

**TOBACCO RECOVERY
RESOURCE EXCHANGE**

**BUILDING STAFF BUY-IN
FOR TOBACCO-FREE POLICIES**

THE
EXCHANGE
WWW.TOBACCORECOVERY.ORG



INTRODUCTION

In research^{1,2,3,4,5} and in our consultations with addiction programs across New York state, staff resistance has consistently been identified as the most significant barrier to implementing tobacco-free policies in addiction treatment programs. We offer this Technical Assistance document to assist professionals advocating for tobacco-free policies, tobacco education, and tobacco treatment in their addiction programs, whether they are line staff counselors, mid-level managers, or top-level agency leadership.

This document consists of a series of handouts that may be used in individual and group settings with staff, as well as a worksheet to help you plan your strategy for engaging those staff members whose buy-in is critical to the success of your tobacco-free policy:

The **Beliefs about Integrated Tobacco Treatment and Recovery Programs Survey** and **Discussion Exercise** promote staff awareness of their own beliefs and how those beliefs affect their ability to integrate your policy.

The **Inventories of Thoughts and Actions that Accommodate Tobacco Use and Addiction** and **Thoughts and Actions that Promote Tobacco Abstinence and Recovery** promote staff awareness of the beliefs and behaviors they may need to change as you move forward in the implementation process.

The **Decisional Balance Matrix** is a consciousness-raising tool that may introduce or resolve ambivalence (for precontemplative and contemplative) among both staff and patients alike.

The **Staff Engagement Planning Worksheet** helps you plan your strategy for marketing change to key staff (people you supervise, peers, or executive leadership).

FOLLOW-UP TECHNICAL SUPPORT THROUGH THE TOBACCO RECOVERY RESOURCE EXCHANGE

As you work on building buy-in among your program staff, we strongly encourage you to contact us for guidance and support. Please visit our website, www.tobaccorecovery.org, where you will find out more about our project and our network of Regional Technical Assistance and Training Centers.

¹ Foulds, J.; Williams, J.; Order-Connors, B.; et al. Integrating tobacco dependence treatment and tobacco-free standards into addiction treatment: New Jersey's experience. *Alcohol Research & Health* 29(3):236–240, 2007.

² Ziedonis, D.M.; Gwydish, J.W.; Steinberg, M.; and Foulds, J. Barriers and solutions to addressing tobacco dependence in addiction treatment programs. *Alcohol Research & Health* 29(3):228–235, 2007.

³ Bobo, J.K. and Davis, C.M. Recovering staff and smoking in chemical dependency programs in rural Nebraska. *Journal of Substance Abuse Treatment* 10:221–227, 1993.

⁴ Asher, M.K.; Martin, R.A.; Rosenhow, D.J.; et al. Perceived barriers to quitting smoking among alcohol dependent patients in treatment. *Journal of Substance Abuse Treatment* 24:169–174, 2003.

⁵ Hurt, R.D.; Croghan, I.; Offord, K.P.; et al. Attitudes toward nicotine dependence among chemical dependency unit staff: Before and after a smoking cessation trial. *Journal of Substance Abuse Treatment* 12:247–252, 1995.

BELIEFS ABOUT INTEGRATING TOBACCO TREATMENT AND RECOVERY INTO CHEMICAL DEPENDENCE TREATMENT AND RECOVERY PROGRAMS SURVEY

Please indicate the degree to which you agree or disagree with each of the following statements.

BELIEF	STRONGLY AGREE	AGREE	AMBIVALENT	DISAGREE STRONGLY	DISAGREE
Continued tobacco use makes relapse more likely.					
Stopping tobacco use increases cravings for alcohol and other drugs.					
Nicotine Replacement Therapy (NRT) does not belong in abstinence-based treatment programs.					
Tobacco dependence should be treated in chemical dependence programs.					
Tobacco-free policies infringe on individual rights.					

BELIEFS ABOUT INTEGRATING TOBACCO TREATMENT AND RECOVERY INTO ADDICTION TREATMENT AND RECOVERY PROGRAMS DISCUSSION EXERCISE

How might the following beliefs affect how people in addiction treatment and recovery programs react when they are challenged to integrate tobacco treatment and recovery into their treatment and recovery programs?

