negative consequences smoking can have on recovery from other addictions.

You have kids who are being suspended for smoking and then parents buy their cigarettes on the way out the door. It kind of defeats the purpose.

Lack of Preparation

While Detox Unit respondents consistently indicated that the preparations to go smoke-free were adequate, some CHOICES program respondents indicated that there was not enough preparation prior to implementation of the policy. Specifically, a few CHOICES program respondents indicated that there needed to be: more education for referral agencies about the policy; education of staff about why the policy was being implemented and the connection between smoking and relapse prevention; discussions with staff about attitudes towards the policy; and optional smoking cessation support groups for clients.

The referral agencies were told that we were smoke free but they weren't given a whole lot of information about it and hence initially we had a lot of problems with kids coming and smoking because there weren't prepared or as prepared as they are today. So the preparation wasn't there, because we did it at CHOICES a lot faster than Capital Health.

[There needed to be] *more education of staff beforehand and having a candid discussion on how people feel, not just because somebody is telling you that this should be a policy but how you truly feel about nicotine and its part in our culture...that it's not just thrown at you...It's okay to say this is the way it will be but [more discussion about] these are the reasons why.*

Some people said staff should have had more input. We were just told that we were going smoke-free as opposed to having any input into it. There were some who felt that way. Some will say that we should have had more time to discuss and prepare. But I guess the counter argument is that all the time in the world, if you're against it anyway, will not make a difference.

However, other CHOICES respondents felt that staff were provided with sufficient information and adequately educated:

There was a lot of information given to staff...presentations that talked a lot about the harmful impacts...that was really positive to get that information and that was wonderful...I think that's the number one thing that helped us when we implemented the policy.

CHOICES program respondents consistently discussed the challenge of lack of NRT for program clients when the policy was implemented. Respondents indicated that initially the patch was not available as it wasn't approved for clients under 18 years of age and although the gum was available, there were strict policies around its use. Further, once the patch was approved, clients required a prescription to access it which was a barrier to its use as many of the CHOICES program clients do not have a family doctor through whom they can access a prescription. All of the CHOICES program respondents stressed the importance of having guidelines and protocols established related to NRT.

I think that could have been something that was done a little better in the preparation stage...that we should have had the patch pre-approved when we slapped down the no smoking policy...because it's something that really helps out the client. [We have now] broadened our policy around the Nicorette gum and the patch which really is great because it is set for clients.

[NRT within the adolescent population] was new to everyone, there wasn't a lot of testing done with the adolescent population. So there was a lot of concern [among staff] about [safety]. And then not having access to them at all in the beginning was a challenge. If I was going to recommend to somebody else who was doing it, I certainly would have all those medical protocols in place before you start the policy. I think that would have made all the growing pains a lot less.

Acceptance of Tobacco Use and Lack of Motivation to Quit

It was consistently noted by CHOICES program respondents that both clients and their parents, and some staff do not view nicotine as a drug and as previously noted, tobacco is viewed as much less harmful than the other drugs clients are using. Detox Unit staff also indicated that this was initially the view of some when the policy was implemented but did not report it as a current challenge to their services. However, CHOICES program staff generally indicated that it remains a challenge for them in terms of implementing the 100% smoke-free policy and supporting clients with quitting smoking.

The clients aren't understanding that it is a drug and that's a big impact on our program because then they feel that they should still be able to use while they're here.

The other challenge was around the attitude that tobacco is in fact a legalized substance and discharging or dealing with that as a contraband was morally difficult for some people, especially if they are reformed smokers themselves.

A few CHOICES program respondents also indicated that many of their clients are not ready or motivated to quit smoking and research indicates that if a person is not motivated to quit, it is challenging to stop smoking.

You can provide as much information as your want, but if someone is not motivated to change then it's really challenging.

Staff Smoking

A few respondents in the Detox Unit discussed the fact that staff who smoke may come back from a break smelling like smoke and then do one on one counselling with clients, which they felt was inappropriate.

It is inappropriate for us to be working here and going to lunch and drinking [alcohol] and coming back to work and doing one on one counselling or group education and breathing booze breath on somebody suffering from withdrawal... [it is the same with smoking]...I don't think it's appropriate to go out on a break, smoke and come back and do one-to-one counselling and smelling of cigarettes.

It was also noted by a few CHOICES program respondents that clients often pass by both staff and clients of other programs who are smoking when they leave the grounds, and this sends a message that it is acceptable to smoke.

We're telling our kids that they have to stop smoking and it's Capital Health policy but all these 14 or 15 year olds are walking by adults who are smoking their brains out. That makes it tough for us. And half the time that's where they get their smokes from. They bum them off these people.

