



MAISON L'ALCÔVE INC
Program to Quit Smoking

Presentation of the program “I’m Butting Out *Today!*”
 (“J’Tabac *maintenant!*”)

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September 2006

Acknowledgements

Conducting the program “I’m Butting Out Today!” was a project to which several partners made fundamental contributions and made success possible to succeed. It involved achieving ambitious goals such as helping alcohol or drug-dependent people to take the initiative to quit smoking and modifying considerably the intervention culture and practices of experienced facilitators. The challenge was also great because the program was not only innovative, it was also controversial given the philosophies underlying the practices and the characteristics of the users targeted by interventions.

I would first like to thank the Maison l’Alcôve for having believed in the project and for agreeing to take on the challenge. Thanks are particularly directed to the Board of Directors, to Ms Manon Desrosiers, to Mr. Marc Caya and to all the facilitators at the centre and the support workers.

The residents who took part in certain stages while the intervention program was being developed made it possible to accurately define the intervention based on the realities of the smoking clientele. We would like to thank them for their collaboration and rich contribution to the program.

It is also important to mention the extraordinary contribution of Ms Marion Schnebelen in most of the stages of the project. As a collaborator, she met the expectations of the project’s proponents.

Messrs Jacques Deguise, André Castonguay PhD. and Stéphane Groulx M.D. also contributed exceptionally to the level of training provided to facilitators. Thank you very much.

The evaluation team is another important aspect that deserves mention in this experimental project. For this reason, we thank Ms Ann Royer and Mr. Michael Cantinotti for their contributions and their excellent work.

Finally, the project could never have been carried out without the financial contribution that enabled development, implementation, and evaluation of the program “I’m Butting Out Today!”. We thus thank Health Canada for having agreed to contribute financially to the program’s execution.

Foreword

Programs to counter tobacco dependence along with other mass public awareness campaigns and services provided for quitting smoking have all helped to considerably reduce the number of smokers in the general population. In the past few years, the prevalence of smoking has nonetheless stayed the same and when it drops, the overall number of smokers drops by only a small percentage.

According to some analysts, the current number of smokers cannot be reduced as significantly as in the past because those who smoke present multiple problems such as alcoholism, drug addiction, mental illness, poverty, etc. We are thus confronted with a smokers with whom we must work differently in order to be able to invite them to end their dependence upon tobacco products. Certain authors characterize them as hard core smokers. In our opinion, they should be considered as a group of smokers who require special attention and who oblige us to use different approaches in intervention than those used until now in programs provided by the health and social services network.

The program “I’m Butting Out Today!” is a response to this current need for programs with an approach that differs from the more traditional models. In other words, these new ways to intervene should make it possible to reach smokers that tend to maintain the high prevalence rates. They form a group of smokers for whom the intervention approach must be adapted to their reality (i.e., to the many problems with which these people are confronted). These realities foster in a sense the use of tobacco products as well as a smoker’s behaviour.

Experiment results enabled us to show that it is possible to reduce the level of smoking in this population and that it is interesting to observe that the rates of quitting are higher and they are maintained over time as compared to results obtained using the programs provided for the general population. The lesson retained from experiments with the “I’m Butting Out Today!” program is essentially that it is possible to interest smokers in quitting smoking insofar as their reality is taken into account in the intervention initiatives and that the facilitators are suitably trained to intervene based on the specific needs of this type of smoker.

As author of the program, I am happy to have believed in the possibility of these smokers to put an end to their dependence on tobacco and also to have had confidence in the abilities of the facilitators to effectively support the smokers they meet in their daily substance dependence treatment practice.

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Introduction

The intervention culture in Quebec as in Canada views quitting smoking as a treatment that cannot be easily reconciled with concomitant treatment of substance abuse. Recent literature shows however not only that it is possible to conduct both treatments simultaneously but also that doing so is an effective way to prevent relapse among alcohol or drug-dependent people. Indeed, the literature mentions recent experiments that proved to be effective in helping prevent relapse among disintoxication treatment centre users who undertake simultaneously to follow a program to quit smoking. In other words, according to the literature on this issue, a program to quit smoking offered at the same time as a substance abuse treatment program will not jeopardize success in the latter. Allying the two types of treatment is shown to be a winning formula for this type of clientele from both the relapse prevention and health protection standpoints since the health of these people already presents greater risk than among other smokers who have no substance abuse problems.

Maison l'Alcôve is a centre that has provided treatment services for more than twenty years. One of the main concerns at the heart of the treatment program offered at Maison l'Alcôve is to equip users with concrete ways and means to deal with their dependences and to help them prevent relapse. It is in this specific context of preventing relapse that the Maison l'Alcôve introduced the service to help people quit smoking while they are in a substance abuse treatment.

The smoking cessation activity nonetheless remains in harmony with the literature that maintains that the smoker alone can decide if it is the right time to quit smoking or not. This means that the decision to quit smoking while at the Maison l'Alcôve is entirely at the resident's

discretion. Repetition of intervention concerning smoking is also an effective element in intervention since it allows the smoker to gradually head towards a concrete initiative to quit smoking. It is therefore important for facilitators at Maison l'Alcôve to continue to inform users of the benefits of quitting smoking throughout their stay and during the external follow-up.

Facilitator training is the first phase in the implementation of an intervention program to quit smoking, while the second phase consists of the services to the users. This document provides an overview of the approaches and components of the two aspects of the program, namely training and intervention, and it also provides the objectives, the factors that facilitate or constrain program implementation and a glance at the results obtained through the training and intervention conducted in the "I'm Butting Out Today!" program developed and experimented at Maison l'Alcôve.

1. The Problem

1.1 Prevalence of tobacco dependence among smokers with a substance abuse problem

Prevalence of smoking among this clientele is twice or three times higher than among the general population. Indeed, 80 to 95 percent of people with substance abuse problems smoke. In addition, the great majority of them smoke more than thirty cigarettes a day (Fertig: 1999).

According to certain studies, this clientele is even more at risk of developing chronic illness, like cancer or cardiovascular disease, in comparison with smokers with no drug dependence problems (Bobo: 1992, Abrams, et al.: 1996, McIvain, et al.: 1998). Research also shows that people with a history of alcohol abuse remain at a greater risk of developing health problems if they keep smoking even after they have ceased their abusive alcohol consumption.

