

# Reducing the burdens of harm through a collaborative workplace tobacco management approach

with the non-government alcohol, tobacco and other drug, mental health and youth sectors in the ACT.

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## Background

On 1<sup>st</sup> May 2009, the ACT Health Smokefree Workplace Policy was implemented. The policy aims to reduce the health risks associated with smoking and exposure to environmental tobacco smoke in order to provide a healthy and safe workplace for all employees, patients, visitors and contractors. ACT Health also wrote to non-government organisations to encourage all services funded by ACT Health and provided within ACT Health buildings to adopt similar policies and measures. According to available evidence, rates of smoking among clients and workers of mental health, AOD support services are high when compared with the general population.

An evaluation of the impact of the introduction of the ACT Health Smoke-free Policy highlighted a number of issues for staff, including: staff perceiving a lack of consultation, adequate training, management support, consistency and appropriate procedures and protocols when the bans were introduced; many staff were not committed to the Policy; the process of the implementation of the Policy caused a degree of division amongst the multi-disciplinary staff team; staff believed they are perceived as 'policing' the clients; some staff felt that the Policy increased their workload; and that clients' ability to focus on recovery has been impaired by their focus on not being able to smoke.

The ATODA ACT Workplace Tobacco Management Project aims to address the issues identified above from the outset by implementing a pilot monitoring and evaluation study across a range of 'test' organisations within this sector.

## Aims

- To develop a multi component staff and organisational level project that reduces smoking behaviours in workplaces and supports organisations with the development and implementation of workplace tobacco management policies.
- To conduct rigorous evaluation activities to monitor and report on the attainment of changes at the staff and organisational level.

## Methods

### Quantitative

Time series design (three month intervals) measuring nicotine dependence, quit and reduction rates, smoking behaviours and patterns in the workplace, attitude to tobacco management policy and processes in the workplace.

### Qualitative

The qualitative research component of the research project uses grounded theory to provide insights into the individual and collective processes within the Workplace Tobacco Management Project. This component of the research seeks to uncover the contexts, meanings, processes and value attributed to smoking, tobacco management and smoking related behaviours and practices, within the participating workplaces, and capture and account for any changes and ascertain how and why these changes took place or did not take place.

## Results

Figure 1: Participants by sector employed.

