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BACKGROUND and AIMS

Background:

- It was demonstrated that tobacco policy is connected to smoking prevalence in companies and public buildings. Smoking bans (Fichtenberg and Glantz, 2002) and restrictive structural measures (Serra, Cabezas, Bonfill and Pladevall-Vila, 2000) are very effective in order to reduce smoking.
- Structural based interventions seem to be an efficient way to increase cessation rates and the multi-level intervention is regarded the most promising way. Supported by management and executives, it seems even more successful. (Serra, Cabezas, Bonfill and Pladevall-Vila, 2000)
- In alcohol addiction treatment centers, individual specific smoking cessation interventions, do not seem to be effective in the subgroup of smokers (Metz et al., 2006; Prochaska et al., 2004). The implementation of a multi-level intervention and its influence on structural measures and tobacco policy has not been investigated in the setting of alcohol addiction treatment centers, so far.

Aim:

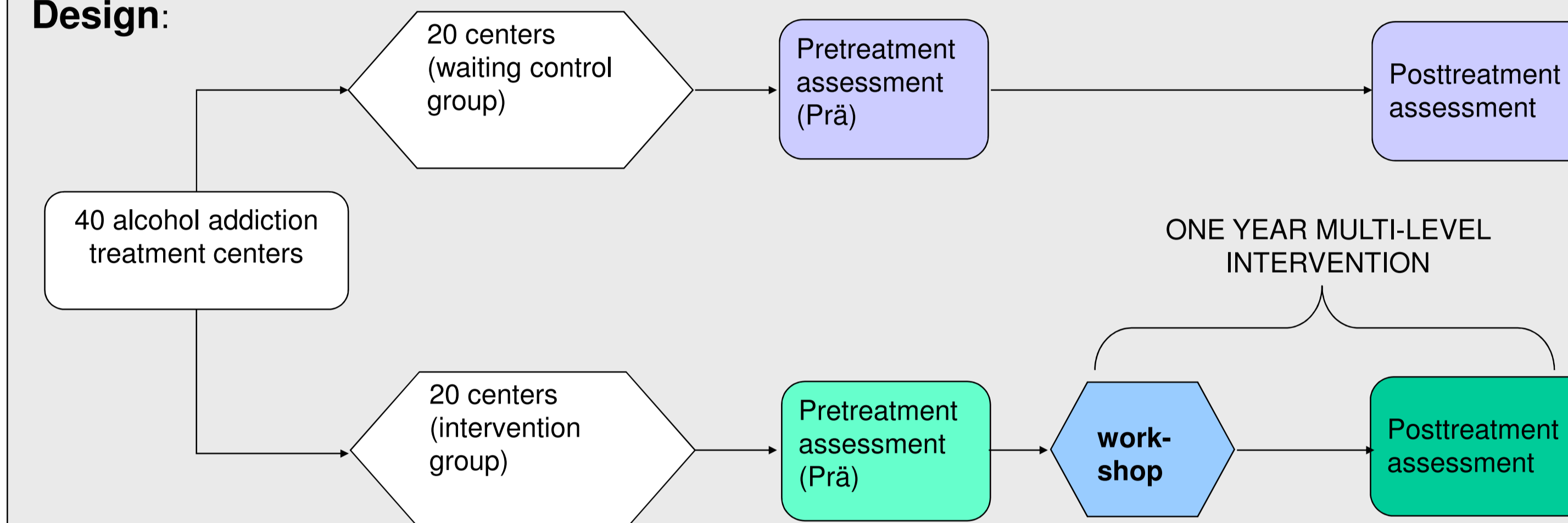
- To test the effectiveness of a multi-level intervention to improve tobacco policy in alcohol addiction treatment centers.

METHODS

Sample:

Pretreatment: Data of N= 200 employees from 40 alcohol addiction treatment centers
Posttreatment: Data of N=184 employees from 38 centers (matching pre-post: N=115)
→ 10 employees were excluded because the center dropped out before posttreatment assessment.
→ 6 employees left the center and were no longer available for assessment.

Design:



Instruments:

Tobacco policy was measured by a modified questionnaire, developed from evidence and recommendations of international guidelines (ENSH, 2003; Fiore et al., 2000; Hopkins et al., 2001; Task Force on Community Preventive Services, 2000; U.S. Department of Health and Human Services, 2000).

