

# Creative Representation

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## **Sauk County Tobacco Free Coalition**

Integrating Nicotine Dependence Treatment  
Into Wisconsin Alcohol and Other Drug Abuse Services

*A Sauk County Tobacco Free Coalition Project Developed by David Macmaster*

### **History of Project**

In 2000 I began my work as a consultant to SCTFC. In addition to my paid work as a consultant I became a volunteer dedicated to make better treatment available for nicotine dependent people. I particularly wanted to encourage those suffering from alcoholism and other substance dependence disorders to quit tobacco products.

While much of my consultant activities were directed at clean air and smoke free workplaces, my personal interest has always been associated with the smoking cessation/treatment part of our state and county grants. I had support for this interest from Judy Spring and coalition members who share a strong commitment to increase the opportunities for people dependent on tobacco products to get the best help available for Sauk County residents.

The first opportunity for advancing the integration of nicotine dependence and AODA services came when I met Gayle Laszewski, the southern regional outreach specialist for the Center for Tobacco Research and Intention (CTRI). Gayle expressed an interest in advancing this integration concept.

Gayle and I was able to interest her CTRI colleague and tobacco control trainer, Ann Schensky, in our work. Ann worked closely with Miriam Willman who was working for the Bureau of Substance Abuse Services; had a shared employment with the Wisconsin Association of Alcohol and Drug Abuse (WAAODA) and coordinated much of the WINNS program work. Miriam and Gayle were well known to our SCTFC. We formed an ad hoc group we called TAODA for Tobacco, Alcohol and Other Drug Abuse.

The primary reason the Wisconsin AODA field was involved with tobacco control was related to funding. The Bureau of Substance Abuse Services was required to comply with the conditions of the WINNS program set up to reduce sales of tobacco products to

teens and children or lose ten billion dollars from their federal block grant. This reality has provided the first motivation for tobacco and AODA to work together. Yet, there was almost no interaction between these two related substance abuse fields other than this one project.

Gayle, Ann, Miriam, and I formed an ad hoc group to advance better cooperation between the AODA field and tobacco control partners, which we believed would eventually lead to better services for those dependent on tobacco products. We named our task force TAODA.

Miriam and Ann arranged for us to have a tobacco presentation at the annual WAAODA conference in Madison. To my knowledge this was a first. There has been no emphasis on tobacco issues in the alcohol and other drug abuse field and no emphasis on addiction to other drugs in the tobacco services community,

Representing SCTFC I developed a Power Point presentation and literature making the case for integration on these two related interests. There was a small turnout of about a dozen attendees at this WAAODA session, but those who came were positive about what they heard and shared their belief that we needed to move forward.

I was able to get the Sauk County Department of Health to approve a resolution for integrating tobacco into AODA and endorsing parity with nicotine dependence and AODA funding and services.

I presented a similar resolution to the Wisconsin State Council on Alcohol and Drug Abuse's Planning and Funding Committee at the Statewide AODA conference in Oconomowoc in October 2003. I also sent a mailing to Sauk County AODA providers asking for their willingness to consider tobacco treatment in their services to alcoholics and other drug addicts.

Unfortunately, after several months working together our small ad hoc group encountered major difficulties. The master settlement tobacco funds were used to balance the state budget and Governor Doyle reduced the funds for tobacco control and the coalitions while disbanding the Wisconsin Tobacco Control Board.

Gayle and Ann left CTRI. Miriam Willman was re-assigned to another department and could no longer work on agency time to continue our TAODA objectives. The SCTFC grant was slashed and with it my funding for this and other projects. This meant that I would have to move forward entirely as a volunteer with this initiative in 2004.

The work our ad hoc group pioneered an improved climate for progress. We made contacts with people influential in Wisconsin state government, the addictions treatment

community and some of the tobacco control community partners. Thanks to the support of SCTFC through our members, Judy Spring and the Sauk County Department of Health a significant beginning was made. The St. Clare Center gave me an opportunity to introduce the concept of nicotine dependence treatment and education into their AODA treatment services. This provided a working “lab” for integrating nicotine into existing addiction treatment programs in Sauk County.

We established a Nicotine Anonymous group in Baraboo, which has become an integral part of the nicotine dependence services in Sauk County. With the loss of the ad hoc group, we helped to form, we provided the leadership and energy to move this key initiative forward. Although this work has not been an official part of our multi-year grant design, we added this work as something we consider important. Personally, the willingness of the SCTFC to support my passion for this project has made all the difference and given me the credibility I need in both the tobacco control and AODA communities.

### **Continuing the work in 2004**

Realizing I would be working more on my own in 2004 year, I set some goals to advance the work we began in 2003. I believed I could find the time and energy to nudge this important work forward. The results have exceeded my expectations. It is with satisfaction and gratitude I submit this progress report for the records of the Sauk County Tobacco Free Coalition.

