CASE STUDY

Integrating Tobacco Control into The Salvation Army's Substance Abuse Training Curriculum

THE SALVATION ARMY®

NATIONAL NETWORK *on* Tobacco Prevention *and* Poverty

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INTRODUCTION

In 2000, the Health Education Council entered into a five year cooperative agreement with the Centers for Disease Control and Prevention (CDC), Office of Smoking and Health, to develop a National Network for Tobacco Prevention targeting low socioeconomic populations. This network, consisting of national organizations serving poor populations, came to be called the National Network on Tobacco Prevention and Poverty (NNTPP). This case study was developed as a result of a joint effort with The Salvation Army, an NNTPP stakeholder organization, to assess the readiness of Salvation Army facilities to incorporate treatment for nicotine addiction into their alcohol and other drug treatment programs.

OVERVIEW

The Salvation Army is one of the world's most prominent social services agencies known for its philanthropic work and substance abuse treatment programs that serve populations with little access to traditional health care and social services. The Salvation Army joined the National Network on Tobacco Prevention and Poverty (NNTPP) when the opportunity arose in 2000. True to its action-oriented approach, The Salvation Army quickly became one of the Network's most active participants in promoting change for tobacco control. One opportunity for growth in particular stood out to Joseph Mole, Social Services Training Consultant for the Army's USA Central Territory and the organization's national representative for NNTPP. While The Army's treatment and rehabilitation facilities located throughout the country serviced many low-income individuals, treatment of tobacco addiction had never been addressed aggressively or consistently in any of these facilities. Integrating tobacco control into The Army's existing structure for dealing with substance abuse seemed like a natural evolution for these treatment programs.

Tobacco use causes one out of every five deaths in the U.S. every year, making it the most preventable cause of death in this country. Tobacco use prevalence is particularly high among individuals in low socioeconomic status (SES) populations, which includes many of those in substance abuse treatment programs. Individuals suffering from substance abuse are over-represented in the smoking population. Approximately 80% of substance abusers are smokers compared to 23% of the general population and over 50% of recovering alcoholics and addicts will die from tobacco related diseases.

Traditionally, The Salvation Army's treatment and rehabilitation programs have focused on alcohol and illegal substances such as heroin and cocaine. Tobacco was only touched upon in occasional smoking cessation groups offered sporadically throughout the year. At Mole's suggestion, a team of Stakeholders and staff collaborated for over eight months to develop a training curriculum geared with a special emphasis on tobacco control in low socioeconomic status (SES) populations. By including tobacco control in The Army's substance abuse training program, the NNTPP team hoped that Salvation Army personnel would be better equipped with information and tools to provide tobacco treatment service to their clients in order to reduce tobacco use. The first such training occurred in The Army's Central Territory at its May 2003 Territorial Addictions Services Seminar.

More than 40 Salvation Army officers, caseworkers, treatment counselors, and administrators successfully completed the initial training. At the end of the training sessions, six participants volunteered to have their treatment facilities serve as pilot sites to help replicate the training for other Territories and put the lessons learned at the seminar to use on a more localized level. In other words, these facilities have agreed that tobacco addiction needs to be aggressively addressed along with other addictions. NNTPP hopes to institutionalize tobacco prevention/cessation trainings as part of The Salvation Army's Territorial Addictions Seminars. These are just the first steps in a larger effort to implement an integrated approach to low SES tobacco control throughout The Salvation Army that includes awareness, training, integrated cessation services as an integral part of drug rehabilitation, and policy components. By initiating change internally within a large organization with nationwide access to low SES populations, NNTPP and The Salvation Army are finding new ways to engage in an old fight against tobacco use.

SITUATION AND CHALLENGES

The key challenge faced by NNTPP was determining how to decrease tobacco use within its target population. Collaborating with national organizations such as The Salvation Army that provide direct service to low SES individuals and families proved to be a worthwhile strategy and a valuable partnership. However, given The Army's very formal organizational structure and its thousands of facilities nationwide, finding the best and most effective access points for NNTPP was not immediately clear.

