Reaction to 'Integrating smoking cessation care in alcohol and other drug treatment settings using an organizational change intervention

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Letter to the Editor

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REACTION TO 'INTEGRATING SMOKING CESSATION CARE IN ALCOHOL AND OTHER DRUG TREATMENT SETTINGS USING AN ORGANIZATIONAL CHANGE INTERVENTION: A SYSTEMATIC REVIEW' BY SKELTON *ET AL.* (2018)

In their review of organizational changes required to achieve smoke-free environments in drug and alcohol treatment programmes, Skelton *et al.* [1] argue for the integration of as many strategies as possible. From our experience, we would argue that a radical change in treatment culture has to occur based on a paradigm shift in thinking about smoking tobacco.

Our opinion is based on the experience of the implementation of a completely smoke-free policy in our own organization [2] (approximately 1000 staff, more than 10 000 patients treated yearly), which started in 2013 and is still ongoing. At the start of this cultural change, smoking was integrated into our treatment culture; we had structured 'smoking breaks' as part of the treatment programme, staff and patients smoked together, and tobacco was provided to our patients when considered 'necessary'. Also, smoking rates among staff and patients were high: approximately 41% of our staff [3] and 79% of the patients smoked [4].

We began by discussing the issue of becoming smoke-free with our staff and patients. It seemed to us that the main reason behaviour changed was not the fact that smoking is a harmful habit, but the realization that tobacco addiction is a 'real' addiction, as is addiction to alcohol and drugs. As we consider ourselves to be experts in addiction treatment, our staff became motivated to help the patients with not only the classic addictions, but also tobacco addiction.

In one of our in-patient clinics, the staff decided at the end of 2016 to become completely smoke-free. This meant that tobacco addiction would be treated in exactly the same way as other addictions. For example, the clinic is alcohol-, drugs- and tobacco-free; and we do not use the term 'smoking cessation support', but instead refer to 'tobacco addiction treatment'. Because the staff's own behaviour during work hours is essential to induce a behavioural change at our patients, the staff decided to stop smoking themselves during work.

For implementation of the strategy we used the systematic approach of the Global Network For Tobacco Free Health Care Services (www.tobaccofreehealthcare.org). This approach is based on eight evidence-based standards, namely: (1) governance and commitment, (2) communication, (3) education and training, (4) identification, diagnosis and tobacco cessation support, (5) tobacco-free environment, (6) healthy work-place, (7) community engagement and (8) monitoring and evaluation. Use of these standards ensured that we did not overlook potentially important options during the implementation process.

Within 1 year this clinic became completely smoke-free. The staff do not smoke during working hours and all patients with a tobacco addiction are treated for this [audit Global Network, March 19th, 2018]. The long-term effect on smoking cessation is not yet known; this also depends upon the follow-up out-patient care and regional and national tobacco control [5].

Declaration of interests

None.

Keywords Addiction care, implementation, organizational change, smoke-free, smoking, tobacco, tobacco addiction treatment, tobacco-free.

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