Maison l'Alcôve users are no exception to this reality described earlier, since the majority of the people who use the dependence treatment centre are smokers. Indeed, according to internal statistics, more than 80 percent of residents were smokers when they registered.

1.2 Harm reduction paradigm

In the area of drug dependence treatment, continued smoking is often recommended. This practice is justified by the fear that quitting smoking might compromise initiatives to treat abuse of other substances. Initially, Maison l'Alcôve facilitators endorsed that practice. Several of them felt that smoking was just a bad habit.

Based on such beliefs, facilitators came to think that it was preferable not to encourage users to quit smoking. Those who hold to that theory believe that it is less damaging to smoke than to start drinking or using drugs again. In their opinion, this position is justified insofar as harm is reduced.

This rationale is not valid if it is considered that health hazards caused by smoking are greater than all the drugs together, including alcohol. Moreover, scientific research shows that the synergy of the effects of tobacco combined with alcohol's effects proves to be even more damaging to the health of alcoholics.

Scientific research has discovered that tobacco and alcohol stimulate the same neurons. Quitting smoking reduces the risk of starting drinking again and vice versa. From this standpoint, encouraging people to keep smoking runs counter to the conventional theory regarding harm reduction that aims essentially at attenuating problems linked to abusive consumption.

Experiments have shown that the total number of days of abstinence was higher among those who quit smoking and stopped using substances than among users who had continued to smoke or who had started to smoke again (Kohn, Tsoh and Weisner: 1996). Based on these results and the favourable context provided by the "I'm Butting Out Today!" program, we believe that a real reduction in harmful effects is possible when users quit smoking while being treated for dependence.

1.3 Motivation of substance abuse treatment centre users to quit smoking during their first treatment

In light of several publications, a considerable number of people in therapy would also like to quit smoking (Irving et al., 1995). Similarly, Elingstat et al. (1999) report that these people consider tobacco to stimulate their use of alcohol and that quitting smoking would be a benefit that would result from the resolution of their consumption problem. What's more, several of them state that a stay in the therapy centre provides an opportunity to be accompanied while quitting smoking which is a situation they cannot find elsewhere.

Discussions with Maison l'Alcôve residents and external users before the program to quit smoking was implemented supports this idea. In other words, most users met say that they consider the idea of quitting smoking simultaneously during treatment to be interesting. Moreover, several of them raised the point that they smoked more during therapy. They mentioned also that the fact they were surrounded by smokers and that smoking was made possible for them by the centre were definitely obstacles to an initiative to quit smoking. On the other hand, all the users pointed out that they were unaware that a smoking room was available when they arrived at the centre, which meant that it was not among their selection criteria when they chose a treatment centre.

2. Presentation of the “I’m Butting Out Today!” program

The “I’m Butting Out Today!” program is divided into two major parts: a facilitator training program and an intervention program for users registered for substance abuse treatment. These programs were developed specifically for intervention regarding smoking in a substance abuse context and are based on the notion that the users are people who require different support from that provided by programs implemented by

the public health and social services system. The managers, facilitators, and the users were very important collaborators in the development of the two parts of the program. They were invited to participate actively in all stages in the development, implementation, and evaluation of the training and intervention programs. The programs were designed based on the literature and were carried out in close collaboration with the players. This proved to be indispensable in ensuring the development of a program that would reflect their reality and their specific needs. It was also very important for the program designers to ensure that they identified and drew from the experiments that had proved to be effective in other similar contexts.

This partnership work was aimed above all at enabling people concerned to achieve a better grasp of the programs while respecting the specific intervention culture in this type of treatment. It was thus important for the designers to ensure they fully understood the reality of this environment so that the program components would be in harmony with the culture of this intervention environment and would correspond to the realities and the specific needs of centre users. It was also essential for the facilitators to perceive smoking as a dependence of the same nature as the other dependences they were encountering every day as they intervened to help users at the centre.

2.1 Training program

This training program considers smoking to be a dependence and it helps facilitators to reach users that smoke and who are identified as being the most difficult to reach in a program aimed at supporting those wishing to quit smoking.

The training program philosophy is also based on the fact that Maison l'Alcôve facilitators have the skills to intervene on dependence, which is a major asset in intervention regarding smoking.

2.1.1 Training approach

Training is a field that is always moving, and this favours the development of approaches for transmitting information. Indeed, these approaches are continually being transformed in order to meet the needs and the changes that occur as society evolves and as new and ever more useful learning-support technologies become available. As a result, these transformations favour a major change in the role and the responsibilities of trainers and trainees.

The training approach adopted for the design of the training program offered at the Maison l'Alcôve is based on principles and premises in the area of andragogy and belong to the constructivist current of thought.

2.1.1.1 Andragogy

Andragogy specifically deals with adult education in opposition to pedagogy that concerns child education. It has been established that adults learn differently than children and thus teaching practices for adults must be adapted so as to favour better quality learning and to correspond to adults' realities and expectations.

A few years ago, Malcolm Knowles put together practical observations that he then used to define useful guidelines that would equip trainers who address adults in a learning situation. The Maison l'Alcôve training program took these adult education principles into account including the following: adults are autonomous, they have knowledge and life

experience, they are goal oriented and they need to know why they are learning something, they are practical and they expect to be respected.

2.1.1.2 Constructivism

Education theory has drawn from various currents to define approaches to training. Instructivism is an approach to education that has prevailed for a long time in different types of training.

Instructivism considers that the learner is passive for the teacher, since the latter has the real and necessary information. On the other hand, the constructivist current considers that the learner is actively involved in the learning.

The training of facilitators in the “I’m Butting Out Today!” program favoured the constructivist approach precisely because of the underlying principles. Angéline Martel presents a comparative table¹ of the two approaches that can be consulted in the appendix to this document. This information was largely guided by the processes in the development and delivery of the training program.

To summarize, the training approach chosen is based on teaching principles that respect the learners as adults who already have intervention experience and the skills related to their work environment. The training techniques make it possible to acquire new knowledge and a new intervention model since the consideration of the participants and their reality are the underpinnings of the training program.