Facilitators of Policy Implementation

Respondents from the Detox Unit and CHOICES program were asked what had helped policy implementation with the following discussed:

- Educating clients about the policy during the intake process and also informing them of the supports available to assist them in quitting.
- Providing NRT, counselling and education for clients.
- Providing hard candy, regular chewing gum and healthy snacks for clients.
- Educating staff about the policy including the rationale for why the programs were going 100% smoke-free and how clients would be supported.
- Providing staff with the opportunity to discuss their concerns and allowing staff to “vent”.
- Developing a plan and ensuring there was enough “lead time” to discuss the policy and transition to a 100% smoke-free environment.
- Staff adherence to the policy and guidelines even though many were initially skeptical.
- The fact that the policy was part of Capital Health's overall policy (i.e., not particular to the Detox Unit or CHOICES program) and was mandatory with no exceptions or leeway, and the provincial smoke-free places legislation.
- Establishment of a team or committee to review and address issues, “work out kinks”, and problem solve which was done in the CHOICES program after the policy was implemented and has been very useful.

The Detox Unit respondents were generally more positive about the initial implementation of the policy and consistently noted that preparations were adequate and facilitated a relatively smooth transition. CHOICES program staff tended to be less positive about the initial transition process and indicated that client and staff education, and the establishment of NRT for clients were enhanced after the policy was implemented, and these enhancements were beneficial.

Lessons Learned

Respondents were asked to describe the top three lessons learned related to implementing a 100% smoke-free policy with the following identified:

1. Implementation of the policy was not as difficult as originally envisioned or “*an insurmountable thing*” and it is important “*not to make assumptions of what is going to happen because I think we made a lot of assumptions of how difficult it was going to be and surprisingly it wasn't*”.
2. Development of a plan with a target date and ensuring sufficient time to prepare is critical, and the following should be included in preparations:
 - a. Staff education and discussions to help build understanding and foster buy-in which is important in implementing the policy and facilitating compliance with the policy.
 - b. Inform clients about the impending policy and reassure them about the supports that will be available to them in going smoke-free.
 - c. Provide supports for clients that include NRT, counselling and group education, and hard candy, chewing gum and healthy snacks (NRT was consistently noted as important by both Detox Unit and CHOICES respondents, and CHOICES staff emphasized the need for clear guidelines and policies related to its use, particularly since these are not as well established for youth).
3. Having an overall organizational policy helps to justify going 100% smoke-free to clients and staff, and once the decision is made to go 100% smoke-free consistency is critical.
4. Having clear guidelines and protocols for clients who are caught smoking, and consistency in the enforcement of these guidelines and protocols is key (similar to other drugs).

KEY OBSERVATIONS AND CONCLUSIONS

OBSERVATIONS

- The 100% smoke-free policy did not appear to impact admission rates or length of stay to the Detox Unit or the CHOICES residence. Although the length of stay initially went down somewhat in the first year post implementation of the policy within the CHOICES residence, this was not statistically significant and the rate increased in year two.
- Originally staff of both the Detox Unit and CHOICES program were concerned that the smoke-free policy would negatively impact their services and clients in terms of both admission rates and length of stay. Further, staff believed that the new policy would also result in behaviour problems among clients and preclude effective treatment of other addictions. However, the qualitative data clearly illustrates that this was not the case and although there were some initial issues that had to be resolved, overall implementation of the policy went smoothly.
- The qualitative data indicate that there have been improvements to treatment services and outcomes, and enhanced overall client and staff health as a result of implementation of the policy.
- It appears that the CHOICES program faced more challenges than the Detox Unit during the initial stages of policy implementation, which is related to the fact that guidelines and protocols for NRT for youth had not been well established in the literature and the program was forging new territory in this area. Therefore clients did not have access to the patch in the first few months of the policy and the guidelines around the use of gum were restrictive. In addition, the structure of the program where clients have freedom to leave the residence to access other activities provides opportunities for clients to smoke as they are away from the facility and grounds (unlike clients of the Detox Unit that do not have such opportunities), which is a further challenge faced by the CHOICES program. Therefore more of the CHOICES program clients compared to Detox Unit clients appear to break the policy and smoke while in the program.
- There is variability in how CHOICES clients that do not abide by the smoke-free policy are dealt with, and there appears to be growing difficulties in enforcing the policy due to this inconsistency among staff. It would be valuable for management and staff of the CHOICES program to address this issue, and establish clear guidelines related to enforcement, similar to what exist for other drugs.
- Both the Detox Unit and CHOICES program developed and implemented several strategies to prepare for the implementation of the policy and this planning included discussions with and education of staff to build understanding and foster buy-in. Supports for clients were other key features of the preparations including NRT and education both of which are critical for successful policy implementation. In addition, monitoring the successes and challenges of the policy is important to continually improve and enhance its effectiveness.