Background on The Salvation Army

Founded in London, England, in 1865, The Salvation Army is an international movement and is an evangelical part of the Universal Christian Church. The Army implements a variety of social and health service programs to provide both immediate relief and long-term solutions to those in need. The Salvation Army's organizational structure is based upon a military model and its highest-ranking officer – the General – serves as the organization's worldwide leader.

In the United States, The Army is comprised of approximately 5,400 officers (clergy) and nearly 41,000 non-clergy (civilian) employees. These employees are assigned to one of four service regions: the Central, Southern, Eastern, or Western Territory. Together, the Social Service Programs of these four Territories served nearly 38 million people in the United States in 2001. Many of those served were from low SES populations.

"Even though the Army serves nearly one out of every eight people in the U.S. and has great brand recognition, most people don't know the full scope of services we provide," said Joseph Mole from the Central Territory. "You're more likely to hear about our emergency disaster services than our substance abuse treatment services on the evening news. However, treatment services are a major part of what we do. Unfortunately, tobacco is not a part of those treatment services because it is not seen as a drug or even as being all that harmful when compared to other substances."

Tobacco: A "Second-Class" Drug?

Many do not consider tobacco addiction as a serious problem nor is it treated as aggressively as other addictions such as cocaine, heroin, or alcohol. Regardless, tobacco remains the number one preventable cause of death in the United States. Twenty-three percent of all adults in the United States smoke. And approximately 50% of all cigarette smokers will eventually be killed by their habit. These numbers are even higher for low SES individuals and for those with less than a high school education. An estimated one-third of low SES individuals and those with little formal education are current smokers. The Salvation Army sees this first-hand among clients in its Adult Rehabilitation Centers (all-male residential rehabilitation facilities) and Harbor Light Centers (co-ed residential and outpatient treatment and rehabilitation centers usually located in inner cities). For those currently participating in alcohol and drug recovery at these facilities, tobacco use prevalence hovers around 75 to 80 percent, more than three times the rate for the general population.

"There's no question that The Army has the reach and the platform to help reduce tobacco use among low-income and medically underserved populations," Mole commented after learning just how common tobacco use was during a site visit with other NNTPP participants. "The problem is that most of our work is so focused on other drugs, tobacco seems to fall by the wayside. But the numbers don't lie, tobacco is the most deadly drug of them all. I'd love it if we could get our trainings and treatment services to reflect that more."

New Players in Tobacco Control

Just two years prior, Mole was one of a dozen representatives from a diverse

set of national, state and regional organizations who gathered in Chicago for the first Stakeholder meeting of a new tobacco control network. They had all responded to the Health Education Council's invitation to learn about the Network and about becoming leaders in a movement to reduce tobacco use among populations of low socioeconomic status. Many representatives were familiar and active in coalition and advocacy efforts. Participation in NNTPP offered the opportunity to become involved in tobacco control on a more broad and far-reaching level.

NNTPP consists of representatives working in a variety of different health and social services settings including gospel rescue missions, correctional health care associations, national health agencies, community health centers, community builders, state public health departments, rural Alaska communities, alcoholism and drug dependence programs, and university health research programs. The common thread among them was their service and commitment to low SES communities and their interest in adding tobacco control to their respective organization's priority list.

"None of us knew exactly what to expect out of that first meeting," said Debra Oto-Kent, Executive Director of the Health Education Council and the lead administrative agency for NNTPP. "We were just anxious to include new players who previously had not been involved in tobacco control. Our main criteria were that the participants be from low SES-serving organizations with an interest in reducing tobacco use and the capacity to impact a large number of people. We thought that instead of rounding up the usual suspects and preaching the choir, we'd borrow members from other 'choirs' to support the movement that CDC had asked us to lead."