¹ <http://www.refad.ca/recherche/constructivisme/constructivisme.html>

2.1.2 Components of the training program

The training program comprises theoretical and practical elements. In all, the facilitators received four days of training and followed a few continuing education sessions.

The first phase of training addresses the more general aspects of smoking and intervention, namely the more theoretical side. The second part can be described as the more practical elements and comprises requests for details made by facilitators following a series of individual meetings, intervention techniques, concrete experiments with intervention models, familiarization with intervention tools, and data gathering.

Training sessions were offered to all facilitators working for the Maison l'Alcôve and a training certificate was given to them at the end of the session. Continuing education sessions were held at different moments in the experiment process. Continuing training makes it possible to acquire new knowledge, but these meetings also had the effect of maintaining the facilitators' motivation to act on the users' smoking habits.

During these training sessions, the facilitators had the privilege of meeting professionals and experts in different aspects of tobacco dependence (toxicology, social marketing, consulting doctors, facilitators in ending tobacco dependence, etc.). The participation of these professionals made it possible for the facilitators to receive varied information. The continual interaction with the facilitators was also at the heart of the training sessions. The main themes raised in these training sessions were:

- The objectives of the training and intervention programs;

- The elements of the intervention program (brief intervention, intensive intervention, and group intervention);
- The role of facilitators at Maison l'Alcôve in the treatment of substance abuse as compared to tobacco dependence;
-
- The facilitators' fears;
- The paradigm of harm reduction in the area of substance abuse treatment;
- Smoking and substance abuse: impacts of concomitant treatment;
- The effects of smoking on health in general and on the health of these specific users;
- The advantages of quitting smoking;
- Smokers' main obstacles;
- Acquiring tobacco dependence;
- Smokers' desire to quit smoking;
- Demystifying smoking – social, behavioural, and biochemical aspects;
- Gender differences and socio-economic differences among current smokers;
- Environmental tobacco smoke and its effects;
- Treating dependence on tobacco – psychosocial treatment and medical treatment;
- Practical workshops.

The participation of managers at Maison l'Alcôve was also essential so as to equip facilitators regarding the issue of smoking since it was important for them to transfer the new knowledge in their area of intervention. After all, substance abuse treatment facilitators are key players in an effort to treat tobacco dependence since this dependence is comparable to alcohol or drug dependence. In other words, these facilitators already have the skills to intervene on dependence. They only

have to understand tobacco dependence better and to grasp the subtleties so as to be able to link the skills their existing intervention skills gained in the area of dependence treatment to the new techniques in the area of tobacco dependence intervention.

2.1.3 Objectives targeted in training program

The main objectives of complete training in quitting smoking specifically for a substance abuse treatment clientele, which is provided to all Maison l'Alcôve facilitators, are as follows:

- 1) Help the facilitators to better grasp their role and the importance of their involvement in the centre's new initiatives, namely the systematic provision of anti-smoking treatment for all users;
- 2) Provide learnings and the required support to enable facilitators to improve their understanding of smoking and nicotine dependence;
- 3) Present the basic knowledge considered indispensable for preparing facilitators to act in the treatment of tobacco dependence within a multi dependence context (drugs, alcohol, medication, pathological gambling, etc.);
- 4) Present treatment of smoking as a process that involves stages of change that are identifiable and that can be influenced;
- 5) Help the facilitator to identify and adapt the intervention based on the behavioural change stage of the users who smoke;
- 6) Inform the facilitator about nicotine dependence treatments and the particularities of the substance abuse treatment clientele;
- 7) Sensitize the facilitators to the possibilities of relapse and the suitable interventions at these specific moments.

2.1.4 Achievement of training objectives

As mentioned throughout this document, the training is aimed to change and reinforce perceptions, knowledge, and motivation among the facilitators at the Maison l'Alcôve regarding smoking among residents. Similarly to the intervention program, the training is part of an experimental process.

A major challenge faced by training program designers was to enable the facilitators to acquire new knowledge and to be able to transfer and link these new learnings to the intervention techniques that they already mastered. It was also important to motivate them to intervene on smoking since this concern was not necessarily at the heart of their daily interventions. Furthermore, the facilitators often tended to suggest that users obtain enough cigarettes before entering therapy since they had observed that cigarette consumption among residents would increase considerably during their stay. Moreover, facilitators who smoked tended to smoke with users during breaks. Finally, the centre was responsible for the users' purchases, which also including purchase of cigarettes. Obviously, introduction of a program to help quit smoking, in order to be coherent with the mission of the centre, namely treating dependence, inevitably obliged it to change certain habits, including those mentioned above. Training was thus the first step in changing intervention habits and services to users so that the centre would coherently undertake the tobacco dependence treatment process. Just as it is unacceptable for the centre to allow consumption of alcohol or drugs in the treatment environment or to supply it to users, it was unthinkable to pursue regular practices with tobacco products.

Data gathered through compilation of written questionnaires and individual interviews tends to show that the training objectives were

achieved. This chapter is more a synthesis of training session highlights and evaluation results. A more detailed description of results is presented in the final evaluation report that can be obtained directly from the Maison l'Alcôve. The main themes addressed in the pre and post-training evaluation are:

- *The perception of smoking*
- *Knowledge linked to smoking*
- *Perception of quitting smoking*
- *Knowledge of ways to quit smoking*
- *Motivation to take the training*
- *Modalities of intervening on tobacco dependence*
- *Motivation for intervening on the clientele's tobacco dependence*
- *Perception of training and learnings*
- *Participation of the facilitator in the integration process of a program to quit smoking*
- *The way smoking dependence is integrated*
- *Elements of training used in the intervention*
- *Use of documents*
- *Systematic intervention on users' tobacco dependence*
- *Review of the smoking question with users*
- *Adaptation and transfer of the intervention program in a substance abuse context*
- *Elements of the training that were hardest to integrate and suggestions for program improvement*
- *Elements that they wish to study further*
- *Points of interest they would like to address.*

All of these points are not addressed in this document. We have preferred to concentrate on the training objectives which are a synthesis of the points mentioned above.

