

Andrea Chmitorz, Dr. Karin Metz, Carolin Donath, Stephanie Flöter, Daniela Piontek, Sabine Gradl, Dr. Christoph Kröger  
IFT Institut für Therapieforschung, München

## BACKGROUND and AIMS

### Background:

- It was demonstrated that tobacco policy is connected to smoking prevalence in companies and public buildings. Smoking bans (Fichtenberg and Glantz, 2002) and restrictive structural measures (Serra, Cabezas, Bonfill and Pladevall-Vila, 2000) are very effective in order to reduce smoking.
- Structural based interventions seem to be an efficient way to increase cessation rates and the multi-level intervention is regarded the most promising way. Supported by management and executives, it seems even more successful. (Serra, Cabezas, Bonfill and Pladevall-Vila, 2000)
- In alcohol addiction treatment centers, individual specific smoking cessation interventions, do not seem to be effective in the subgroup of smokers (Metz et al., 2006; Prochaska et al., 2004). The implementation of a multi-level intervention and its influence on structural measures and tobacco policy has not been investigated in the setting of alcohol addiction treatment centers, so far.

### Aim:

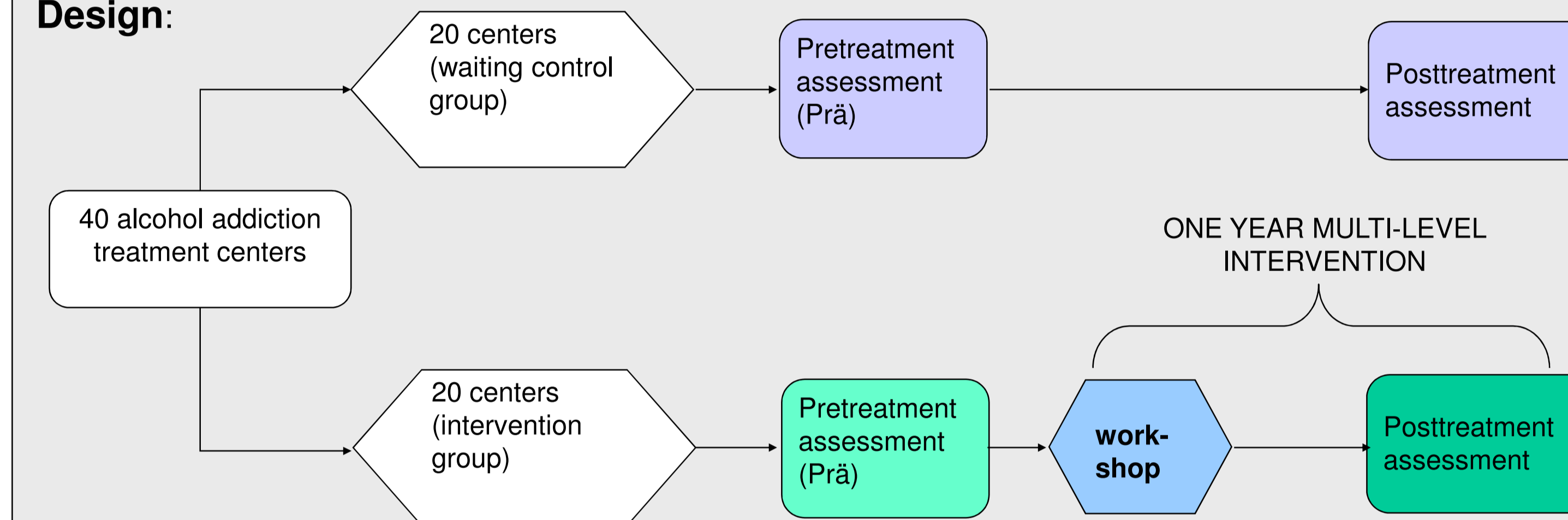
- To test the effectiveness of a multi-level intervention to improve tobacco policy in alcohol addiction treatment centers.