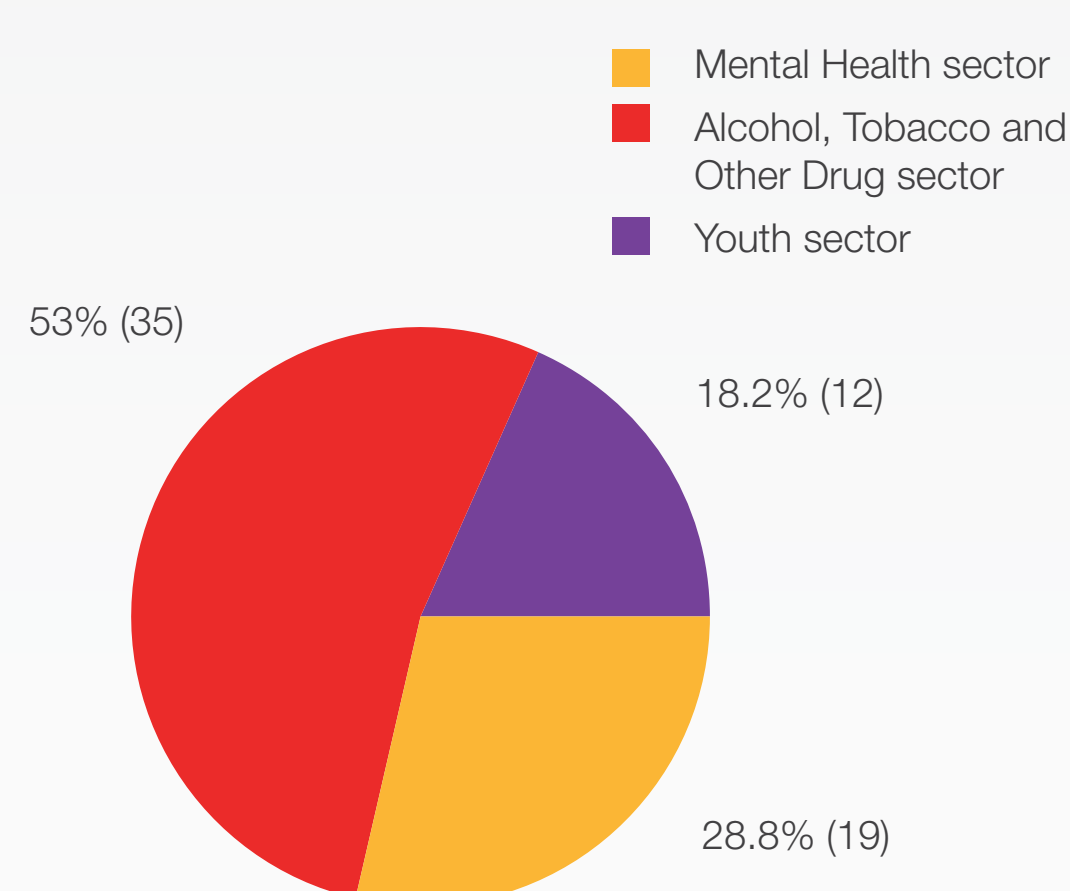


Figure 2: Smoking status

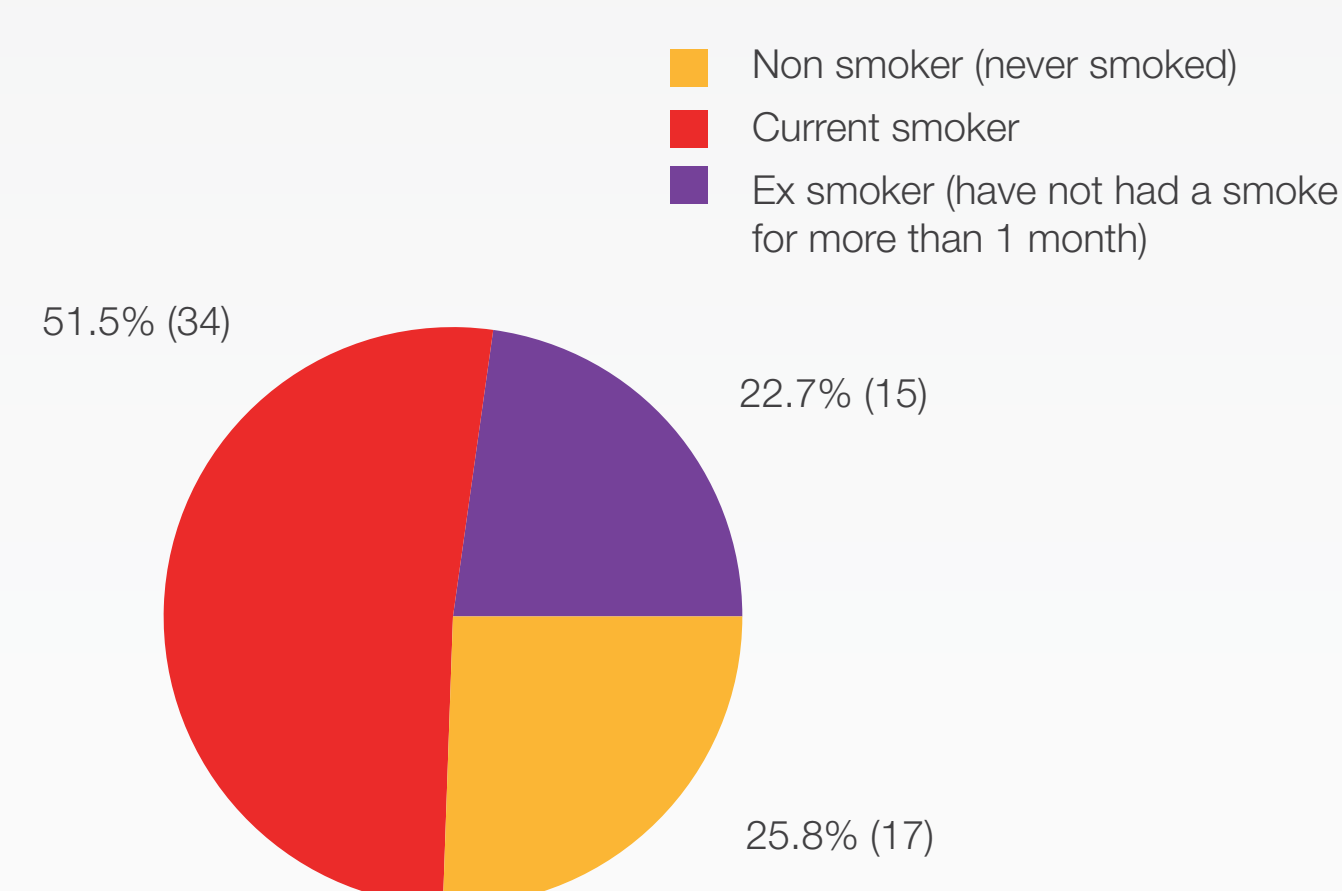
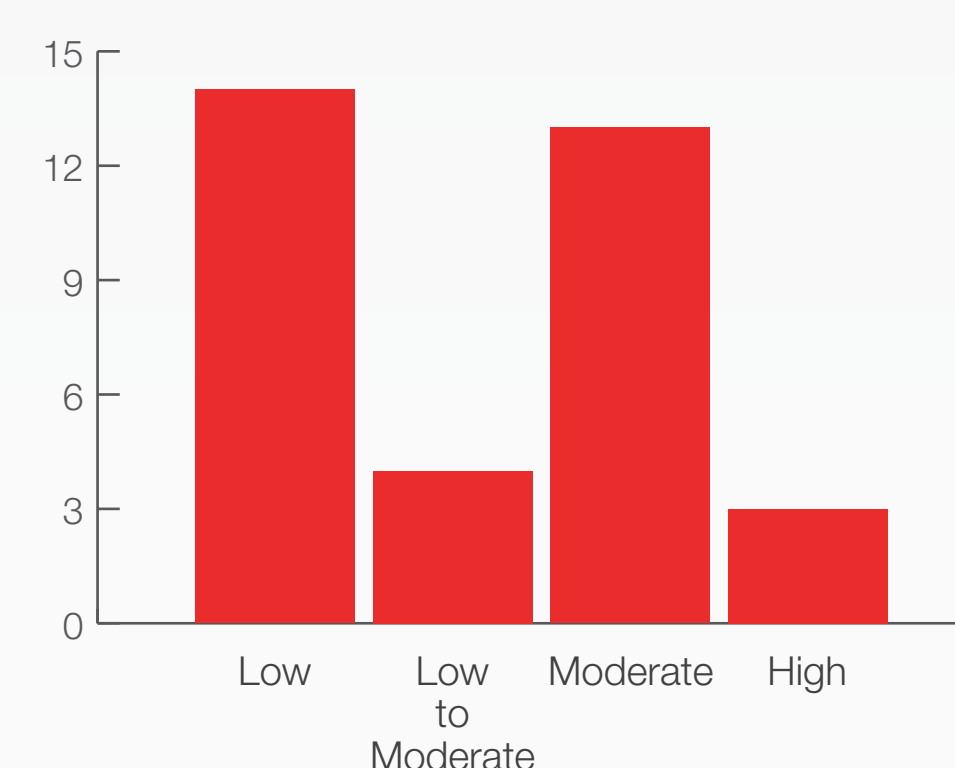


