

**LAST
DCSR**
BREAKING THE CHAINS OF ADDICTION SINCE 1984

Patches make you blind to the Truth



14 Years of Success
Nicotine Free
Smoking Cessation Works

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ABSTRACT

Nicotine Free Smoking Cessation supports recovery from other addictions

Last Door has well over a decade of success in Smoking Cessation in long term residential Alcohol and Drug treatment. Last Door delivers treatment for Substance abusers who, as a population are more likely to smoke cigarettes. Research on the availability of smoking cessation services in addiction treatment is limited to a small number of studies. **Data collected in the 1990s in Minnesota revealed that very few treatment organizations assessed clients for their tobacco use or offered smoking cessation services.** Many recovering people die from smoking-related diseases. Recovering substance users are **interested in smoking cessation** and **are able to stop smoking.**

Last Door Recovery Society has been providing quality addiction treatment services for individuals and families for 28 years and smoking cessation for 14 years. The society is respected and well known in the treatment field and received the **Award of Excellence in Addictions** by the Association of Substance Abuse Programs of BC in 2005. Last Door programs offer a continuum of care that includes group and one to one counselling, peer support, balanced diet and nutrition, recreation, positive socialization, family counselling, holistic therapies like acupuncture, naturopathic therapies and yoga and a solid continuing care

A key facet of the Last Door experience is immersion in a **culture of recovery**. Participants are able to become part of a dynamic and healthy community that facilitates and enhances positive change and provides support beyond the treatment experience. This prepares them with all the resources they need for when clients return to their home communities.

Last Door Recovery Society
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- 100% of Clients believe it works! i
- Nicotine Abstinence Improves Addiction Treatment Recovery Rates ii
- In hospital patients where NRT was given as regular daily patches plus and an inhalator to be used as needed, did not add to the smoking cessation rate achieved at 1 year by regular advice and support vi
- 36 year old client* says: "i found the result to be amazing to see a very resistant population to smoking cessation, change instantly due to healthy choice and group dynamics and support" *Client is a medical Doctor *18 year old Client says*
- "it wasn't until 60 days that I realized no smoking was a good idea"

SMOKING HURTS

Smoking causes **additional harms** in treatment beyond the documented Health Concerns

Property and Facility Damage caused by burns, smoke, ash and odour.

Financial Unmanageability for Clients whose comfort cheque cannot cover the costs of an average \$300 per month habit.

Treatment outcomes Improve for non smokers. iii

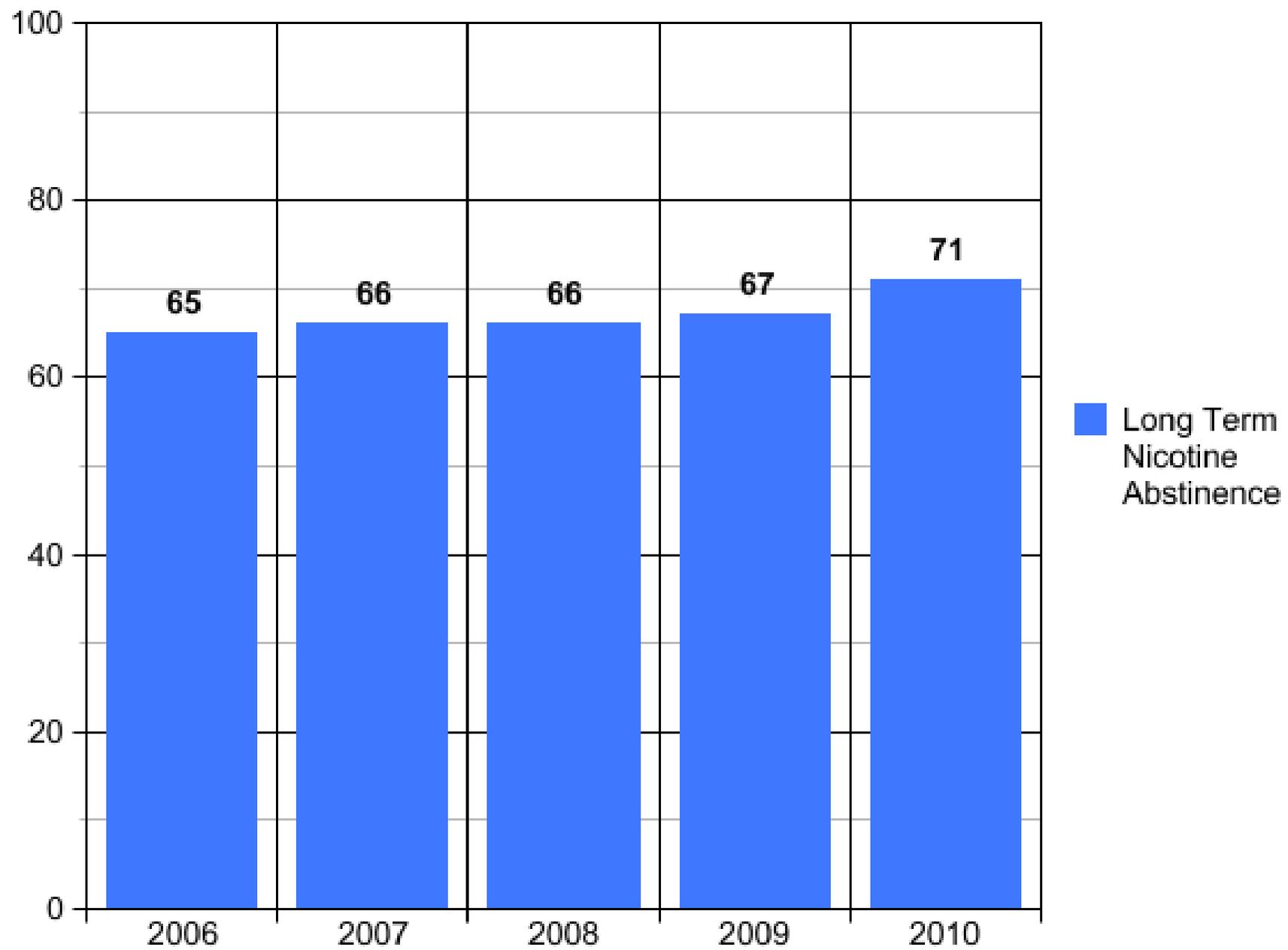
Abstinence is cost free and does not require the continued use of nicotine substitutes and the costs associated with patches and pills.