## METHODS

### Sample:

**Pretreatment:** Data of N= 200 employees from 40 alcohol addiction treatment centers  
**Posttreatment:** Data of N=184 employees from 38 centers (matching pre-post: N=115)  
→ 10 employees were excluded because the center dropped out before posttreatment assessment.  
→ 6 employees left the center and were no longer available for assessment.

### Design:



### Instruments:

Tobacco policy was measured by a modified questionnaire, developed from evidence and recommendations of international guidelines (ENSH, 2003; Fiore et al., 2000; Hopkins et al., 2001; Task Force on Community Preventive Services, 2000; U.S. Department of Health and Human Services, 2000).

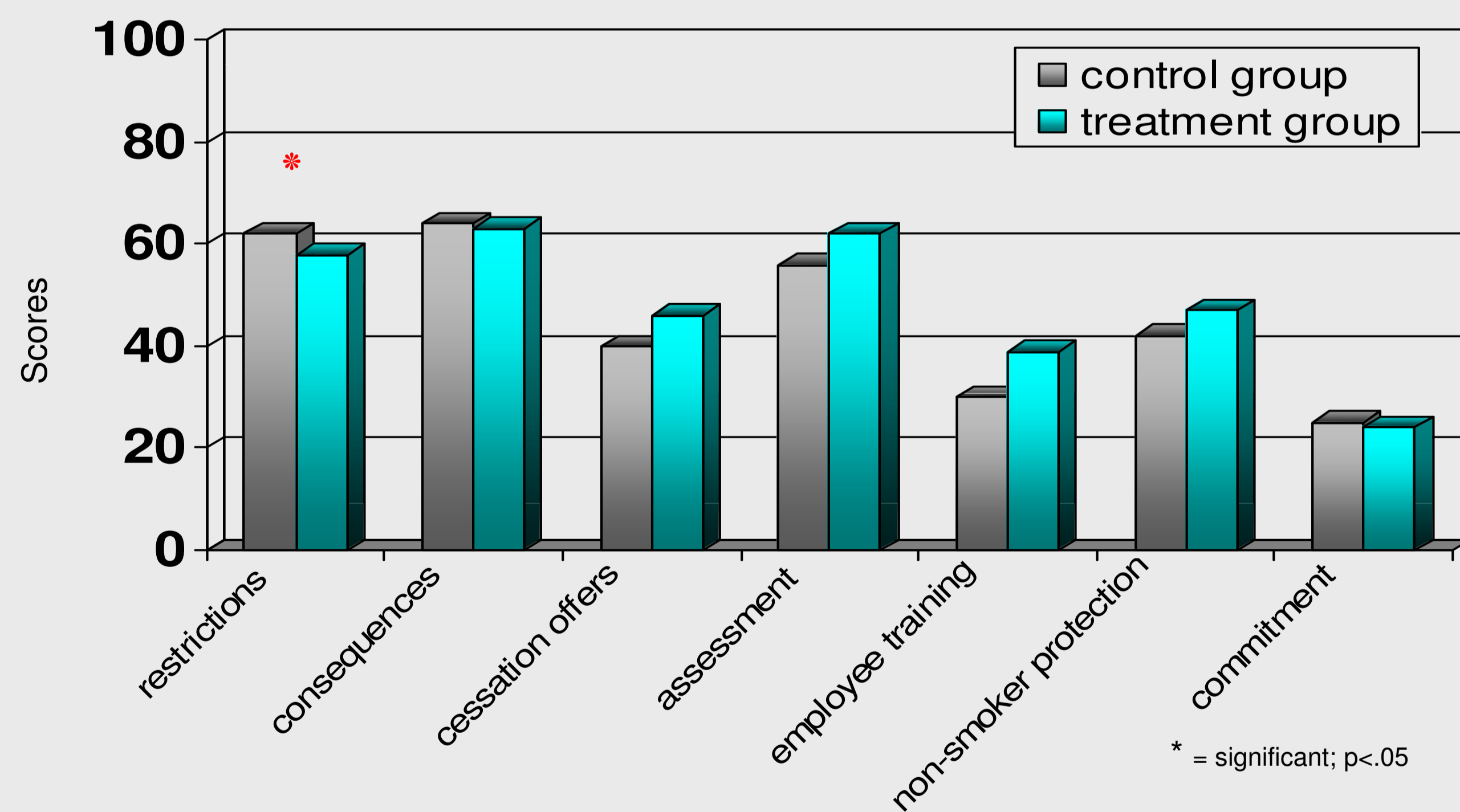
Tobacco policy was divided in seven category groups:

