Implementing Smoking Cessation Initiatives in Substance Abuse Treatment: Evidence-Based Recommendations

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The Benefits of Treating Client Smoking in SA Tx

  - Smoking linked to many cancers (e.g., lung, bladder), myeloid leukemia, coronary heart disease, stroke, etc.
  - Clients more likely to die of smoking than other drug use

- “Captive,” high risk audience (Fiore et al., 2000; Frosch et al., 1998)
  - High rate of client smoking (>70%)
  - Making changes that could support smoking cessation

- May increase chance of sobriety (e.g., Baca & Yahne, 2009; Fagen et al., 2007)
  - Change in brain physiology vis-à-vis nicotine
The Hard Truth About Organizational Change

- Most organizational change efforts fail (Bolman & Deal, 2006; Rogers, 2002)
  - *Inadequate planning*
  - *Insufficient communication*
  - *Lack of employee participation/involvement*
  - *Limited employee buy-in*
  - *Lack of top management support*
  - *Individual disincentives for behavior change*
Unique Challenges in SA Tx

- Can go against tx center culture (McIlvain & Bobo, 2005; Reilly et al., 2006)
  - Smoking as a reward for clients
  - Smoking as a social activity
  - Smoking as a “lesser evil”

- Higher than average rate of employee smoking (Fuller et al., 2007)
  - Can create employee resistance
  - Less self-efficacy & lower perceived competence to treat smoking in clients
Unique Challenges in SA Tx

- Already heavy caseloads, substantial paperwork burden, & staff shortages (Eby & Baranik, 2009; Eby et al., 2007; Eby et al., 2009)
  - Role overload & burnout
  - High employee turnover
- Financial barriers (Knudsen et al., unpublished data; McCool et al., 2005)
  - Limited (or no) reimbursement
  - Lack of clinician knowledge of EBTs for smoking cessation
What is Involved in Initiating Smoking Cessation Initiatives?

- Clinical practice behaviors to support smoking cessation
- Guideline recommended counseling
- Adoption of tobacco cessation medications
- Policy change*
  - For clients, visitors, and/or employees
Clinical Practice Behaviors

- Five “As” – ask, advise, assess, assist, arrange

- Overall frequency of use is “moderate” (3.1 on 5.0 point scale)

- More likely to occur if:
  - Counselor reports less overload w/cases
  - Counselor not personally in recovery
  - Counselor has more education/training in SA tx
  - Counselor works in for-profit treatment center

MERITS I unpublished data (Eby); Rothrauff & Eby (2009)
Guideline Recommended Counseling

- Offer specific problem-solving & skill-building techniques to assist with quitting (e.g., identify triggers, offer encouragement)
- Overall frequency of use is “moderate” (3.1 on 5.0 point scale)
- More likely to occur if:
  - Counselor reports lower burnout
  - Counselor has more education/training in SA tx
  - Counselor works in for-profit treatment center

MERITS I unpublished data (Eby); Rothrauff & Eby (2009)
Adoption of Tobacco Cessation Medications

- Use of tobacco cessation medications (e.g., NRTs, Chantix©)
- Low overall adoption rates (11%-27%; NRT most common)
- More likely to be adopted if:
  - Smaller counselor caseload
  - Counselor is personally in recovery
  - Counselor works in hospital-based treatment program
  - Program adheres less to 12 step model

MERITS I unpublished data (Eby); Rothrauff & Eby (2009)
Policy Change

- Important policy decisions
  - Scope
  - Targeted audience

- Don’t expect everyone to be on the same page in terms of understanding policy
  - Sizable within-program differences
  - Substantial differences between counselors & management

MERITS II (NY State) unpublished data (Eby)
The NY State Experience

- OASAS smoke-free regulation
  - Passed July 24, 2008
  - Data collected @ 2 time points (pre & post regulation)

- Policy implementation
  - Formal policy change (pre-post)
    - Overall policy – 6 point gain (out of 32)
    - Client policy – 5 point gain (out of 10)
    - Visitor policy – 1 point gain (out of 8)
    - Employee policy – 4 point gain (out of 12)

MERITS II (NY State) unpublished data (Eby)
The NY State Experience

- Policy implementation (pre-post)
  - **Five As**
    - Slight increase in use
  - *Guideline recommended counseling*
    - Slight increase in use
  - **Adoption of smoking cessation medications**
    - Moderate gain in adoption
  - **Generally small gains**

MERITS II (NY State) unpublished data (Eby)
The NY State Experience

- As policy implementation increases...
  - Counselor report more use of Five As
  - Counselors report greater adoption of smoking cessation medications
  - Counselors report greater use of guideline recommended counseling
- Effect sizes are small to moderate

MERITS II (NY State) unpublished data (Eby)
The NY State Experience

- Counselor outcomes (pre-post)
  - *Job attitudes & role perceptions*
    - Few changes in job satisfaction
    - Small negative effect on feelings of autonomy at work
    - Slight increase in role overload
  - *Turnover intentions*
    - Few changes in turnover intentions
  - *Strain*
    - Slight increase in overall stress levels
    - No appreciable effect on burnout

MERITS II (NY State) unpublished data (Eby)
The NY State Experience

- Utilization of OASAS resources (post regulation)
  - Website visits (45%)
  - NYS Tobacco Cessation Centers (28%)
  - Training (on-line & in person) (16%)
  - OASAS “Learning Thursdays” (10%)
  - OASAS mentor (6%)

MERITS II (NY State) unpublished data (Eby)
The NY State Experience

- What predicts overall policy change implementation at Time 2?
  - Greater counselor involvement in planning for change (T1)
  - More dissemination of information (t1)
  - Stronger perceptions that the regulation will be implemented fairly (T1)
  - Greater commitment to change (T2)
  - Higher accountability for policy violation (T2)
  - Use of more resources/technical assistance (T2)

- Effect sizes are small to moderate

MERITS II (NY State) unpublished data (Eby); Eby & Birkelbach (under review)
Evidence-Based Recommendations

- Think carefully about whether change is a good fit for your tx org (e.g., consider culture & other barriers)
- Be prepared for confusion; Communication is critical
- Involve counselors in the planning for change
- Offer training & development to support the change
Evidence-Based Recommendations

- Coordinate with local & state resources for training, education, & information
- Recognize the added burden on counselors
- If formal policies are changed, holding people accountable is critical
- Realize there are pros & cons of state-mandated policies