As regards *grasping the role and the importance of the facilitators' involvement in the new program to quit smoking*, it seems that the information received during the training made it possible to modify the facilitators' perception about providing treatment to quit smoking simultaneously with substance abuse treatment. This change in perception proved to be important so that facilitators would feel at ease providing services to quit smoking since an intervention philosophy

supported by a so-called harm reduction was present among most facilitators at the Maison l'Alcôve. In other words, the implementation of the intervention program is somewhat tributary to understating the role and the motivation of facilitator who can be influenced by erroneous beliefs.

As for learnings and the required support to enable facilitators to improve their understanding of smoking and nicotine dependence and the basic knowledge considered indispensable for preparing facilitators to act in the treatment of tobacco dependence within a multi dependence context (drugs, alcohol, medication, pathological gambling, etc.), the training sessions seem to have successfully met the needs since the facilitators say that they have a better understanding of the world of smoking and dependence on tobacco products. According to data gathered from facilitators, they pointed out that the training sessions had contributed:

- ◆ to reinforcing a vision that they already had, improving general knowledge about quitting smoking and intervening on tobacco dependence,
- ◆ providing practical tools to subtly help the user move towards quitting smoking, and
- ◆ better equipping them since the documents handed out gave them confidence, and this had the effect of enabling facilitators to feel that they were now capable of putting the types of treatment together.

The training sessions also favoured a general feeling among facilitators that they were now skilled to intervene regarding smoking since the information received enabled them to better understand the stages of change in progressing towards quitting smoking and the various treatments provided to support the clientele and thus be in a position to identify and adapt the intervention based on the behavioural change stage of the users who smoke. According to the evaluation results, the

training makes it possible for all facilitators to have a better understanding of the existing therapeutic ways to support smokers who wish to quit smoking while they are in substance abuse treatment. Moreover, the facilitators pointed out that they were marked by the particular themes addressed in the training, for example, in the clinical interview on quitting smoking: the practical and technical side, the role playing, their responsibility in protecting non-smokers, the tobacco industry's economic battle, secondary smoke, links between relapse and other types of dependence, nicotine dependence and its effects, and finally the links between medication and treatment aimed at quitting smoking. These latter aspects are linked with the final training objective consisting in *sensitizing the facilitators to the possibilities of relapse and the suitable interventions at these specific moments*. In other words, this final objective is also achieved through training.

Since the approach adopted by the training and intervention program designers values the active participation of people directly involved, it was interesting to enable the facilitators to raise certain aspects of training that were problematic or insufficient in their eyes. The opinions gathered are rich with learnings for trainers, managers, and program designers. Considering this information was useful for improving the training and for preparing later training sessions aimed mainly at answering the needs expressed by the facilitators.

According to the evaluation results, the facilitators consider that the information received was plentiful and relevant, but above all it was sufficient enough to allow them to enhance their knowledge about smoking and treating tobacco dependence. On the other hand, the volume of information required a certain amount of time to assimilate. The final training session thus enabled the facilitators to better integrate

the information and thereby to work better with the intervention techniques using concrete case simulation exercises.

Training made it possible to establish that true reduction of harm to drug-dependent smokers is accomplished when they stop smoking, thus contradicting old beliefs held in intervention circles. The facilitators now appeared determined to act on this dependence and they now find it incoherent to have a smoking room in the building and to suggest that users buy obtain full tobacco supplies before entering treatment. These observations confirm their new understanding of smoking as a dependence of the same type as the other drug dependences on which the facilitators act regularly in their work.

In conclusion, in light of the results of the evaluation conducted during and after deliver of the training program designed specifically for the “I’m Butting Out Today!” program at Maison l’Alcôve, we consider that the program successfully met the needs of the facilitators who work in this dependence treatment centre. It thus appears possible to suggest that a similar program be offered to therapy centres that are comparable to Maison l’Alcôve among private, community, and public agencies. The training program, with a few adjustments, could also equip and support facilitators who work in the substance abuse treatment field and whose clientele does not live in a therapy centre.

The active involvement of the facilitators and listening to their needs are at the heart of the objectives achieved with this training program. Reinforcing their intervention skills and support for transfer of knowledge about one type of dependence to another is also crucial to fostering changes in practices and to provide the facilitators with the confidence needed in their own intervention skills and abilities. The tools and the specific moments must be created to facilitate the integration of

information in order to alleviate the process. Otherwise, the facilitators sometimes feel overwhelmed, a consequence of which would be to hinder changes in practices and integration of new knowledge as well as overall appropriation of the intervention program. The issue is to help and support the facilitators to overcome their fears and apprehensions about a new intervention role regarding a problem that is influenced by culturally limited concepts and visions in the substance abuse treatment field. These elements are important for fostering the active involvement of facilitators in the fight against tobacco dependence in the specific field of substance abuse treatment, mainly because of beliefs about certain intervention theories and approaches that are often obstacles to successful implementation of a treatment intervention program.

2.2 Intervention program

Similarly to the training program, intervention among a smoking clientele is coloured by the respect for the individual and recognition of the experience and life of each smoker. The intervention program in no way obliges the user to register in a program to quit smoking. However, it allows individual smokers to become aware that smoking is a dependence, that it can contribute to risk of relapse of other dependences that they wish to treat, and that they can benefit from adequate support to undertake a program to quit smoking or to reflect on tobacco dependence.

The intervention program is also based on recommendations from experts regarding the particularities of this type of clientele that requires recourse to different intervention techniques including intensive intervention. Moreover, the program makes it possible to continually return to the idea during the stay in therapy and during external follow-up. The tradition of using group meetings such as those offered by others

in a groups including Alcoholics Anonymous was also respected and brought to bear in the intervention program from both a standpoint of intervention tools and development of group meetings. Merging these various recommendations and considerations regarding this clientele's reality enable the program designers to develop a program that could achieve the intervention objectives and thus successful.

2.2.1 Intervention approach

The intervention side of the "I'm Butting Out Today" program was developed specifically for a drug-dependent clientele that smoked. In other words, it is a program that complements dependence treatment of Maison l'Alcôve users.