- Smoking restrictions
- Consequences
- Assessment of smokers
- Smoking cessation offers for patients
- Smoking-related training of employees
- Non-smoker protection
- Commitment of center

Each group consists of 5-12 categorial items („yes“, „no“, „I do not know“), where „yes“ answers were counted. In order to make the counted values comparable, they were transformed on a scale from 0 to 100.

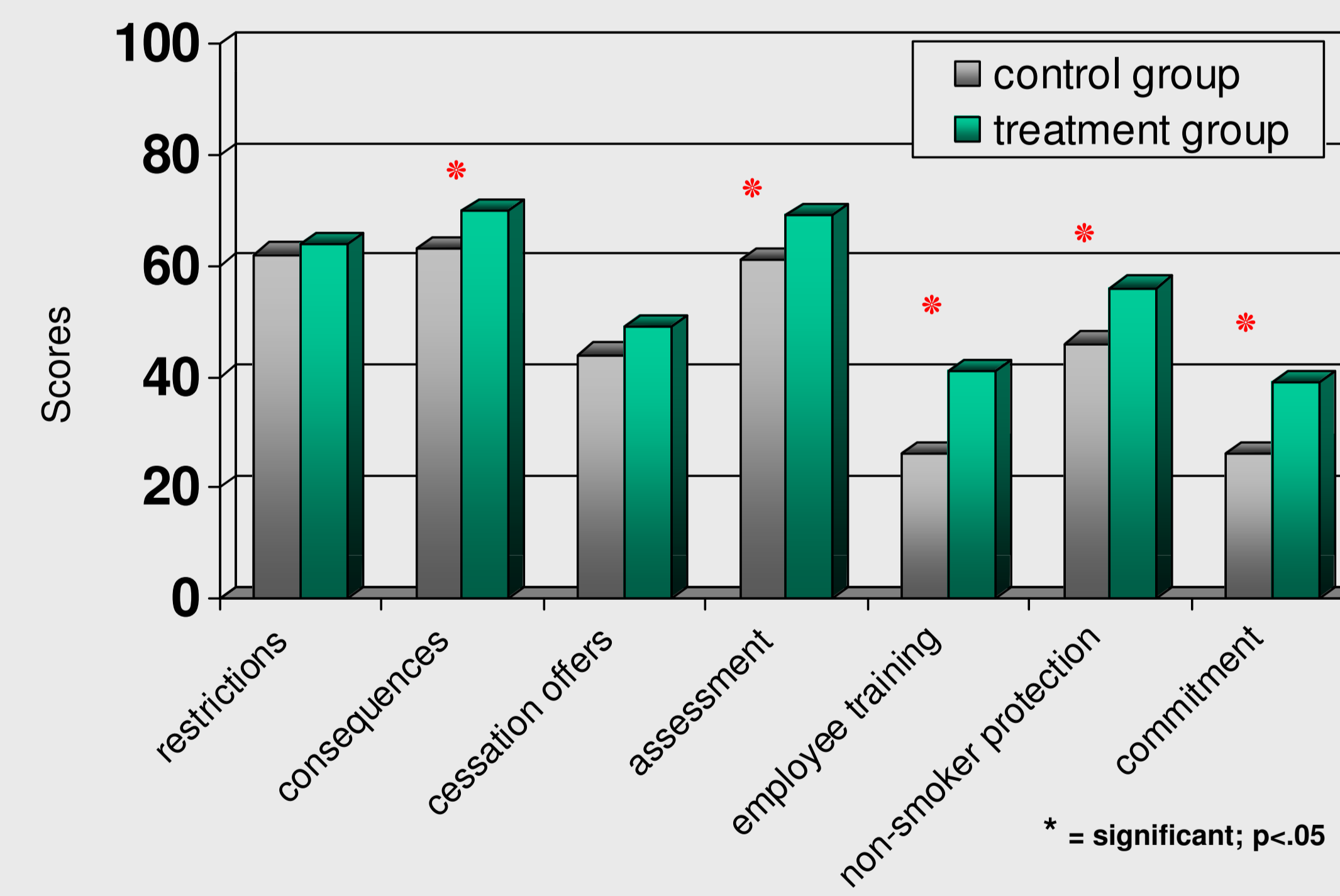
## RESULTS

### 1. pretreatment assessment



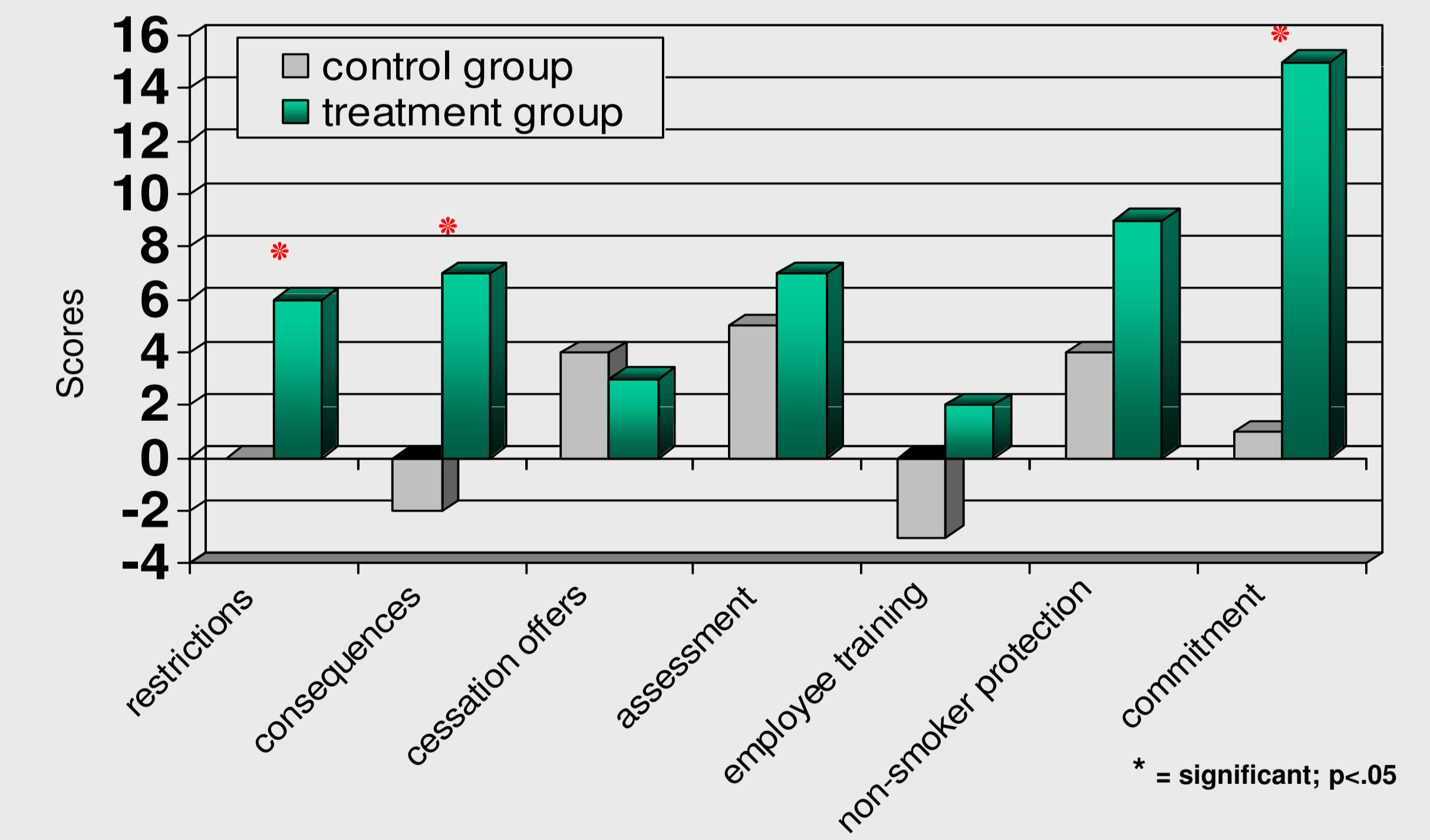
➔ Except from smoking restrictions, there was no significant difference between experimental and control group before intervention

