



# **Implementing Smoking Cessation in Substance Abuse Treatment: Workplace Barriers and Facilitators**

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# Overview

- Benefits of treating patient smoking in substance abuse (SA) tx
- Practices that support smoking cessation
- Barriers to treating patient smoking
- Implementing a tobacco-free policy
- Predictors of successful implementation





# Overview

- Evidence-based recommendations
  - *Based on findings from 3 NIDA funded research projects*
    - Merits I – national study of the SA tx workforce (Eby, Principal Investigator)
    - Merits II – effects of the NY State tobacco-free regulation on SA tx workforce (Eby, Principal Investigator)
    - Merits III – national study of adoption, implementation, & sustainability of EBTs for smoking in SA tx (Eby & Muilenburg, Principal Investigators)





# Benefits of Treating Patient Smoking in SA Tx

- Improves patient health (USDHHS, 1998, 2004)
  - *Smoking linked to many cancers*
  - *Patients more likely to die of smoking than other drugs*
- Captive, high risk population (Fiore et al., 2000; Frosch et al., 1998)
  - *High rate of patient smoking (>70%)*
  - *Making changes that could support smoking cessation*
- May increase chance of sobriety (e.g., Baca & Yahne, 2009; Fagen et al., 2007)
  - *Nicotine affects brain physiology and chemistry*



# Practices that Support Smoking Cessation

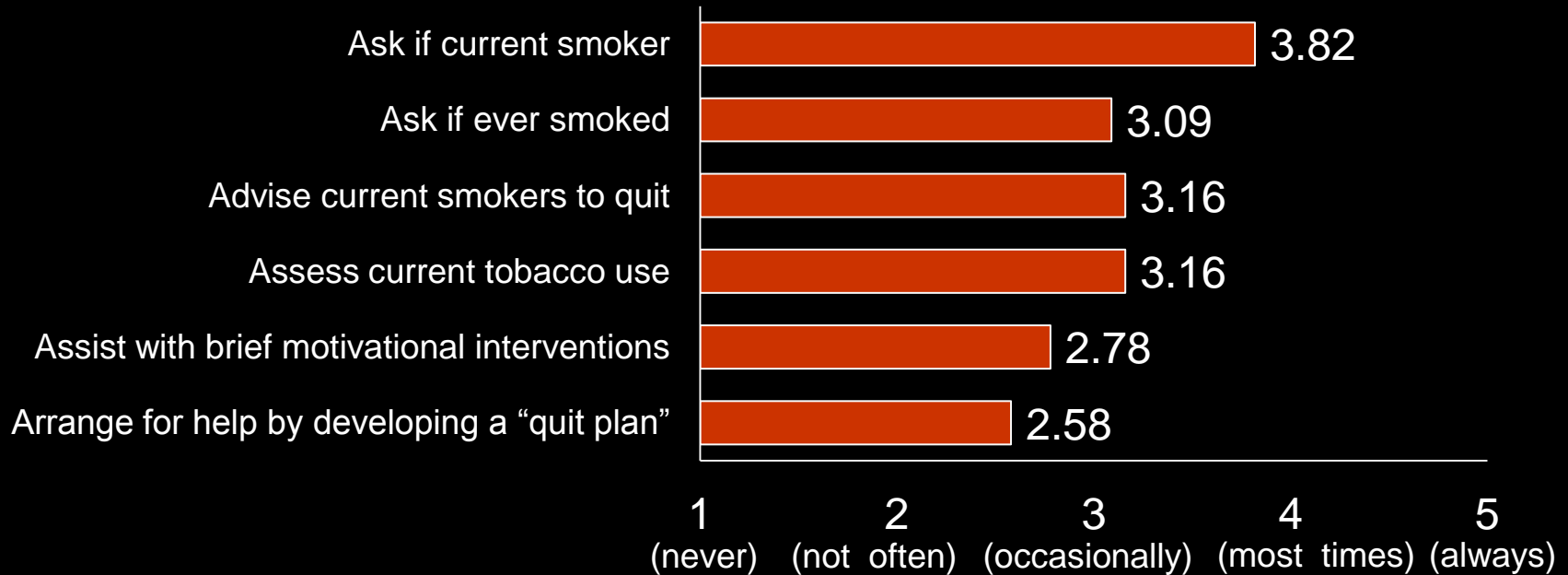
- **The Five As** (ask, advise, assess, assist, arrange)
- **Guideline recommended counseling** (e.g., problem-solving & skill-building techniques to assist with quitting)
- **Tobacco cessation medications**
- **Tobacco-free policies**
- *These practices require active engagement of clinical staff and support by management*