Treatment of tobacco dependence requires particular support so that the smoker can get rid of this addiction. In fact, it is a severe dependence that must be considered on an equal footing with alcohol, drugs, and pharmacodependency.

Intervention in the field of tobacco dependence requires that new and varied information and knowledge be transmitted which inevitably runs up against popular beliefs and intervention postulates in the specific substance abuse treatment field. For these reasons, the program retained certain intervention and information transmission approaches.

The principles and postulates in the field of andragogy and constructivism are the approaches that were favoured during design and experimenting of the intervention strategy of the "I'm Butting Out Today!" program. Since the Maison l'Alcôve clientele is comprised of adults, it was important to have recourse to intervention strategies and principles that had an echo with people being received for treatment. The

andragogical principles seemed to be the most suitable for transmitting the new knowledge to adults who already have a long experience of consuming and dependence. Moreover, this inevitably encourages the shaping of preconceived ideas regarding the different types of dependence and their treatment.

The andragogical principles presented by Knowles, which inspired the intervention strategy, suggest that adults are: *adults are autonomous, they have knowledge and life experience, they are goal oriented and they need to know why they are learning something, they are practical and they expect to be respected.*

As regards the principles of constructivism defined by Martel, it is mainly the question of how to learn that is based on three dimensions², namely the individual dimensions, the social dimensions, and the use of tools and technology. In this intervention/learning context, the person is considered to be an active player in the process to quit smoking. He or she will be supported in the transformation of information into knowledge and recognized as having certain knowledge and beliefs that have his or her own. In addition, the use of different types of activities makes it possible to achieve the different styles of learning of Maison l'Alcôve users. The activities are also based on an interactive relationship and continued support throughout the in-residence treatment and in external treatment in which the tobacco dependence treatment is included. Finally, the approaches helped the clientele to transfer different tools in the treatment of the various types of dependence. For example, if an alcoholic experiments with effective means to manage the temptation to drink, that person could probably use the same means to reject the

² A. Martel, 2002.

temptation to smoke. Feelings and emotions that accompany drug dependence are similar to those that encourage people to smoke.

2.2.2 Intervention program components

The intervention program comprises elements proven to be effective in intervention with people said to have specificities. Indeed, the current programs to quit smoking are addressed to the general population. Today, we observe more and more that smokers are people who usually have additional problems at various levels compared to smokers from previous years who were guided and supported by media campaigns targeting the general public and standard services provided by agencies in the public health and social services network and community organizations. The literature clearly shows that at present, the pool of smokers comprises essentially poor populations, people who are dependent on substances, people living with mental health problems, etc. It is thus more difficult to use these same types of programs to fight smoking to effectively support this pool of smokers who require new intervention means in order to feel concerned by services available to help them quit smoking.

Development of a new tobacco-dependence intervention program in the specific area of dependence treatment enables the program designers to innovate, draw from programs and directives proven to be effective, and above all to use experts' recommendations on intervention with current types of smokers. That is why people involved in the design and development of this new intervention program took the occasion to gather together the majority of appropriate intervention directives for particular types of clientele. For example, it involves intensive and

repetitive interventions services as well as post-program follow-up services.

Implementation of a program among a so-called captive population obviously can appear to some to be a guaranteed success and would appear difficult to reconcile with smokers in the general population. However, dependence problems the Maison l'Alcôve users encounter add a new level of difficulty that can perhaps help us to assert, despite their nature as a captive clientele, that their substance abuse problem inevitably represents an additional challenge in the design, development, and implementation of a tobacco dependence treatment program. Moreover, the reality of users of substance abuse treatment centres or support groups raises certain obstacles considering the high level of smoking among this clientele and the usual way dependence on alcohol and drugs is transferred and compensated for such as by use of tobacco productions, abusive consumption of food or coffee, etc.

The intervention strategy in the “I’m Butting Out Today!” program provides three types of tobacco-product dependence treatment, namely brief intervention, intensive intervention, and group intervention.

2.2.2.1 Brief intervention

Brief intervention is recognized by experts in the field of tobacco dependence as an effective and respectful way to encourage smokers to think about their dependence on tobacco. World directives in the area of tobacco-dependence intervention consider that all smoker should be regularly encouraged to reconsider their smoking habit at each meeting with a facilitator or with a health professional. According to this worldwide census, continual and regular reminders that only require a

few minutes favours a speedier move by the smoker towards reflection upon tobacco dependence and possible efforts to quit.

In light of this, Maison l'Alcôve facilitators in the "I'm Butting Out Today!" program make sure that they regularly remind users about tobacco dependence from the moment they arrive. After that, the people who do not wish to join the intensive program will nonetheless be regularly reminded about it until the end of their external follow-up.

These reminders are respectfully done and no pressure is put on individual smokers who choose not to go towards an initiative to quit smoking. However, as certain studies point out, quitting smoking can be an effective way to reduce the risk of relapse into dependence on other drugs. That is why the "I'm Butting Out Today!" program ensures that users are reminded about their tobacco dependence. This initiative fits very well into the centre's relapse prevention activities.

When the facilitator meets the user, he or she reviews the user's smoking habits and intentions regarding tobacco dependence. Together, they explore the advantages of quitting smoking during the stay and the means that are made available. The subjects addresses and the intervention tools for Maison l'Alcôve facilitators are largely similar to those used by other health professionals and are based on the intervention strategy proposed by Prochaska and Di Clemente. However, the user must be informed of the risk of relapse that maintaining of tobacco dependence can represent since presence at the centre addresses dependence treatment and this includes dependence on tobacco.

2.2.2.2 Group intervention

The Maison l'Alcôve offers group workshops to deal with various themes related to dependence treatment and relapse prevention. The design of a group workshop on tobacco dependence and the potential for preventing drug-dependence relapse is part of their regular mission and their treatment philosophy.

In addition, group meetings are recognized, by tobacco-dependence experts, to be an effective way to intervene with a clientele like that of the Maison l'Alcôve. Furthermore, these people are familiar with anonymous fraternities and support groups, and this increases the acceptability of this type of intervention. Finally, according to constructivist postulates, group meetings and group support value the feeling of belonging, community spirit, etc.