BELIEF	REACTION TO BEING CHALLENGED TO INTEGRATE TOBACCO TREATMENT AND RECOVERY
Continued tobacco use makes relapse more likely.	
Stopping tobacco use increases cravings for alcohol and other drugs.	
Nicotine Replacement Therapy (NRT) does not belong in abstinence-based treatment programs.	
Tobacco dependence should be treated in chemical dependence programs.	
Tobacco-free policies infringe on individual rights.	

INVENTORY OF THOUGHTS AND ACTIONS THAT ACCOMMODATE TOBACCO USE AND ADDICTION

Tobacco use has played a special role in the lives of many people with chemical dependency.

1. Without judgment, list some of the ways that people in chemical dependence treatment and recovery programs make accommodations to protect their own and others' tobacco use and dependence.
2. Looking at the list, circle the thoughts and actions that may be similar to those people use to make accommodations that protect their own and others' alcohol and other drug use and dependence.

THOUGHTS	ACTIONS

INVENTORY OF THOUGHTS AND ACTIONS THAT PROMOTE TOBACCO ABSTINENCE AND RECOVERY

As members of chemical dependence treatment and recovery communities who have a willingness and desire to relieve the suffering caused by our addiction to tobacco, we need to practice healthy, alcohol-, tobacco-, and other drug-free ways to relate to ourselves, our loved ones, and others in our communities.

1. Without judgment, list some of the thoughts and actions that people in addiction treatment and recovery programs can use that promote their own and others' tobacco abstinence and recovery.
2. Looking at the list, circle the thoughts and actions that may be similar to those people in addiction treatment and recovery programs use to promote their own and others' abstinence, sobriety and recovery.

THOUGHTS	ACTIONS

DECISIONAL BALANCE MATRIX

TOBACCO USE	TOBACCO ABSTINENCE AND RECOVERY
PROS	PROS
CONS	CONS

STAFF ENGAGEMENT PLANNING WORKSHEET

Directions: (1) Select an individual or group whose support you need to implement your program(s) tobacco-free policy. This is your Engagement Target. (2) Determine what specific action you want your target to take. (3) List the potential rewards your target may see in taking the action you want (e.g., fewer fights about patient smoking, higher patient satisfaction with treatment, etc.). (4) List information and resources you can provide to your target and messages you can use that will increase the rewards your target may see in taking the action you want (e.g., journal articles, patient testimonials, etc.). (5) List the potential drawbacks your target may see in taking the action you want. (6) List information and resources you can provide to your target and messages you can use that will minimize your target's concerns about taking the action you want.

Engagement Target: _____

What You Want from Them: _____

POTENTIAL PERCEIVED BENEFITS	INFORMATION, MESSAGES, AND RESOURCES THAT MAY AMPLIFY PERCEIVED BENEFITS	POTENTIAL PERCEIVED DRAWBACKS	INFORMATION, MESSAGES, AND RESOURCES THAT MAY MINIMIZE PERCEIVED DRAWBACKS

TELL US WHAT YOU THINK!

We would like to get your feedback about this Technical Assistance document, **Building Staff-Buy-In for Tobacco-Free Policies.**

Please take a moment to fill out this survey and fax it to us at 518.956.7808.

Part I. Please indicate the degree to which you agree with the following statements:

This document is easy to use.

- Strongly disagree
- Disagree
- Neither disagree nor agree
- Agree
- Strongly agree

This document has helped me perform my job.

- Strongly disagree
- Disagree
- Neither disagree nor agree
- Agree
- Strongly agree

This document has helped me gain new skills.

- Strongly disagree
- Disagree
- Neither disagree nor agree
- Agree
- Strongly agree

I have shared this document with my colleagues.

- Strongly disagree
- Disagree
- Neither disagree nor agree
- Agree
- Strongly agree

Part II. Please share your comments about the usefulness of this document, any suggestions you have for improving the document, or suggestions for future technical assistance documents:

COMMENTS

Part III. Please share any contact information you would like us to have:

NAME _____

TITLE/POSITION _____ **EMAIL** _____

PROGRAM NAME _____ **TELEPHONE** _____

AGENCY NAME _____ **FAX** _____

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