# The Five As

## ➤ General trends across SA tx programs



- **Selective and inconsistent use**
- **More likely to use passive approaches**

Source: Rothrauff & Eby (2011)



# Guideline Recommended Counseling

## ➤ General trends across SA tx programs



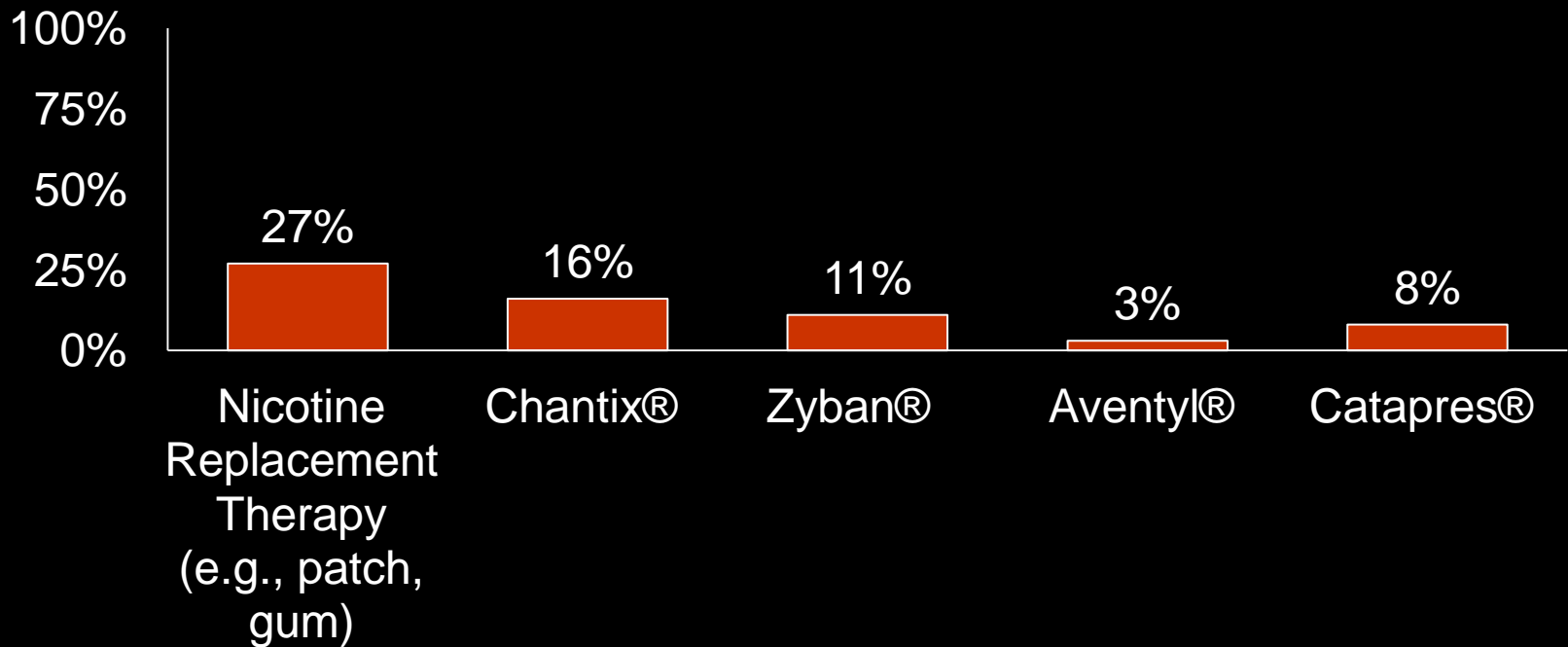
## ➤ Selective and inconsistent use

Source: Rothrauff & Eby (2011)



# Tobacco Cessation Medications

## ➤ General trends across SA tx programs



## ➤ Low overall adoption rates

Source: Rothrauff & Eby (2011); Eby (Merits I unpublished data)