### 2. posttreatment assessment



➔ After intervention, the posttreatment assessment demonstrates significant results in the category groups: consequences, assessment, employee training, protection of non-smokers and commitment

### 3. Differences in changes over time



➔ Every category in the 1 year multi-level intervention group increased more than the group without intervention

## DISCUSSION

- Effect of multi-level intervention:** One year of multi-level intervention has a significant positive influence on tobacco policy.
- Effects despite political changes at the national level:** Despite the recent political improvements, the multi-level intervention had an additional positive effect on the treatment centers' tobacco policy. It indicates, that the training itself had an influence on tobacco policy in alcohol addiction treatment centers.
- Validation of questionnaire:** First positive results for the validation of the questionnaire of tobacco policy.
- Further improvements required:** In all categorial groups of tobacco policy, improvements are possible and should be targeted in the future.

### Restrictions:

- A new questionnaire has been used which has to be validated in the future.
- No representative sample was recruited, only 5 employees per center were assessed.
- The assessed sample of each center in the pre- and posttreatment measurement did not correspond completely. However, it can be assumed, that a well communicated tobacco policy is independent from the respondent.

## REFERENCES

European Network of smoke-free hospitals, Eds. (2003): smoke-free hospital. European Guideline for smoke-free hospitals. [www.european-network-of-smoke-free-hospitals.de/empagde/empagde.pdf](http://www.european-network-of-smoke-free-hospitals.de/empagde/empagde.pdf), 1-26 [01.02.2006]

Fichtenberg, C. M., & Glantz, S. A. (2002). Effect of smoke-free workplaces on smoking behaviour: systematic review. *British Medical Journal*, 325, 188-195.

Fiore, M. C., Bailey, W. C., Cohen, S. J. et al. (2000). 5 Systems Interventions: Relevance to Health Care Administrators, Insurers, and Purchasers. In: U.S. Department of Health and Human Services, Eds.: Clinical Practice Guideline „Treating Tobacco Use and Dependence“.

Hopkins, D. P., Husten, C. G., Fielding, J. E., Rosenquist, J. N., & Westphal, L. L. (2001). Evidence Reviews and Recommendations on Interventions to Reduce Tobacco Use and Exposure to Environmental Tobacco Smoke. *American Journal of Preventive Medicine*, 20, 67-87.

Serra, C., Cabezas, C., Bonfill, X., & Pladevall-Vila, M. (2001). Interventions for preventing tobacco smoking in public places. [Systematic Review] *Cochrane Tobacco Addiction Group Cochrane Database of Systematic Reviews*. Issue 3.

Task Force on Community Preventive Services (2001). Recommendations Regarding Interventions to Reduce Tobacco Use and Exposure to Environmental Tobacco Smoke. *American Journal of Preventive Medicine*, 20, 10-50.

U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, Eds. (2000). Strategies for Reducing Exposure to Environmental Tobacco Smoke, Increasing Tobacco-Use Cessation, and Reducing Initiation in Communities and Health Care Systems. U.S. Department of Health and Human Services.

Metz, K., Kröger, C., Schütz, C., Flöter, Donath, C., Piontek, D., & Gradl, S. (2006, June). Which smoking cessation intervention works for smokers with an alcohol addiction? Poster presented at CPDD & NIDA International Forum, Scottsdale, AZ.

Prochaska, J.J., Delucchi, K., & Hall, S.M., 2004. A meta-analysis of smoking cessation interventions with individuals in substance abuse treatment or recovery. *Journal of Substance Abuse Treatment*, 72, 1144-1156.