The themes addressed in group intervention are:

“You and tobacco”:

“Why smoke? What type of smoker are you?”

“Statistics and information”:

“Questionnaire: smoking versus health”, “Passive smoke”

“Smoking: a dependence”

“Physical dependence”, “Tobacco and drug dependence”,

“Psychological dependence”, “Stopping smoking? What’s in it for me?”

“Treatment”

The “I’m Butting Out Today!” program.

2.2.2.3 Intensive intervention

According to intervention recommendations of a major intervention guide published in the United States³, smokers with drug-addiction or alcoholism problems require greater attention in an initiative to quit smoking. These recommendations mention that it is strongly recommended to provide a more intensive intervention compared to smokers in general. More specifically, it is advised that services be implemented comprising individual meetings so as to allow this particular clientele to move more effectively towards a plan to quit smoking. This type of intervention becomes a favoured element in the design of a program to quit smoking.

It basically involves a series of meetings integrated with the substance abuse treatment. The facilitators address several specific items so as to determine at what stage of change the user is and to be able to support or motivate him or her as needed.

These interviews enable the facilitator to adapt these interventions to the stages of reflection of the user and to adapt to the user's need.

A log is provided to everybody who registers in the program to quit smoking. This document is used as a follow-up and progress tool for both the user/smoker and the facilitator.

³ “Smoking Cessation Clinical Guideline”, US agency for health care policy & research's clinical practice guidelines, Number 18, AHCPR Publication No. 96-0692: April 1996

2.2.2 Objectives targeted by the intervention program

The main objective of the intervention program is to help the clientele being treated to begin to think about moving towards quitting smoking and, ideally, to bring them to take concrete initiative in that direction.

2.2.3 Achieving intervention objectives

All the elements regarding evaluation results of the intervention program are not presented here because this information is presented in detail in the evaluation report. We would nonetheless like to inform the reader briefly about the results. To summarize, the intervention program enables users to end their dependence on tobacco. For those interested in statistics, 62 percent of participants in the “I’m Butting Out Today!” program quit smoking sometime during their stay at the Maison l’Alcôve.

3. Factors facilitating and constraining intervention by facilitators during the program

Several studies cast light on the factors that facilitate or constrain intervention in the area of ending tobacco-dependence. Experiments with the “I’m Butting Out Today!” program at the Maison l’Alcôve, which is specifically addressed at a clientele with substance-abuse problems, also ensured these factors were documented. On the one hand, the information gathered will be used to improve intervention and training programs. Indeed, the program fits in a perspective of continued improvement and active support for facilitators called upon to accompany users in their initiative to quit smoking at the same time as they are following substance-abuse treatment. On the other hand, this information will be used as a benchmark for other treatment

environments that wish to support people with dependence problems, including smoking. In other words, documenting these aspects of intervention will be useful for agencies working in the field of drug addiction who provide in-house or external dependence treatment services.

The “I’m Butting Out Today!” program comprises continued training. During the final training session, the facilitators are invited to discuss their intervention experience in general and then answer specific questions. All the facilitators presented their points of view based on the following questions: Did the intervention year reinforce your vision of the importance of intervening on the tobacco-dependence of users? Where are you situated now after intervening for one year? What are the elements of the program, its management, and the training that support and facilitate your interventions with residents regarding smoking? What are the aspect that seem to you to be the most difficult and that complicate somewhat your intervention about smoking?

The information gathered during this day will be used by managers in their non-stop efforts to improve programs and in the continued support they provide to facilitators who are directly in contact with the users. The activity in no way concerns evaluation of the program since it is a continued improvement process. However, the information can be considered for other research, work, and experiments, given the rigorous data gathering process used.

Data analysis results are presented in the following part. We divided the presentation of these factors in two parts: 1) facilitating factors; and 2) constraining factors.

It is important not to lose sight of the fact that quitting smoking is not compulsory for residents who smoke. Indeed, as in the intervention approaches with the general population, residents who smoke are free to undertake an initiative to quit or not.

3.1 Facilitating factors

Information gathered during the continued training session enabled us to categorize the types of data. We can class the data in five large categories: training, tools developed for facilitators and residents, intervention program, continuity of the intervention, personal characteristics of facilitators.

3.1.1 Training

According to comments gathered, the basic training is a major element to help the facilitators grasp the program and in the change of practices regarding intervention about the tobacco-dependence of residents who smoke.

Thanks to training, the facilitators were able to really understand the notion of dependence as related to smoking and particularly for people with drug-addiction problems. Indeed, the training favoured the discovery and a more accurate understanding of the links between dependence on substances and tobacco dependence.

The illustration and explanations of the location of dependence mechanisms in the brain are other elements that contributed positively to a change in practices. These explanations concerned such issues as the way dependence is built and consolidated from psychological, physical, and organic standpoints. This information is considered by

facilitators to be a key element in their understanding of tobacco dependence.

3.1.2 Tools developed to support intervention and the quitting process

The program included instruments already approved by specialists and also developed its own tools to facilitate and create new intervention habits among the facilitators.

For residents, having audio and visual documents during activities helped to facilitate intervention and to encourage resident smokers to quit. The intervention team considers it important to have tools to offer residents so as to improve their understanding of tobacco dependence and to supply concrete ways aimed at supporting initiatives to quit smoking. Finally the brochure entitled: “For smokers who don’t want to quit” produced by the Canadian Cancer Society is very useful when working with residents who smoke and are in early stage of contemplating quitting.

3.1.3 Program components

The different components of the program appear to work positively and in a different way depending on the period of therapy. According to the facilitators interviewed, the intervention at the beginning is crucial for introduction of the program. It favours reflection among the residents and helps to open their minds to the idea of quitting smoking right from the day of arrival. After that, the brief interventions planned throughout the resident’s stay also favour introspection and the development of motivation.

The intervention cycle is completed with the group workshop. It is one of the main catalysers for initiatives among residents to quit smoking. Often after this meeting, many people register in the program. The length of the workshop makes it possible to transmit full information which is not possible during individual interviews. Moreover, a group dynamic is developed in the workshop and this proves to be helpful in making changes.