# Tobacco-Free Policies

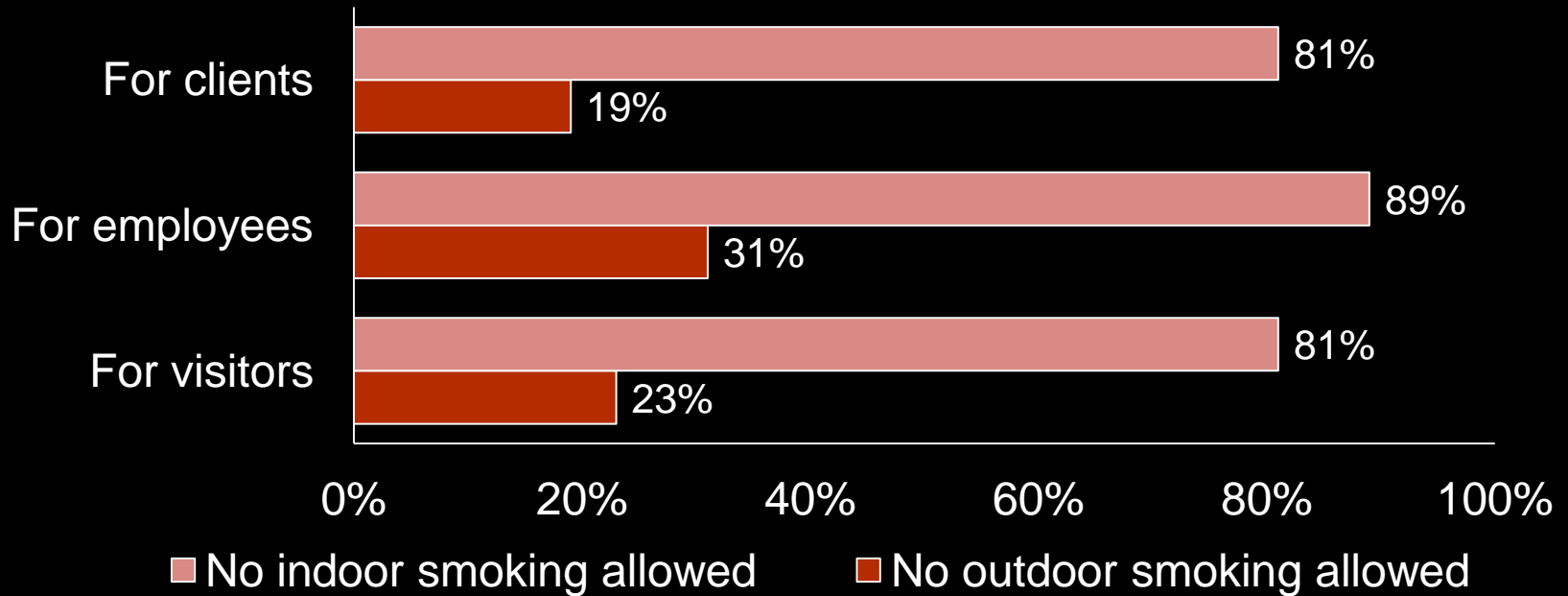
- Run the gamut from no indoor smoking (but outdoor smoking in designated areas) to 100% smoke-free campus
  - *May apply to patients, staff, and/or visitors*
  - *May be voluntary or mandated by county and/or state laws/regulations*





# Tobacco-free Policies

## ➤ General trends across SA tx programs



## ➤ Some programs allow indoor smoking and few completely ban outdoor smoking

Source: Eby (Merits I unpublished data)



# Barriers to Treating Patient Tobacco Dependence

- Organizational culture
  - Clinician motivation
  - Clinician preparedness
  - Financial resources
- 
- *What do we really know about these barriers?*



# Organizational Culture

- Smoking is accepted part of the culture in 20% of tx programs
  - *Slightly higher than average rates of staff smoking*
  - *Very high rates of patient smoking*
- In 29% of tx programs, staff are not discouraged from smoking
  - *In these programs smoking is viewed as part of org culture and less value is placed on smoking tx*