Many ideas were identified at this first meeting, including the need to share existing organizational tobacco control policies with the Network. Like many of the other Network participants, Joseph Mole knew that The Salvation Army had a tobacco control policy and he was happy to share it. However, while the policy covered tobacco use by Salvation Army employees while at work, it did not address tobacco use by Salvation Army clients. Given The Army's culture and strong hierarchical structure, he knew that getting a new policy passed – even for a worthy cause – would be a long process. Other Stakeholders were in a similar boat. To address this challenge, the Network decided to use pilot projects to personalize the mission for the Stakeholders, provide tangible outcomes to enhance support among other organizational leaders, and to pave the way for future policy advocacy efforts.

A Salvation Army-Specific Initiative

The first pilot initiatives to implement within each NNTPP Stakeholder organization surfaced at a Fall 2002 Network meeting. Teams were created where they could work in small groups to discuss which organizations were prepared to move forward with a tobacco control pilot initiative, select one organization to focus on as a group, and sketch out a rough outline for what the initiative might look like. Mole already had been thinking of ways to combine the Network's goals with his training responsibilities at The Salvation Army. This exercise gave him the time and input needed to flush out his ideas.

Each of the groups was extremely productive. Three viable pilot initiatives emerged, including one for The Salvation Army. Mole described the idea for his group: developing a low SES-focused training model for Salvation Army treatment center personnel. He concluded his presentation by saying, "Our task will be to change the way people view tobacco, starting with those within our organization and then working our way out to the communities we serve." For The Salvation Army, this would prove to be a great access point for NNTPP's message.

APPROACH

Mole felt that a social services seminar was the best training mechanism to address low SES tobacco prevention within The Salvation Army. With each of the four U.S. Territories holding a seminar every other year (the Army's national conference is held during the alternating years) he knew this was a prime opportunity to introduce NNTPP's training model. Fortunately, Mole was responsible for developing the agenda for the next Central Territory seminar. And, since the upcoming seminar's theme was "Restoring Wholeness: Healthy Participants & Staff," he thought that including a session on tobacco control would fit in well.

Most of the Army personnel who attended these bi-annual seminars were responsible for implementing training programs in their centers. They included Army employees working in residential and non-residential treatment programs, Harbor Light Center personnel, Adult Rehabilitation Center personnel, officers, and program directors – precisely the audience that NNTPP would need to pilot its low SES tobacco control training curriculum and to take the curriculum to the various sites that deal with many members of low SES populations. And, because all of the Army's Territories are structured similarly and all hold specialized training seminars, the train-the-trainer model NNTPP would introduce at the next Central Territory seminar could be replicated at similar meetings in the Eastern, Southern, and Western Territories.

A successful training at the seminar could then lead to pilot trainings at individual treatment sites; a rollout of the training to other Territories; a slot for the training at The Salvation Army National Conference; the inclusion of low SES tobacco control in Army treatment programs, services, trainings, and publications nationwide; and the adoption of a tobacco use policy that applies to both personnel and clients when they are in Salvation Army facilities. There were lots of possibilities, not to mention that this initiative could serve as a model for other NNTPP Stakeholders seeking ways to bring low SES tobacco control into the fold for their own organizations.

From the beginning, Mole had kept his Territorial leadership informed regarding his activities with NNTPP on behalf of The Army. The training model concept was well received and widely supported. Shortly after the training development process began, Mole's tobacco control work received

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another vote of confidence. The Territorial Chief Secretary e-mailed the National Chief Secretary saying that he wanted Mole to attend an important smoking and health cessation hearing on behalf of The Salvation Army. "We were happy to learn that two Colonels felt the hearings were important enough for The Army to have a presence and to recognize Joseph as the right person to attend. Their support will go a long way towards the ultimate success of what we are trying to do with their organization," said Janet Porter, NNTPP's Program Director. Although Mole had only recently been formally named The Army's national representative to NNTPP, already it was clear that his designation was meaningful, recognized, and appreciated.