CONCLUSIONS

Capital Health implemented a 100% smoke-free policy for all facilities in January 2003 which was extended to include the grounds in May 2003. It has now been over two years since the policy was implemented in the Detox Unit and CHOICES program with few negative consequences experienced. Admission and length of stay rates have not decreased, which was a surprising and welcome finding for staff and managers who initially had grave concerns about the policy and the impact it would have on program services and treatment outcomes. The current evaluation findings are based on quantitative data from year one post policy for the Detox Unit and year one and two post policy for the CHOICES residence. There would be value in continuing to monitor these quantitative data over time.

Although data such as admission rates and length of stay are rigorously collected and generally complete, other data such as smoking rates, level of addiction and NRT replacement are not as well documented. There would be value in monitoring these variables over time to assess whether the policy is in fact assisting clients to cut down their tobacco use and/or helping them to quit. The qualitative data suggest that the policy has been the impetus for decreased levels of smoking among clients which has important policy and program implications.

Capital Health has developed a tobacco control strategy that encompasses a comprehensive multi-sectoral approach addressing policy and legislation, prevention and education, support for cessation, youth programming, and community initiatives. Research and best practices evidence indicates that such a multi-pronged approach is critical to address the complexities of becoming tobacco free. The current evaluation illustrates that both the Detox Unit and CHOICES program incorporated key health promotion strategies such as education and capacity building in implementing a 100% smoke-free policy which has resulted in advancement of tobacco control efforts among high risk populations with well above average rates of tobacco use. The policy also supports a safer and healthier environment for both clients and staff of Capital Health.

APPENDIX 1: INTERVIEW GUIDE

Evaluation of Capital Health’s Smoke-Free Policy of the Detox Unit and CHOICES Programs

Program Manager and Staff Interview Guide

Name of Interviewee: _____

Program: _____

Date: _____ Interviewer’s Name: _____

Purpose and Objectives of the Interviews

The purpose of the interview is to obtain input from the managers and staff of the Detox Unit and inpatient CHOICES program about the impact of Capital Health’s smoke-free policy on their programs. Specifically the interview will: explore experiences with implementation of the 100% smoke-free policy and its impacts on their programs’ clients; explore attitudes about the 100% smoke-free policy and changes over time; and identify lessons learned and recommendations.

Introduction

In their introductory remarks, the interviewer should include the following points:

- This interview is part of the process of evaluating the impact of Capital Health’s smoke-free policy on the Detox Unit and the CHOICES inpatient program.
- The objectives of the interview are:
 - To assess your experiences with implementation of the 100% smoke-free policy and its impact on clients.
 - To explore attitudes about the 100% smoke-free policy and changes over time.
 - To identify lessons learned and recommendations about how to continue to support clients in the program.
- The responses given in the interview will be kept anonymous. Although we may use quotations in the final report to help illustrate important points, these quotes will not be attributed to any specific person.
- To aid in analysis of the data, we are tape recording the interviews – ask for permission to record.
- Ask the interviewee if they have any questions before proceeding with the interview.

Scripted remarks for the interviewer to use for introducing questions are presented in italics below, while the actual questions are in non-italic text.

I would like to begin by asking you a few questions about your impressions of the smoke free policy at Capital Health.

1. What were your thoughts when you first heard that your program would be going 100% smoke-free? Please describe.
Probe: How did you **think it** would impact your services? Clients?
2. What **has been** the impact of the non-smoking policy on the clients in your program? Please describe.
Probes:
 - No impact.
 - Do you think it has impacted referral rates? Length of stay?
 - Challenged or hindered the effectiveness of your programs? Please explain.
 - Improved the effectiveness of your programs? Please explain.
3. Have your perceptions of your program going 100% smoke-free changed over time?
Probes:
 - Why or why not?
 - What are your thoughts about the policy today?
 - How satisfied are you with the policy?

Now I would like to discuss the implementation of the 100% smoke-free policy.

4. What worked well in implementing the policy?
Probes:
 - What helped your program in going 100% smoke-free?
 - Do you think the preparations to go smoke-free were adequate? Why or why not?
 - If not, what else could have been done to better prepare your program to go 100% smoke-free?
5. What were the challenges in implementing the policy? Please describe.
Probes:
 - What was done to overcome these challenges?
 - Is there anything else that needs to be done?
 - Do clients receive enough support? If not, how could this be improved?
 - Do you feel supported in treating tobacco dependency? If not, what do you need to better support your clients?
6. If other programs such as yours were going to implement a similar policy, what would you recommend to them?
Probes
 - What were the most important lessons learned?
7. Is there any other feedback or comments you would like to share with us?

Thank you for taking the time to answer these questions and provide your insights.