Source: Conway, Barnett, Proctor, Coffman, Motley, Vashisht, Eby & Muilenburg (2011); Motley, Muilenburg & Eby (2011); Muilenburg & Eby (2010); Rothrauff & Eby (2010)



# Organizational Culture

- Only 25% have staff dedicated to smoking tx
  - *In these programs less use of EBTs, less training, and less clinical supervision for smoking cessation tx*

- **Some cultural barriers exist**



Source: Conway, Barnett, Proctor, Coffman, Motley, Vashisht, Eby & Muilenburg (2011); Motley, Muilenburg & Eby (2011); Muilenburg & Eby (2010); Rothrauff & Eby (2010)

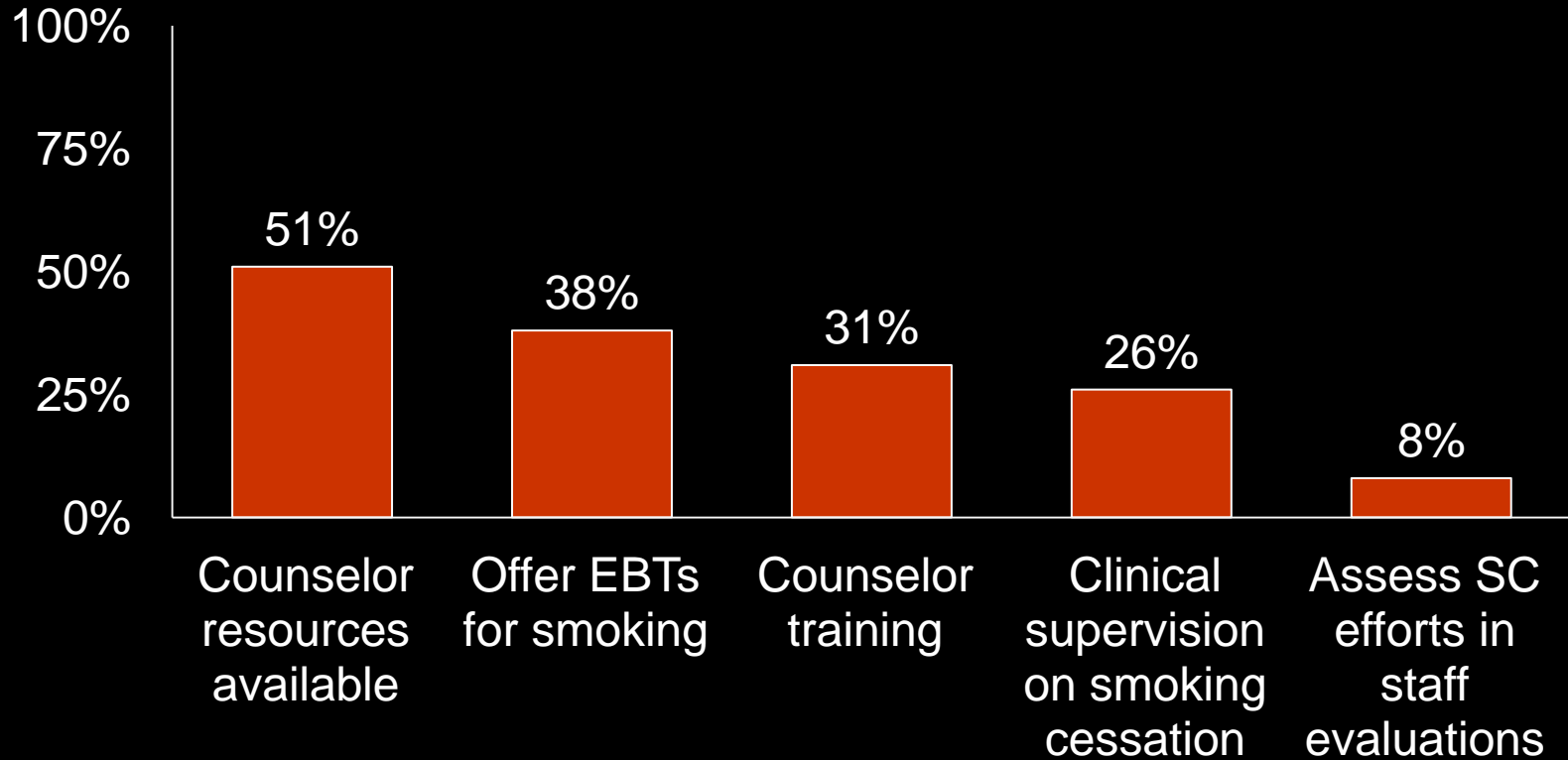