With a clear goal for the training and strong support from high-level Salvation Army officials, the NNTPP team was ready to proceed more aggressively with a more specific action plan. This plan included:

- Collaborating with Mole and other Salvation Army personnel to schedule workshops, determine specific topics, arrange speakers, and develop course outlines.
- Assessing existing tobacco prevention/cessation training models and/or curricula for potential integration into alcohol and other drug (AOD) treatment programs.
- Developing a tobacco cessation model and training tool that could be replicated by other Salvation Army Territories.
- Promoting the tobacco focus at the seminar through the NNTPP website and newsletter, Salvation Army seminar materials, press releases, and other avenues.
- Facilitating the tobacco control sessions at the seminar.
- Identifying follow-up assessments approximately six months after the seminar to determine the level of tobacco prevention/ cessation integration in treatment facilities within The Salvation Army Central Territory.

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>
> **JANET PORTER**
> PROGRAM DIRECTOR
> NNTPP

OUTCOMES

NNTPP's work with The Salvation Army is currently in progress, but already there are a number of tangible outcomes from the pilot initiative.

Training Conducted – In May 2003, The Salvation Army hosted its bi-annual Territorial Addictions Services Seminar, with tobacco control as one of the featured topics. There, NNTPP successfully debuted its training model, which addressed the burden of tobacco addiction in low-income communities, the harm of tobacco use among patients with multiple addictions, and strategies for treating nicotine addiction in the chemical dependency setting. Although the model was geared toward seminar participants, the material was developed so it could be tailored to other audiences both inside and outside The Salvation Army.

The training was delivered in three, separate, one and a half hour workshops. Below is a brief description of each session:

- Session One provided an introduction to nicotine addiction along with a discussion of the health implications of alcohol and tobacco use in low-income populations. Robert Anderson, Deputy Director of West Virginia University's Prevention Research Center (one of NNTPP's Stakeholder organizations) facilitated this portion of the training.
- Session Two addressed models of effective integration of nicotine addiction in recovery programs and the components of a comprehensive tobacco use policy. Joan Waddell, Health Educator from the National Council on Alcoholism & Drug Dependence (also an NNTPP Stakeholder organization), led that discussion.
- Session Three provided an example of how to use local resources for cessation programs and approaches. Louis Lozano, Executive Director of Beacon House, a substance abuse residential facility in San Pedro, CA, used the experiences of his own organization to demonstrate how Army personnel could integrate tobacco policy and cessation messages into counseling sessions and/or sermons.

Awareness Enhanced –
Approximately 40 of the seminar delegates participated in the tobacco cessation seminars. Most were not officers (i.e., clergy) but rather civilian employees of the Army. More than two-thirds were addiction counselors, providing direct service to clients. The remaining third were administrators. All had experience working with treatment and rehabilitation programs, but almost none had considered integrating tobacco control in their daily work. It was the hope of Mole and NNTPP, that this training would increase the number of internal supporters for future expansion of existing no drug policies at the treatment and rehabilitation sites to include prohibiting tobacco use.

The seminar evaluations overwhelmingly confirmed that NNTPP had identified a number of new tobacco control advocates within The Salvation Army. One participant noted, "I am grateful smoking is now being recognized as an addiction and being treated along with other addictions." Another commented, "The topics presented were new and needed."

Materials and Educational Tools Tested and Distributed –
Participants also left the training with a number of tobacco control educational materials and tools they could use once they returned to their normal work sites. One of the participants' favorite materials was the "Puffer Snuffer" curriculum manual provided by West Virginia Health Right. This manual covers the health risks associated with tobacco use, the benefits of quitting, different forms of quitting aids, common withdrawals and side effects of quitting, behavioral tools and techniques to alleviate withdrawals and cravings, weight

management, and special topics such as women and tobacco use, heart disease, diabetes, and second hand smoke. When asked feedback about the materials, one of the addiction counselors noted, "The information on tobacco was excellent and will be useful back at my treatment facility." Another participant added, "An ample supply of materials and resource supplies were given out; these will be very useful to us in presenting classes concerning tobacco use and cessation."

