A Protocol for a Tobacco Free Drug and Alcohol Detox Unit

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BACKGROUND

Implementation of a smoke-free environment fraught with concerns:

Staff have conflicting imperatives-policy vs civil liberties

How should policy be implemented: strictly (discharges) vs leniently?

Poor staff experiences with previous policy implementations

Poor implementation of policy—not all staff on "the same page"—staff split

Poor understanding of nicotine addiction and treatments

Under-dosing of (Nicotine Replacement Therapy) NRTs

Patients had conflicting information about policy

CONCEPT

Develop a protocol to "revisit" implementation of no-smoking policy in a drug and alcohol detox unit

Strict enforcement of policy—no exclusions, no "gazebo" smoking zone

PROTOCOL

In-service teaching all staff about nicotine addiction and treatment—multiple training session to cover all staff

Language of "Management" of smoking used instead of quit or stop smoking

Explanation to all re protocol and non-punitive strategies

Informing all about policy in a non-judgmental and non-punitive manner

Nicotine addiction assessment of all patients on admission

Encouragement of adequate and ample NRT when needed and on demand

Implementation Day: WNTD 31st May 2018

Patient Activities:

Comparison of expired CO readings to motivate compliance using Smokerlyser

(Bedfont, UK)

Exercise bikes for short bouts when cravings a cigarette

Occupations that distract and engage: painting, cooking

Frequent psychoeducation group meetings for patients (at least twice weekly)

Patients Feedback

"I was concerned but needed detox: so happy it's a smoke free environment"

"Kindness rather than fear-based"

"Better experience than elsewhere"

RESULTS

PATIENTS (Survey)

Fagerstrom Scores of Nicotine Dependence of all patients were high on admission

On admission Time to First Cigarette (TTFC) early

CARBON MONOXIDE TESTS

On admission: average 25ppm

On second day of admission: average 10ppm

Lowering to non-smoking levels thereafter (2.75 ppm +- 2 ppm).

Those whose CO levels failed to drop advised to increase use of NRT and repeat (non-punitive approach)

CO readings both confirmed abstinence, educated and encouraged use of NRT and harm reduction strategies

Peer-based twice weekly groups motivated patients to attend and share strategies and journey.

Patients previously resistant to NRT learnt from each other and more willing to try NRT

Comparisons of CO readings in the groups motivate patients to reduce smoking .

Self report tools such as the Fagerstrom test and objective measures such as the smokerlyzer facilitated a non confronting environment for the smoking cessation group.

Patients accept that nicotine is addictive and should be addressed at an Addiction Treatment Centre

High acceptance of policy by patients

STAFF (Survey)

Improved knowledge and adaptation of nicotine addiction and its management

Acceptance of protocol by staff—less conflicts with patients, minimal self-discharges

CO readings informative

CONCLUSION

Successful implementation of policy

Successful advanced warning to patients regarding policy

Remaining concerns: education for new staff and refreshers for older staff

FUTURE

Pre-admission treatment with pharmacotherapies eg NRT, varenicline

Ongoing treatment post discharge

Staff Feedback

"Training" made all the difference

"United front"

"Much less confrontation and abuse from patients"

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