# Clinician Motivation

- Almost  $\frac{3}{4}$  of administrators report counselors are interested in treating patient smoking
- Many counselors also report willingness
  - *59% say its as important as other drugs*
  - *65% say comprehensive services are integral to tx*
- But, about  $\frac{1}{3}$  of counselors worry about negative effect on patient census
- **Clinicians are cautious, but generally motivated**



# Clinician Preparedness

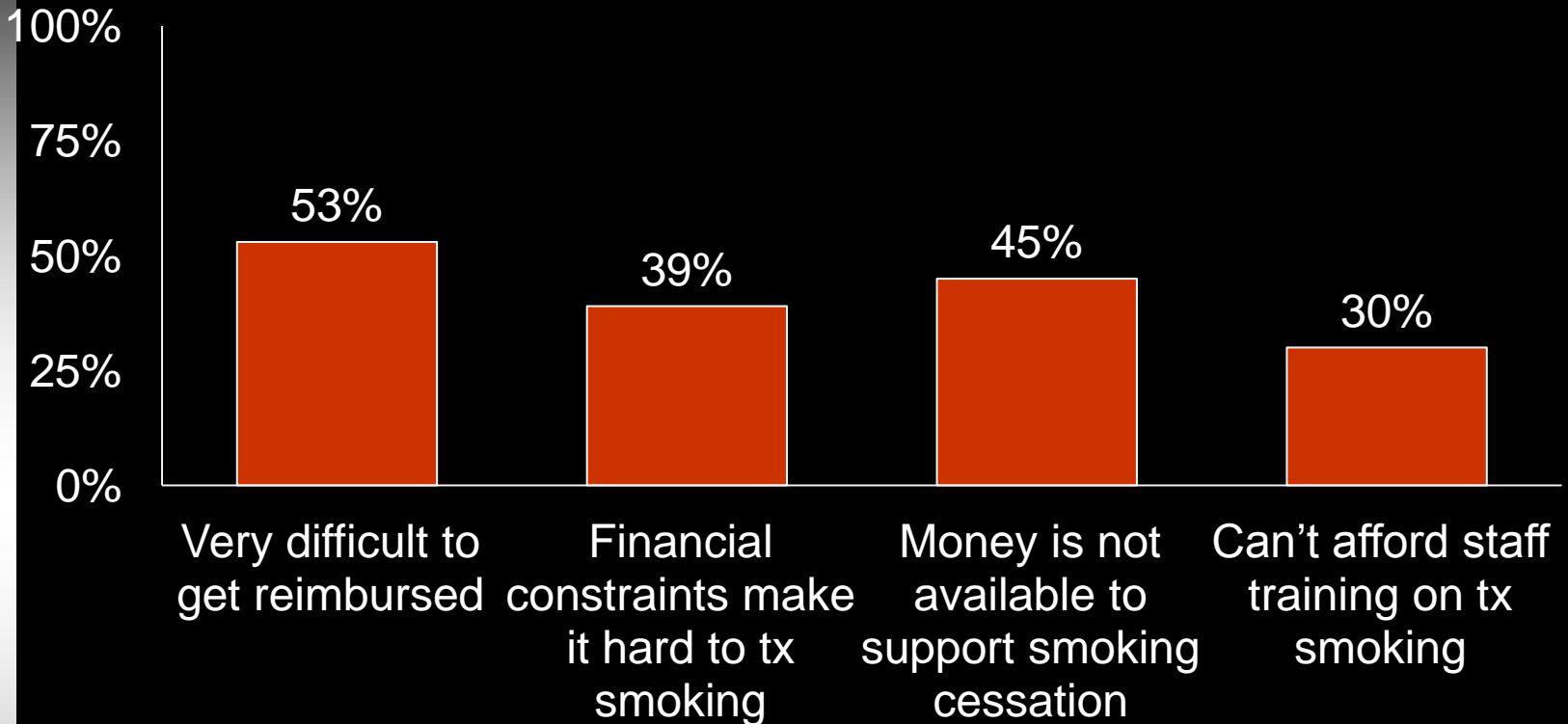


➤ **In general, counselors are not well prepared**

Source: Proctor, Barnett, Muilenburg, Conway, Motley, Coffman, Vashisht, & Eby (2011)