### **Goals**

- 1. Arrange nicotine dependence and AODA integration presentations at all available Wisconsin statewide tobacco control and substance abuse conferences.**
- 2. Expand SCTFC’s presence in AODA and tobacco control communities.**
- 3. Increase professional knowledge base and skills for addressing nicotine dependence treatment.**
- 4. Implement No More Nicotine model at St. Clare Hospital & Health Services with best practices methods.**
- 5. Expand St. Clare Center’s nicotine/tobacco education and treatment.**

- 6. Influence Wisconsin Certification Board to consider education and training skills on tobacco and nicotine for counselor, prevention, and supervisor credentials.**
- 7. Influence the Wisconsin State Council on Alcohol and Other Drug Abuse to include advocacy for nicotine/tobacco issues in its formal membership organization.**

## **Outcomes & Results**

- Developed two Power Point presentations from data and material I obtained from the internet, my person files and experience and in consultation with friends in AODA and tobacco control. The presentations identified trends and history of alcohol and drug treatment making the case of including nicotine dependence as deserving equal treatment and recovery resources.
- Arranged presentations for:

**WAAODA Annual Conference  
Tobacco Control Conference  
Statewide Meeting of the Bureau of Mental Health & Substance Abuse Services**

An estimated 200 attended these 3 sessions. The Tobacco Control Conference and the Bureau Conference were the first times this issue was recognized as important enough to deserve attention at the conference level.

- The Bureau of Mental Health and Substance Abuse Services asked me to recommend presenters for their 2004 statewide meeting. I recommended Bernice Order-Connors, a leading expert and pioneer on AODA/tobacco from New Jersey to Wisconsin for the Bureau conference at Kalahari Conference Center in Wisconsin Dells.

We convinced the Bureau to add a second session on the New Jersey experience at the conference. Evaluation of Bernice's presentations was very positive resulting in the Bureau considering our nicotine/AODA issue as a plenary session for the 2005 Statewide Meeting

Wrote advocacy messages to the Wisconsin Certification Board, WAAODA, Governor James Doyle's office, the State Council on Alcohol and Other Drug Abuse, Secretary of Health & Human Services Helene Nelson, Director of the

Bureau of Mental Health & Substance Abuse Services and Danny Sessler, M.D., St. Clare Center, Baraboo

Made advocacy presentations to:

- Planning & Funding Committee Treatment & Intervention Committee of the Wisconsin State Council on Alcohol and Other Drug Abuse
- Arranged and coordinated a special planning meeting with:
  - Michael Fiore, M.D. Director of the Center for Tobacco Research and Intervention and Michael Miller, M.D. Association of Addiction Medicine
  - Agreed to serve on the Wisconsin Treating Tobacco Addiction Team, Wisconsin Department of Health
  - Granted permission to review the 369 pages Tobacco Addiction Specialist Certification Manual from the University of Florida; arrangements for obtaining this credential at reduced rates were negotiated.
  - Purchased the New Jersey manual for nicotine dependence treatment ‘Drug Free is Nicotine Free’ and other materials helpful to certification for nicotine dependence specialist credential; learned 5-day certification training is available in New Jersey in 2005
  - Researched Internet resources for knowledge of nicotine dependence issues and obtained valuable literature in information.
  - Completed the CTRI online best practices course developed by Dr. Fiore; participated in special CTRI training programs for treating nicotine dependence at two conferences
  - As a contracted specialist, offered **No More Nicotine** treatment and recovery services to employees from St. Clare Hospital & Health Services and St. Meadows as the institution went 100% tobacco free by November 18<sup>th</sup>, 2004
  - As a staff counselor increased SCC education resources with 3 videos added to the monthly schedule of education presentations

including Medical Aspects of Tobacco, which is expected to be seen and discussed with all SCC patients being treated for substance dependence disorders

- Instituted a nicotine dependence screening and diagnostic practice for SCC patients attending nicotine/tobacco lectures; increased nicotine lectures from twice monthly to weekly; began a readiness for nicotine dependence treatment screening research project
- Requested the Bureau of Mental Health & Substance Abuse Services encourage the Wisconsin Certification Board to initiate nicotine dependence education and skills requirements in their credentials for certified alcohol and drug counselors in Wisconsin
- Contributed to a briefing paper for statewide circulation advocating this position
- Submitted a request to make a presentation to the WCB advocating the inclusion of nicotine and tobacco education and skills; invited to develop training opportunities for AODA counselors on nicotine dependence in their continuing education program.

I am pleased to have served our SCTFC's mission in 2004 as an advocate for those deserving appropriate and adequate treatment for nicotine dependence in Sauk County and the state of Wisconsin. We have made a significant contribution as we seek to bring attention to the disparities position of those suffering from both nicotine dependence and other substance addictions. This population is now being recognized as being one of the most at-risk population for tobacco caused disease in Sauk County and every where else in the state and nation.

Also advanced this year was the willingness of establish better collaboration and cooperation between the tobacco control community and those involved in alcohol and other drug abuse services.

We are able to document our progress as revealed in this report to the Coalition. We have made a difference and are poised to do more. Thank you for your support and encouragement.

**Submitted by David Macmaster, November 20, 2004**