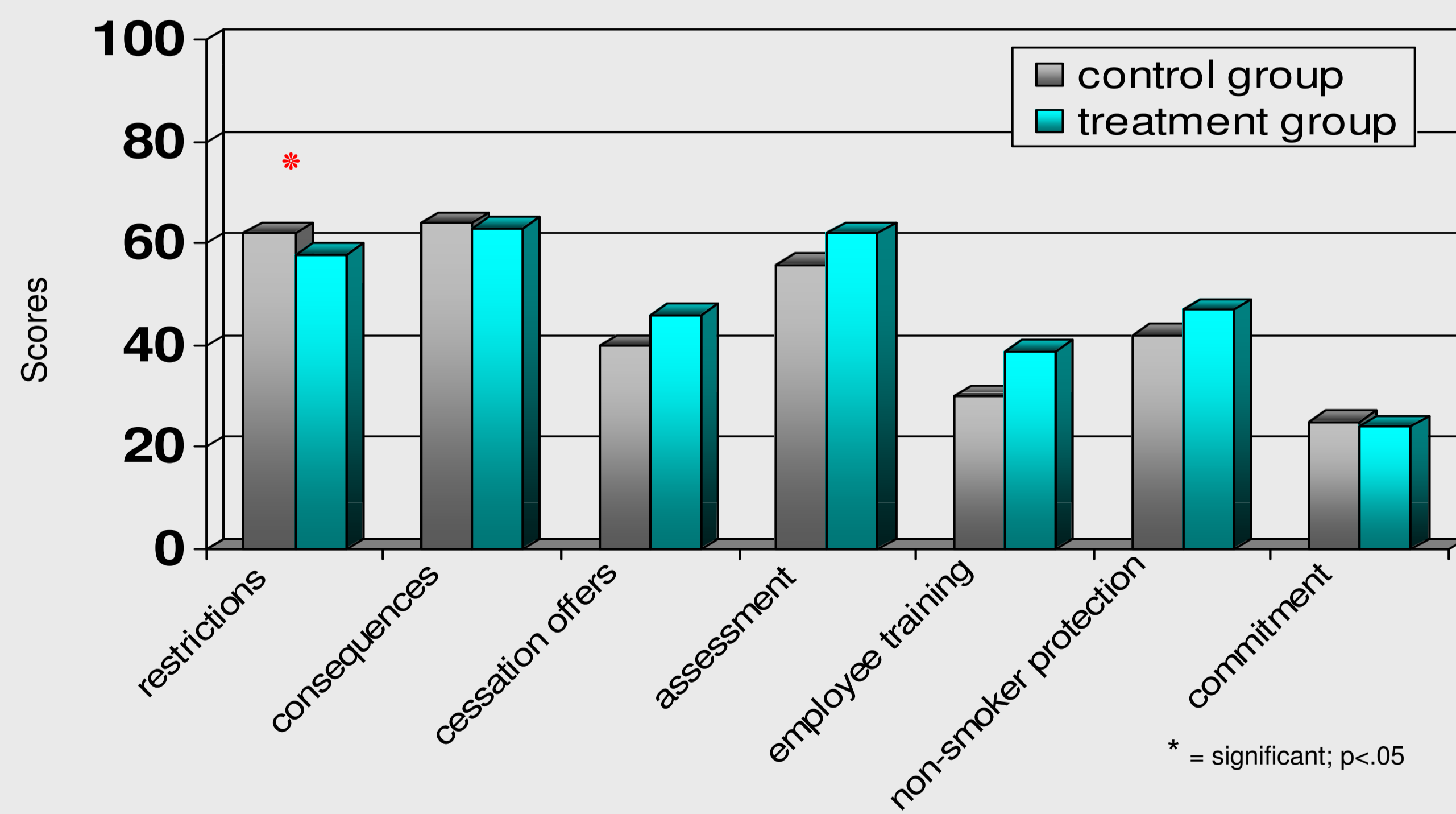
Tobacco policy was divided in seven category groups:

- Smoking restrictions
- Consequences
- Assessment of smokers
- Smoking cessation offers for patients
- Smoking-related training of employees
- Non-smoker protection
- Commitment of center

Each group consists of 5-12 categorial items („yes“, „no“, „I do not know“), where „yes“ answers were counted. In order to make the counted values comparable, they were transformed on a scale from 0 to 100.