# Financial Resources



➤ **Financial barriers are potential impediments**

Source: Motley, Muilenburg, & Eby (2011); Muilenburg, Eby & Conway (2011)





# Financial Resources

- Greater financial constraints related to...
  - *Lower counselor skill for tx smoking*
  - *Less likelihood of offering EBTs for smoking*
  - *Belief that tx smoking is not important*
  - *Less restrictive tobacco policies*
  - *Less discouragement of staff smoking*



Source: Muilenburg, Eby & Conway (2011); Barnett, Proctor, Muilenburg, Conway, Eby, Motley, Coffman & Vashisht (2011)

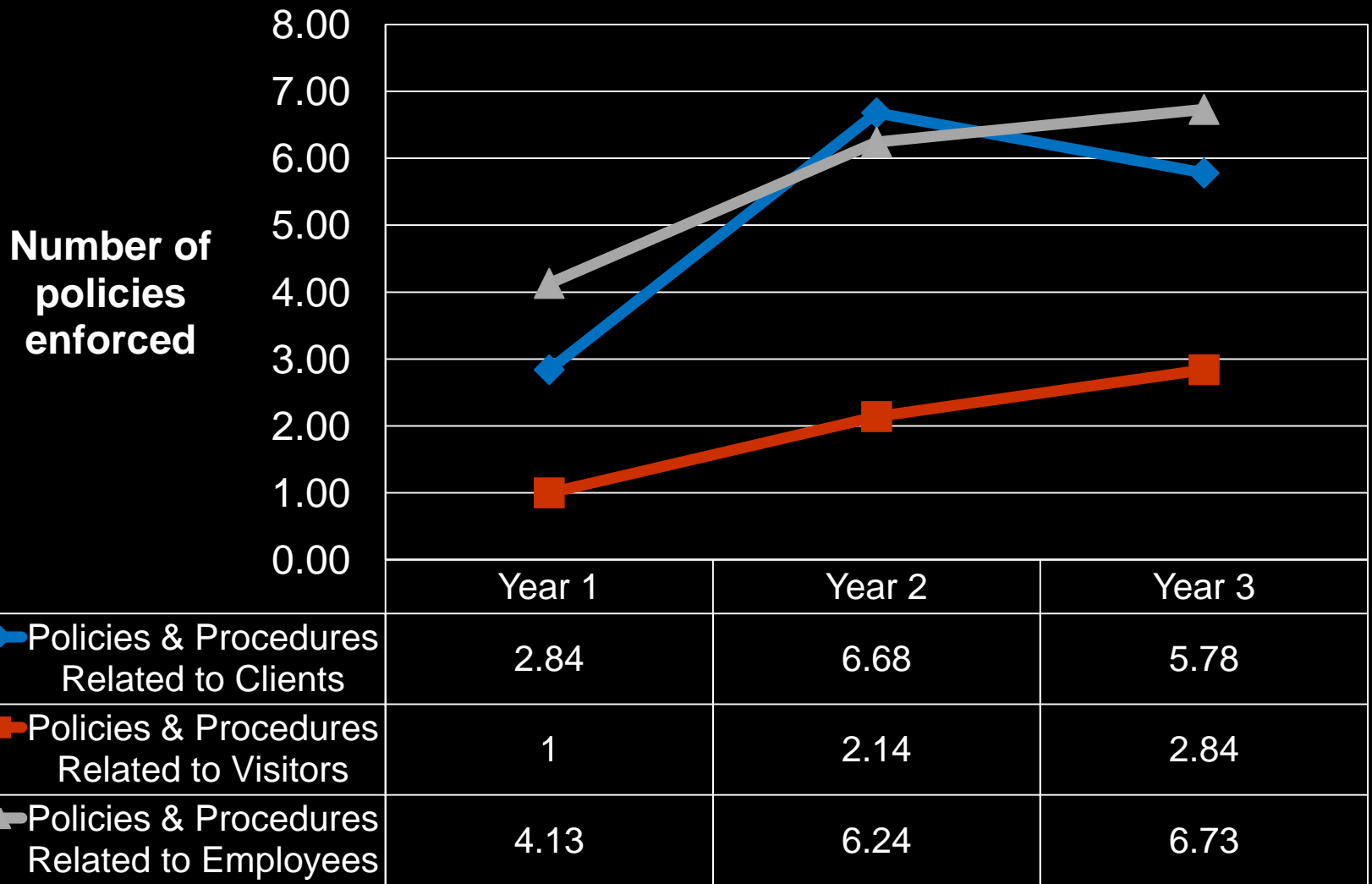


# Implementing A Tobacco-Free Policy

- Lessons Learned from NY State
  - *OASAS tobacco-free regulation passed in July 2008*
  - *Required all SA tx programs licensed or certified by OASAS to be 100% tobacco-free*
  - *Broad in scope (patients, staff, visitors)*
  - *Highly restrictive (no indoor or outdoor smoking, must tx tobacco dependence in patients)*
  - *Data collected pre-regulation (year 1), 6 months post-regulation (year 2) & 12 months post-regulation (year 3)*