A silent killer of family, friends and children through second hand smoke.

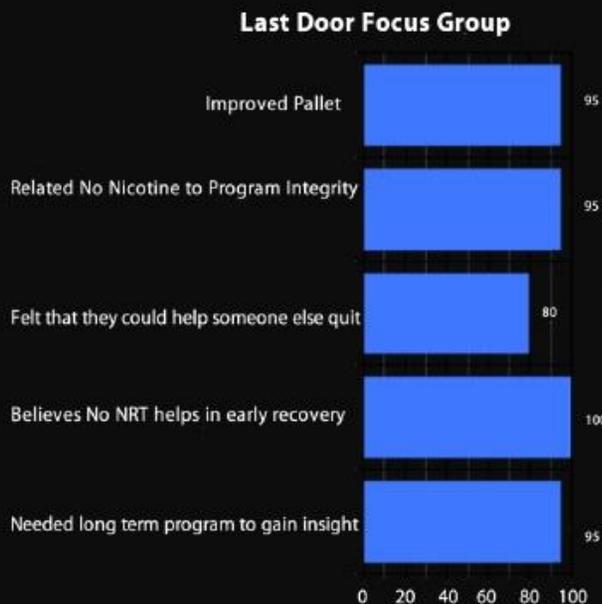
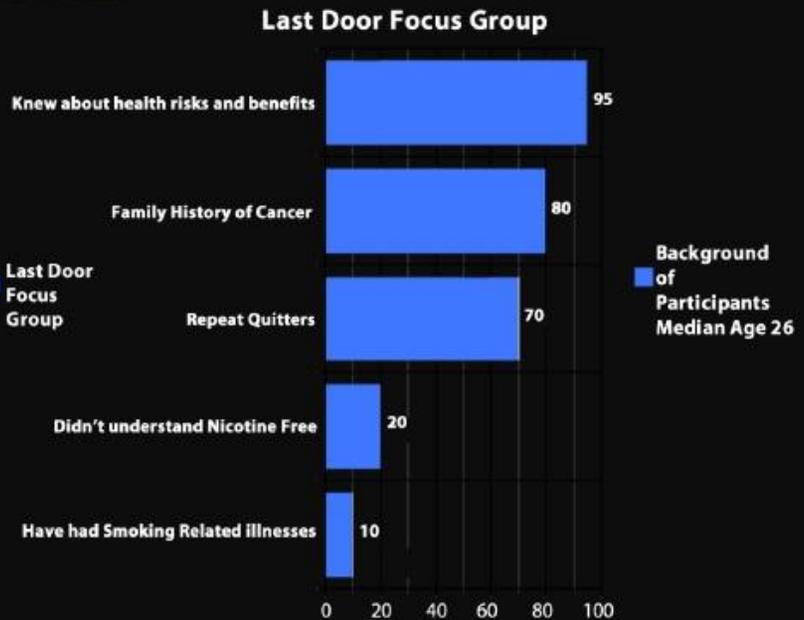
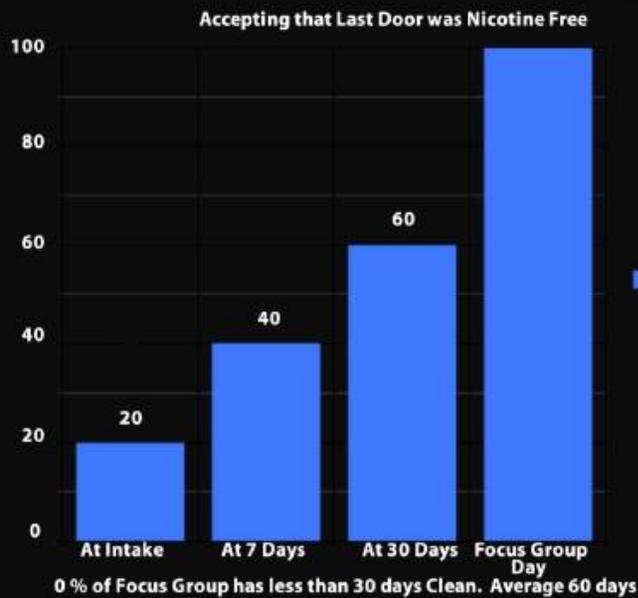
A client initiated program -launched in 1998 at the request of our clients to support a recovering addict suffering advanced emphysema.