Figure 3: Nicotine Dependence (Fagerström).



### Factors associated with improving access to quit attempts

- Almost 80% of all staff have attempted to quit and a similar proportion are currently thinking about reducing or quitting
- Children in the home are a motivator for quitting
- Increasing price of cigarettes was identified as a motivator for quitting amongst ex-smokers
- Wanting to be 'healthier' (short term gains)
- NRT is the preferred method for staff to use in a quit attempt
- 'Cold turkey' is the most common method used last amongst ex-smokers

### Factors associated with maintenance of smoking behaviour

- Formal and informal smoking networks at work
- Use of smoking to 'build therapeutic relationships' with clients
- No tobacco cessation or reduction education for staff and clients
- Limited training on brief intervention and motivational interviewing
- Knowledge of, or uncertainty about workplace tobacco policy
- No systematic assessment of nicotine dependence or treatment options for staff and clients
- No access to nicotine treatment options for staff provided by the workplace

## Key findings

- › Over half (55%) of staff working in the ATOD, Mental Health and Youth sectors were smokers.
- › Almost three-quarters (74%) of respondents were female.
- › Most staff (79%) have attempted to quit, or were in the process of quitting or cutting down.
- › Most staff presumed their clients were not ready or willing to quit or reduce smoking.
- › It is uncommon for organisations to assess clients for NRT/tobacco cessation or reduction.
- › Half of the organisations surveyed routinely discussed tobacco use with clients.
- › Tobacco cessation or reduction training undertaken by staff was uncommon.
- › Environmental and socio-cultural circumstances play a significant role in relapse.
- › Provision of support to sites via the project officer was key in integrating research and education to enable social transformation.
- › Tobacco management in the workplace was an emotional issue with three key themes emerging that had an effect on behaviour:
  1. Individual health (whiter teeth, sense of smell and taste, better skin and improved physical fitness).
  2. Wellbeing (a lack of self-esteem and pride, shame and embarrassment, lower sense of self worth).
  3. Financial (cost of smoking, cost of NRT, equating money saved with reward such as holiday)
- › Many staff believed that smoking financially handicaps clients by impacting on them being able to pay rent, buy food and attend to debts.
- › The 'smoker identity' was a powerful mediator in cessation/reduction and relapse.

### Organisational policy

The organisational survey showed that most of the nine organisations had a moderate amount of work to do to comply with tobacco management policy practices, although only two had a workplace tobacco management policy in place.

The most appropriate way to proceed was to have a collaborative process between staff, management and boards.

Major concerns existed about how clients would support the development and implementation of the policy. There was concern about the effect this would have on the therapeutic relationship with the client, as many clients and staff smoked together. Some were concerned about the principle of choice.

### Implications

Tobacco management in workplaces with high smoking rates requires dedicated approaches.

### Conclusion

This project approach may have broad relevance for the NGO sector wanting to reduce smoking behaviours.