Another weekly group meeting is added that brings together all those who joined the program or who are thinking about it. The format is inspired by Nicotine Anonymous support groups based on the twelve-stage program developed by Alcoholics Anonymous. This type of meeting is also well incorporated in the centre's treatment approach.

3.1.4 Service continuity

The intervention team underscored the importance of frequently repeating the message and making the links between smoking and other drug dependences. In other words, consistency and uniformity in the message given to residents is an effective factor in developing and supporting motivation.

3.1.5 Smoking among facilitators

Certain users appreciate the fact that facilitators have overcome their own problems of consumption. For them, that fact makes the discourse of the facilitators even more credible.

Experiments with the "I'm Butting Out Today!" program tend to give rise to the same phenomenon regarding tobacco dependence. The residents are more receptive to the message about quitting smoking when the

message comes from a facilitator who no longer smokes. Within the intervention team only on facilitator smokes. He admitted it was difficult to intervene about tobacco dependence with users since he felt he was in contradiction with his own dependence on tobacco. Moreover, he observed that he was more enthusiastic about promoting the program when he was also involved in an initiative to quit.

Thus, it should be considered that the chances of success in the implementation of this type of program can be somewhat reduced depending on the number of smokers in an intervention team. This team is affected by the smoking and the personal dependence difficulties experienced by the facilitators who smoke, since they are not very inclined to intervene.

On the other hand, the training program and the intervention program are elements that act positively on the facilitators' tobacco dependence and that of employees at the centre. Indeed, several employees at the centre became interested in quitting smoking for their own benefit. To summarize, the smoking status of facilitators appears to be a major element to be considered in the development of a program to quit smoking.

3.2 Constraining factors

The constraining factors are elements that hinder intervention. Similarly to facilitating factors, we have divided the consultation results into five categories:

1. Intervention philosophy and culture
2. Work schedule
3. Use of tools for the clientele

4. Medical support
5. Presence of smoking room in the basement.

3.2.1 Intervention philosophy and culture

In the drug addiction treatment field, continuing to smoke is often recommended. This practice is motivated by the fear that quitting smoking might compromise initiatives to treat other substances. At first, Maison l'Alcôve facilitators shared that idea. For many, smoking was only a bad habit.

Based on these beliefs, facilitators come to believe that it is preferable not to encourage users to quit smoking. Supporters of this philosophy believe that it is less damaging to smoke than to start drinking or taking drugs again. According to them, this position is justified by the notion of reducing harm.

This type of reasoning is not valid in light of the fact harm caused to health by smoking is greater than all drugs taken together, including alcohol. Moreover, scientific research shows that the synergy of the effects of tobacco combined with those of alcohol prove to be more harmful for the health of people suffering from alcoholism.

Scientific research has discovered that tobacco and alcohol stimulate the same neurons. Quitting smoking reduces the risk of relapse with alcohol and vice versa. From this standpoint, encouraging continued smoking goes against the conventional theory of harm reduction which mainly aims to mitigate problems related to abusive consumption.

Experiment results show that the total number of days of abstinence was higher among those who quit smoking at the same time they stopped

other substances compared to users who had either continued smoking or started up again (Kohn, Tsoh et Weisner: 1996). Taking these research results and the context of the “I’m Butting Out Today!” program into account, we believe that a real reduction in harm would be possible when people quit smoking during treatment of addictions.

3.2.2 Work load

In group meetings with facilitators, the lack of time appeared to be a barrier to intervention. Indeed, according to comments, the facilitators consider that they lack time to delve fully into the question of tobacco dependence. On the other hand, they do not think that treatment of tobacco dependence is jeopardized by the lack of time. They nonetheless raised the point that at times they would like to be able to take more time for the question of tobacco dependence.

Furthermore, they mentioned that if they had more time, it would probably be easier to help users to make a parallel between smoking and their consumption habits. But this aspect is fortunately covered in the group workshop on smoking in which all residents participate.

3.2.3 The log

The log is an interesting tool according to facilitators. They mentioned however that they are not convinced that the residents use it as they should. Moreover, the facilitators suggest that this tool be able to integrate the other aspects of the therapy such as treatment of alcoholism and drug addiction.

Discussion about the log appears to be more a suggestion to improve the tool than the identification of an obstacle. It is a priceless tool that would be enhanced if it included all the therapies and made the links between the various dependences so as to maximize its use.

3.2.4 Waiting times for access to nicotine substitutes

At first, the facilitators complained that the time required to obtain transdermic patches was too long. Unfortunately, in some cases the waiting time caused a loss of motivation among users. The residents often have the particularity of finding themselves without a valid health insurance card. This reality represents an obstacle since their access to nicotine substitutes is limited.

To counter this problem, the centre acquired provisions of patches and offers residents the possibility of having them as an advance. The patches are then given back by the resident once they have their prescriptions.

Despite this measure, there will still be extreme cases of people who cannot take advantage of free patches, either because they don't have a

valid health insurance card or because they do not qualify under insurance programs.

3.2.5 The smoking room

According to the facilitators, the residents often mention that the presence of the smoking room hinders their attempts to quit smoking. This clientele adds that the accessibility to a smoking room is too easy and that it has the effect of weakening their resolve to quit smoking.

Finally, these elements are interesting avenues for implementation of the program in other intervention or treatment environments where people suffering from drug addiction linked to dependence on tobacco products are received.

4. Preventing relapse

4.1 How relapse is perceived in the “I’m Butting Out Today!” program

Relapse in an effort to quit smoking is increasingly recognized in the literature as an intrinsic stage in treatment of tobacco dependence (Curry and Mc Bride, 1994, Brigham, Henningfield and Stitzer, 1991). Relapse is however be defined in several different ways. For some, it might be only a puff while for others it will be a question of smoking regularly, namely at least once a day for at least seven consecutive days.⁴

⁴ These distinctions and details are drawn from the text of Brigham, Henningfield and Stitzer, 1991.