Pilot Sites Identified – At the conclusion of the training, six participants came forward and said they wanted to be a part of the next phase of the pilot initiative. Phase two would involve implementing the tobacco cessation training as pilots at individual treatment facilities in the Central Territory. The volunteers included treatment counselors as well as a high-ranking officer. They also represented a good cross-section of three of The Army's key direct service outlets: Adult Rehabilitation Centers, Corps Community Centers (Salvation Army community churches), and Harbor Lights Centers. Since each facility has a different clientele and operating model, NNTPP began working with each to tailor a tobacco cessation program for their current alcohol and drug rehabilitation and treatment programs. The next phase will involve replicating the training model, modified based on lessons learned from the pilots, in the other three Salvation Army Territories in the U.S.

Profile of Tobacco Control Heightened – Beyond piloting its training model, NNTPP hopes to make tobacco prevention and control an organization-wide priority in The Salvation Army and establish it as a permanent fixture in its substance abuse treatment programs.

As a follow-up to the training conducted at The Salvation Army's Territorial Addictions Seminar in May, 2003, NNTPP was asked to present a session at The Army's national Social Services Conference in October, 2004.

Bob Anderson (West Virginia University, Prevention Research Center) and Janet Porter with NNTPP presented the session which was attended by Salvation Army representatives from facilities in the United States and Canada. An overview was presented of tobacco related diseases, their impact on low SES communities, the relationship between alcohol use and tobacco use, and recommendations for facilities to incorporate tobacco addiction treatment programs.

As a result of this seminar session, additional pilot sites were identified with an interest in training staff to address nicotine addiction.

Commenting on how to best institutionalize the training model, Mole stated, "For The Army, the most effective proposals, approaches, and curricula are those that endorse and support The Army's existing programs and services because they may be converted into official Salvation Army publications. Once that occurs, the publications are widely distributed and are accepted as gospel...no pun intended." Not surprisingly, once the testing at the pilot sites is completed, the NNTPP team hopes to get its training curriculum published as an official Salvation Army publication.

"I am grateful smoking is now being recognized as an addiction and being treated along with other addictions."

SEMINAR PARTICIPANT

LESSONS LEARNED

NNTPP and The Salvation Army have progressed significantly in its three-part approach to integrating tobacco control into The Army's daily work. The experience gained working on the awareness and training components for the seminar will certainly be useful as they work with other Salvation Army Territories and begin the policy advocacy component. Lessons learned by the pilot initiative team during this process included the following:

1. **Get early buy-in from high-level** decision-makers. Without the support of senior officials, no initiative can hope to last long. Involve key decision-makers in your planning process upfront and throughout. Their support can help ensure that participation in your training (or other project) is a priority for those you hope to reach and that you have the resources you need to be successful.

2. **Tailor your materials for your** audience. By working with a committee that is representative of your target audience in advance of the training, you can customize the materials to include topics that are relevant and important to the target audience. This will not only enhance participation during the training, but also increase the likelihood that participants will use what they have learned.

3. **Compliment anecdotal solutions** with specific action items. Stories about how different organizations were able to successfully implement tobacco control initiatives are usually interesting, entertaining, and memorable. These anecdotes are even more effective when they are explained as steps to take in order for others to implement their own initiatives.

4. **Provide practical materials that** participants can keep and reference. No one needs more clutter for his or her desk or bookshelves. Give training participants something useful and tangible they can take back to their jobs to aid their own trainings, refer to when needed, and share with colleagues and clients.

5. **Use a training model that is** easily replicated. Conducting trainings can be very resource-intensive. However, the argument for dedicating the necessary time and money is much more compelling if your model can be used more than once. Experience and economies of scale will kick in to help you reduce the upfront effort and cost required to conduct each successive training.

6. **Develop a curriculum that can** be formalized and integrated into ongoing programs and efforts. Incorporate the training of the curriculum as part of an existing program or service. In this manner, it will become a part of the organizational knowledge base rather than a capability of only a small group of employees.

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National Council on Alcoholism and Drug Dependence- South Bay

National Community Build, Inc.

National Commission on Correctional Health Care

Association of Gospel Rescue Missions

American Heart Association

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RESOURCES

For additional information on The Salvation Army pilot initiative or to receive additional copies of this case study, please contact:

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