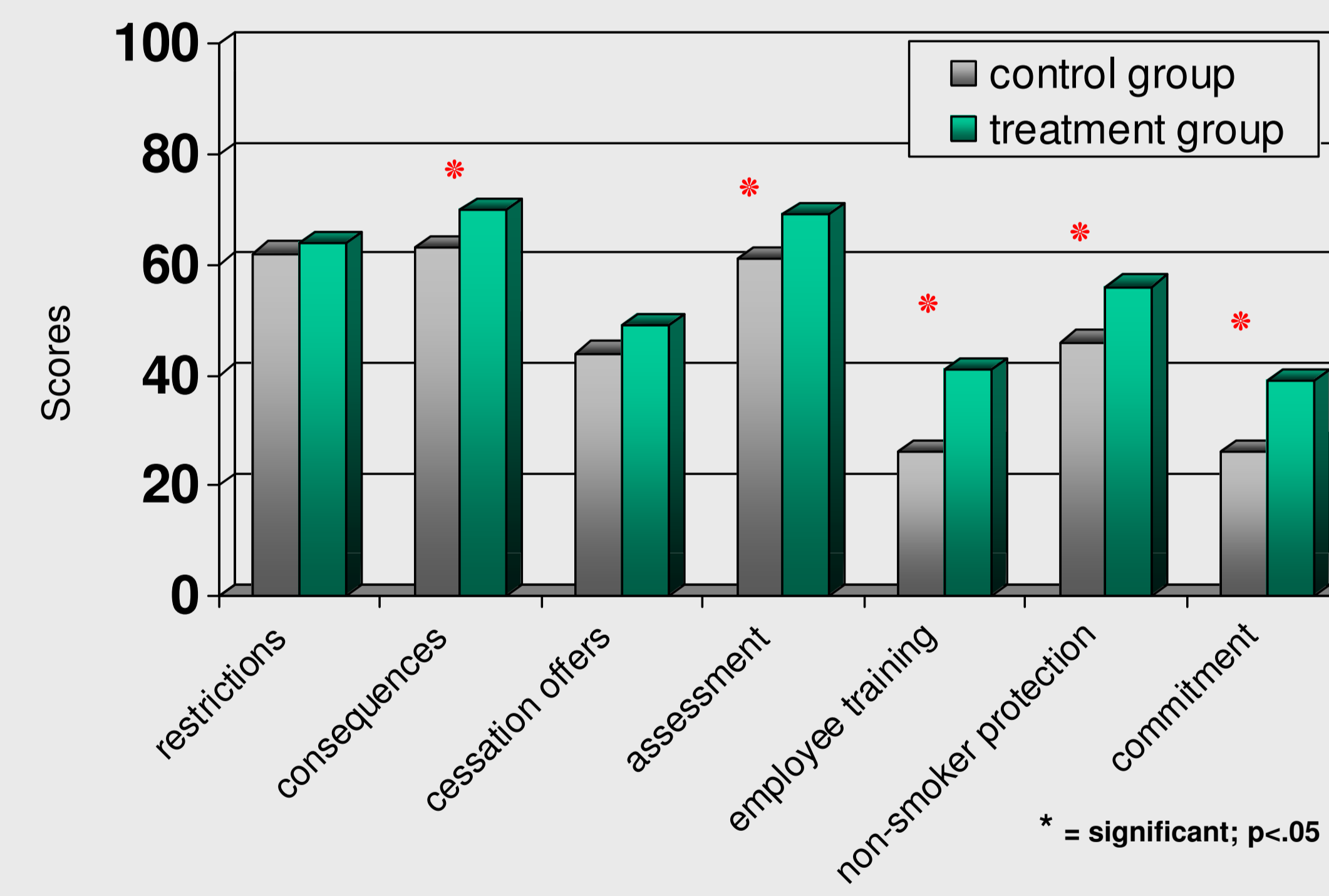
RESULTS

1. pretreatment assessment



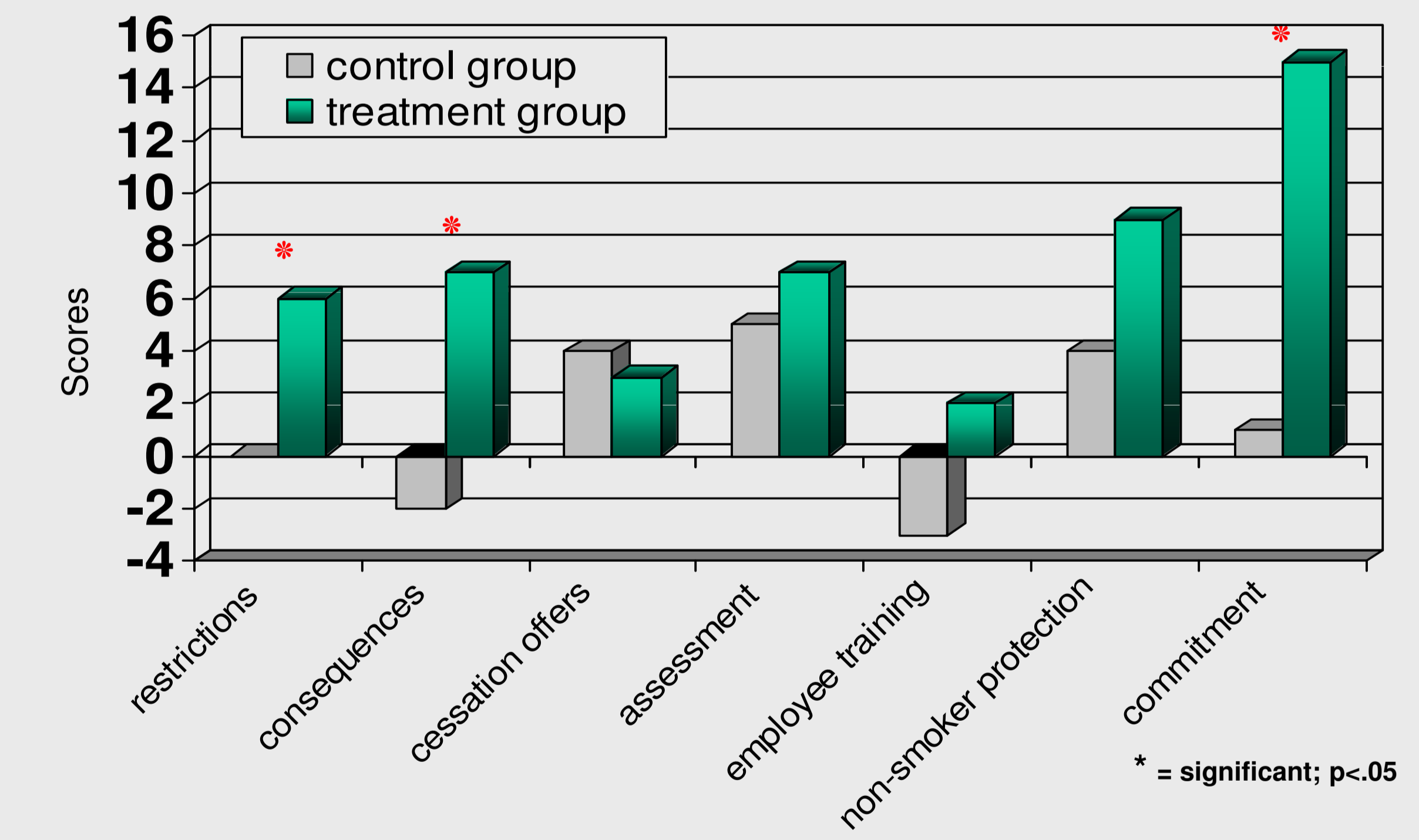
Except from smoking restrictions, there was no significant difference between experimental and control group before intervention

2. posttreatment assessment



After intervention, the posttreatment assessment demonstrates significant results in the category groups: consequences, assessment, employee training, protection of non-smokers and commitment

3. Differences in changes over time



Every category in the 1 year multi-level intervention group increased more than the group without intervention

DISCUSSION

- Effect of multi-level intervention:** One year of multi-level intervention has a significant positive influence on tobacco policy.
- Effects despite political changes at the national level:** Despite the recent political improvements, the multi-level intervention had an additional positive effect on the treatment centers' tobacco policy. It indicates, that the training itself had an influence on tobacco policy in alcohol addiction treatment centers.
- Validation of questionnaire:** First positive results for the validation of the questionnaire of tobacco policy.
- Further improvements required:** In all categorial groups of tobacco policy, improvements are possible and should be targeted in the future.

Restrictions:

- A new questionnaire has been used which has to be validated in the future.
- No representative sample was recruited, only 5 employees per center were assessed.
- The assessed sample of each center in the pre- and posttreatment measurement did not correspond completely. However, it can be assumed, that a well communicated tobacco policy is independent from the respondent.

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