In the “I’m Butting Out Today!” program, there is a clear distinction between a temptation and relapse. In other words, the terms temptation and relapse are defined as follows:

- 1) **Temptation** is behaviour, a weakness, in isolated event;
- 2) **Relapse** is a return to daily use of tobacco products with no reference or comparison to a particular quantity or a rate of use prior to the initiative to quit smoking. ⁵

How the periods of temptation and relapse are perceived is important from several standpoints. That is why the “I’m Butting Out Today!” program takes them into account by ensuring that users in treatment at Maison l’Alcôve are as well equipped as possible so that they are able to prevent and manage the problems of temptation and relapse more effectively as they encounter them.

The group workshop in the program is the main vehicle used to sensitize and equip the clientele regarding relapse into tobacco dependence. It is also obvious that quitting smoking and substance abuse treatment are both ways to protect against relapse into either of the dependences (Brigham, Henningfield, Stitzer, 1991, Curry, McBride, 1994).

Several factors can interrupt the state of abstinence of someone who has quit smoking. What’s more, a temptation or a relapse causes several negative feelings. Finally, it is essential that the people be equipped so that they are able to manage these periods of weakness and discouragement more effectively.

⁵ op. cit

4.2 Factors favouring temptation or relapse

There are factors that predispose both men and women to be tempted or to relapse, while other factors are gender specific.

- For men and women: smoking in one's entourage and the level of stress, alcohol consumption, degree of dependence on cigarettes, the positive effects felt when abstinence is violated, lack of knowledge of strategies to face the temptation to smoke;
- For women: employment status, high level of cigarette consumption, difficult conciliation of work and family responsibilities;
- For men: family smoking history, stress.

During a temptation or relapse episode, the person has negative feeling accompanied by moments of weakness, for instance, feeling blame, guilt, personal depreciation, negative moods including depression or despair.

4.3 Strategies for managing temptation or relapse

Also according to the literature, a person who has tools to manage temptation and relapse manages to continue to abstain better. Nicotine substitutes linked to management strategies increase the maintenance of abstinence among people who have undertaken to quit smoking (Brigham, Henningfield, Stitzer, 1991, Curry, McBride, 1994). Among strategies to manage temptation or relapse, the following tools are regularly referred to:

- Substance abuse treatment;
- Keeping at a distance and abstaining from being exposed on the short or medium term to potentially risky situations (friends who smoke, family difficulties, conflict, food linked to cigarettes, events that incite one to smoke);
- Review and reflection about the reason why the person decided to quit smoking.

In conclusion, providing a program to quit smoking to a clientele with substance abuse problems represents an indispensable tool for maintaining abstinence which is the target of dependence treatment. Quitting smoking should from now on be at the heart of this type of treatment since it represents a major dependence and risk of relapse to use of alcohol or other drugs. To ensure a comprehensive dependence treatment is provided, it is important to consider tobacco dependence treatment in the same manner as dependence on other substances is considered.

5. Experiment results

The experiment results for the “I’m Butting Out Today!” program are included in a large report. That document can be obtained on request directly from the Maison l’Alcôve administration. In short, the results are conclusive both from the standpoint of changing practices among facilitators and that of user initiatives to quit smoking.

Conclusion

The development, implementation, and evaluation of the “I’m Butting Out Today!” program is part of a developing, continued improvement, and experimental process. This approach makes it possible to make changes and improvements required as the different stages are carried out in the new program for quitting smoking addressed directly to users who have long been considered difficult to reach and to help. The program made it possible to validate our initial idea that it is possible to provide support to smokers living with other problems of dependence insofar as these people are respected as a whole.

Furthermore, experiments with the “I’m Butting Out Today!” program corroborate the studies that claim that quitting smoking does not harm in the simultaneous treatment of drug addiction. The rate of adhesion to the program also allows us to conclude that users wish to quit smoking and free themselves from nicotine along with other substances. From our standpoint, the experience has now convinced us that tobacco dependence is an unavoidable issue in the treatment of dependences. It is a severe addiction that should no longer be trivialized.

The “I’m Butting Out Today!” program is designed so that it is possible to adapt it to other intervention environments similar to the Maison l’Alcôve.

Through this program, we believe we are participating actively in dependence treatment by thus contributing to the improvement of health and prevention of relapse among people living with consumption problems. The success of this program is to be shared by several people who each contributed in their own way to the success of this ambitious and daring project.

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Appendices

Table		
Principles teaching/learning of practices in constructivism and instructivism		
	Constructivist practices	Instructivist practices
Individual dimensions		
1. Role of the learner	Active builder of knowledge Collaborator sometimes an expert	Someone who listens Always a learner
2. Conception of learning	Transformation of information to understanding and meaning	Accumulation of information
3. Cognitive basis	Interpretation based on earlier knowledge and beliefs	Accumulation based on previously acquired information
4. Types of activities	Centred on the learner, varied, according to the styles of learning Interactive relationship	Centred on the teacher Didactic relationship Same exercise for all learners
5. Type of environment	Support	Hierarchical
6. Type of curriculum	Rich in resources, built on activities Provides access to	Pre-established and fixed, provides only the required resources

	information on request.	
7. Proof of success	Quality of understanding and construction of knowledge	Quantity of information memorized
8. Flow of activities	Self-directed	Linear and teacher led
9. Evaluation	In reference to skills, portfolios	In reference to the information Tests on short questions Standardized tests
Social Dimensions		
1. Conception of knowledge	Like a dynamic process that evolves in time and in a given culture	A static truth that can be acquired once and for all, whoever the learner may be
2. Teacher's role	Collaborator, facilitator; sometimes a learner	Expert, transmitter of knowledge
3. Teaching emphasis	Relationship creation Answering complex questions	Memorization Emphasis on information
4. Main actions	Cooperative work Development of projects and problem solving	Reading and individual exercises
5. Social model	Community, sense of	Classroom

	<p>belonging</p> <p>People acting on their own environment and not only dependent on it</p> <p>Development of autonomy, meta-cognition and critical thought</p>	Learners as receivers of knowledge transmitted
6. Role of play	Play and experiments as valid ways to learn	Play = loss of time Limited experiments
Tools and technology	<p>Varied: computers, video players, technologies that bring the learner directly to the day-to-day experience, books, magazines, periodicals, films, etc.</p>	Papers, pencils, texts, some films, videos, etc.

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