Nicotine is highly addictive – could be a pre-cursor of impending relapse. iv

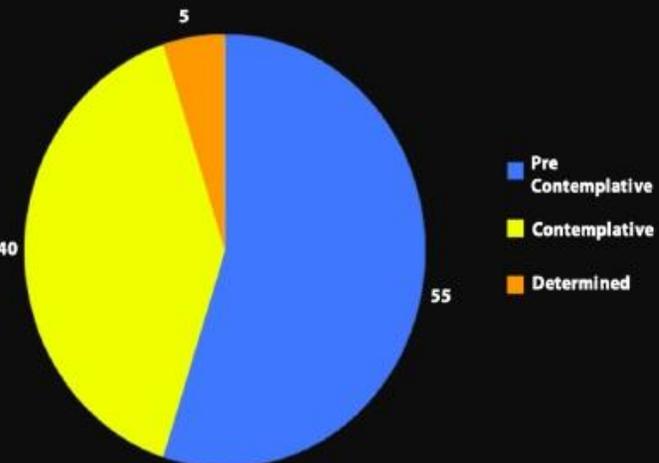
Nicotine Cessation at 6 Month Follow Up



CLIENT RESPONSE



Transtheoretical View of Client's Readiness to Quit Smoking without Nicotine Replacement Therapy (NRT)



Focus Group Members were advised of Last Door's no Nicotine Policy During their telephone screening

METHODS

Organizational buy-in included smoking cessation by the entire staff team to support the client who initiated abstinence.

Staggered intakes permitted incoming clients to join a culture of abstinence and feel supported

No bargaining with the non-smoking norm. Parents, friends, visitors all are required to support the culture while alumnus share their experience with current clients.

Counselling and support are provided to all clients and include elements of CBT and behaviour modification.

Psycho-educational & Process Groups are used to educate and support new clients and enforce the cultural norms for the entire community.

Recreational and Traditional Supports are incorporate - clients participate in Yoga, Acupuncture, Exercise, Lifestyle and Health groups.

Chewing bubble gum rather than nicotine gum and using patches serve as an alternative based on research and practice^v.

CLIENT EXPERIENCES

- “I had a desire to quit but couldn’t on my own”.... 20 year smoker
- “It wasn’t until 60 days that I thought no-nicotine was a good idea”
- “I promised my deceased family I would quit everything nicotine included.”
- “Mentally made me feel how addicted I was”
- “Alternative health choices were made available immediately”
- “I always smoked while I was on the patch”

CHALLENGES

- Not universal in treatment centres
- No consistency in the system of care
- Belief Systems override the science
- Socially acceptable use
- Harm Reduction Culture
- Myth of Abstinence

OPPORTUNITIES

- Social Bonding
- Leading Edge Thinking
- Reduction of Chronic illnesses
- Reduce Maintenance Costs
- Reduce theft and petty crime
- Reduce relapse rates for other drugs

FOR DISCUSSION AND CONSIDERATION

- Are there any benefits to smoking?
- Is NRT safe?
- Can people quit everything?
- How ready to change are people?
- Can people in treatment legally afford to smoke?
- What other health care costs are reduced?
- Will abstinence divert obsession?

i Last Door Focus Group August 2011

ii Proshaska 2010

iii McDonald, Roberts & Descheemaeker 2000

iv NRT Studies UK

v How effective is the patch in comparison to other methods of smoking cessation? In a large scale review of 3,000 interventions, simple advice from a physician raised long term quit-rates from 7.9% to 10.2%. (If this is the basis for comparison, then perhaps it is assumed people quit on their own at a rate of 7.9%.) The authors cite “a recent study found a 24 week abstinence rate of 11.0% with a nicotine patch, compared with a rate of 4.2% with a placebo patch.”

vi S Hand et al Thorax International 2002