

## No smoking policies may present challenges to treatment centers

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When a new tobacco-free policy was instituted at an Ohio women's substance abuse treatment center, both smokers and non-smokers were more likely to leave treatment early in the first few months after the policy change, a new study found.

The results don't mean treatment centers shouldn't try smoking bans, according to the researchers, but they do highlight the challenges involved with implementing a new policy that goes against years of conventional thinking.

Researchers found that the number of patients who completed a program at the women's treatment center decreased 28 percentage points – from 70 to 42 percent – following the center's implementation of a tobacco-free policy.

"Following the implementation of the new policy, clients were significantly less likely to complete treatment than they were prior to the adoption of tobacco-free policies," said Thomas Gregoire, co-author of the study and associate professor of social work at Ohio State University.

This treatment center was the first to go tobacco-free in Ohio, Gregoire said. Tobacco-free treatment facilities began in New Jersey during the 90's and they are now making their way to other parts of the country.

"Despite the growing body of research about the problems of smoking in treatment facilities, the use of [tobacco](#) still retains a protected status in

the addictions community and is largely untreated," said Gregoire.

The study appears in the current issue of *Journal of Social Work Practice in the Addictions*.

Treatment facilities tend to allow patients to smoke because many officials believe that treating a person for smoking in addition to other [substance abuse](#) would be too difficult and most likely result in failure, Gregoire said. Treatment centers may also fear that a smoking ban could cause them to lose business.

Many patients use cigarettes as a crutch to help them cope while trying to defeat other addictions, although smoking may be just as much of a problem.

"You behave very similarly with a cigarette as you would with any other drug," said Gretchen Hammond, who works for Amethyst Inc. in Columbus, Ohio and collaborated with Gregoire on the research. "So, for example, if I'm having a bad day I'll try to smoke it away verses talking to someone or going to therapy and working on the problem."

"Just like any other substance abuse, smoking is more than just a habit - it's an addiction. But, cigarettes are still commonly used today by treatment facilities as a means of maintaining sobriety within patients," Gregoire continued.

"In our study, 78 percent of the patients were tobacco-users," said Hammond. "The leading causes of death in chemically dependent persons are tobacco-related illnesses, which is why it is so important that treatment facilities offer treatment from all substance abuse, including smoking," Hammond said.

Looking at past records in a sample of 401 women, 147 of them

admitted within the first 18 months of the study -- when tobacco was allowed -- and 214 women admitted within the last 18 months -- when tobacco was banned from the premises – the researchers found that success rates dropped within the first 3 months after implementing the policy.

The center had an average success rate of 70 percent over the first 18 months, and this dropped to an average success rate of 42 percent by the end of the first 90 smoke-free days, Gregoire and Hammond noted. Not only did success rates drop, but the average number of days that patients remained in the program fell from 61 to 48 days. The center allowed a maximum of 90 days stay for their patients.

Gregoire and Hammond found that the rate that [smokers](#) checked themselves out before successfully completing the program increased after the tobacco-free policy. But the number of early checkouts for nonsmokers also increased after the center instigated the policy.

They noticed that 20 percent of smokers and 7 percent of non-smoking clients checked out early when the facility allowed tobacco. Those numbers increased to 42 and 22 percent respectively after the policy was issued.

In addition to client-initiated discharges, the rate of staff-initiated dismissals also experienced an initial increase during the first 90 days following the policy's implementation – increasing approximately 5 percentage points regardless of whether the patient used tobacco.

After the first 90 days, the staff-discharge rate decreased close to its original rate before the policy, while the client-initiated discharge rate remained unusually high.

"General climate and the sense of dissatisfaction in the treatment agency

at the time of the initial implementation could pose as a possible explanation for the higher rate of staff-initiated discharges," said Gregoire.

This initial increase in program failure rates may discourage facilities from implementing a tobacco-free policy because of the loss of revenue, said Gregoire. However, past research has proven that treating patients for tobacco and other substance abuse is most likely the best choice for the patient in the long run.

Provided by The Ohio State University

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