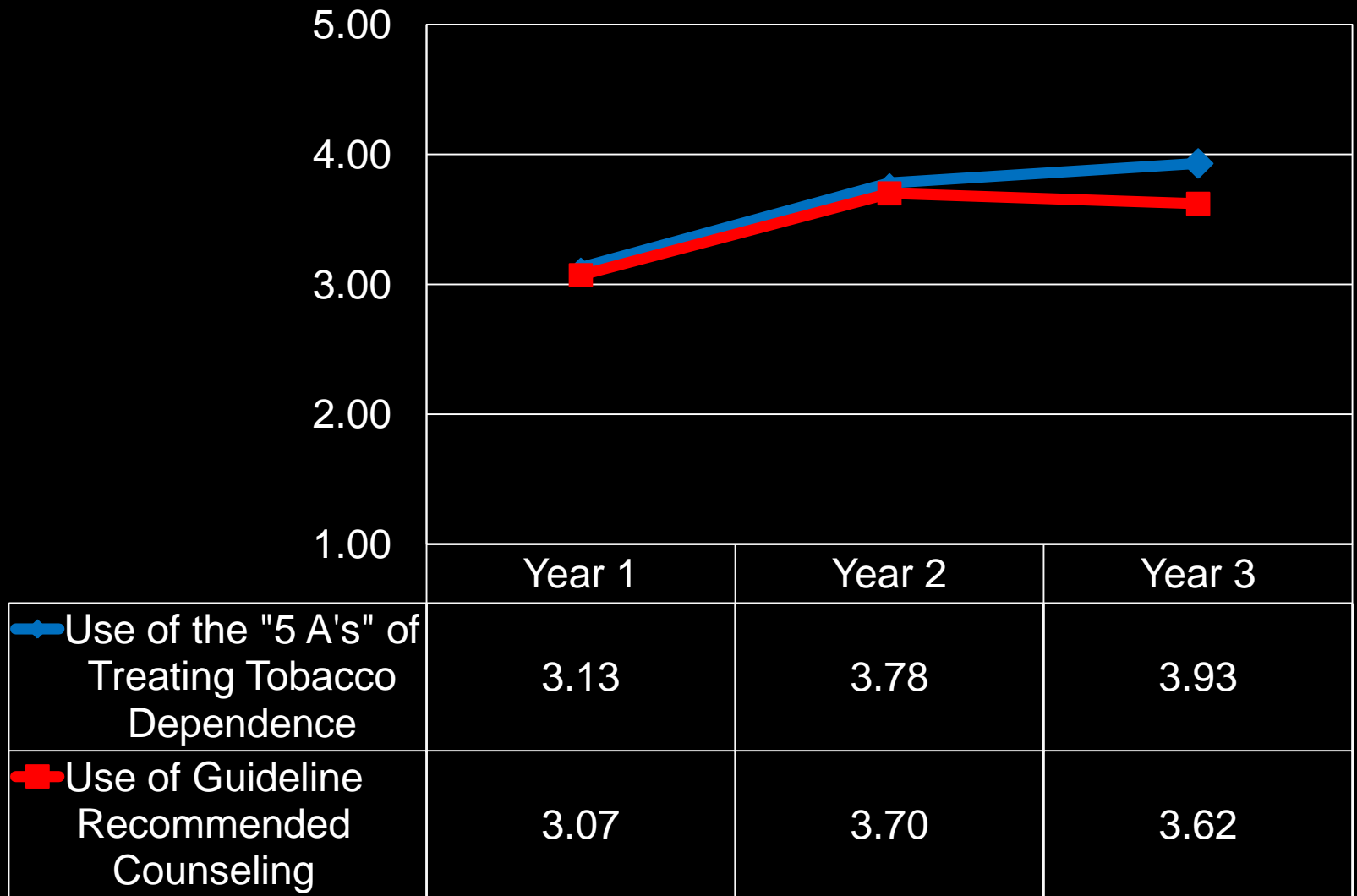


# Policy Change Over Time





# Impact on Clinical Practice Behaviors





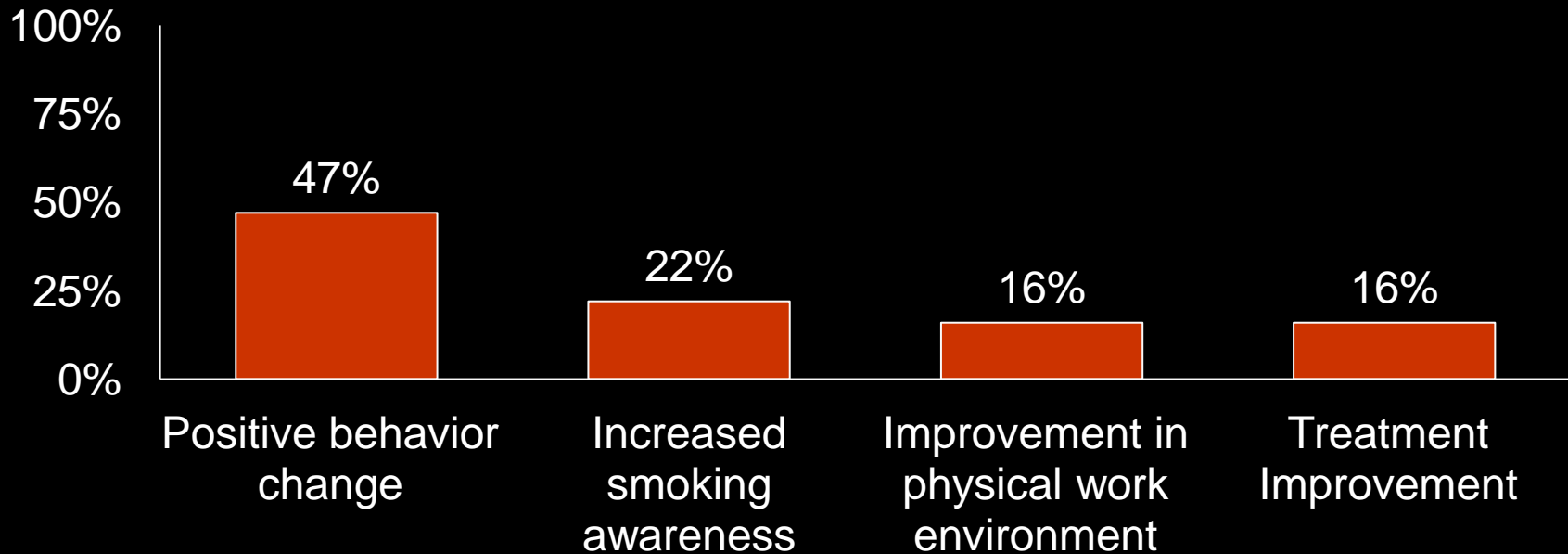
# Impact on Clinical Practice Behaviors

	Year 1 % "yes"	Year 2 % "yes"	Year 3 % "yes"
Nicotine replacement therapy (e.g., patch, gum)	17.8	40.5	36.4
Chantix®	25.2	41.8	43.4
Zyban®	18.1	35.2	29.8
Aventyl®	--	5.4	3.5
Catapres®	--	8.0	8.3



# Other Positive Outcomes

- Qualitative data from 268 counselors in NY State (6 months post-regulation)

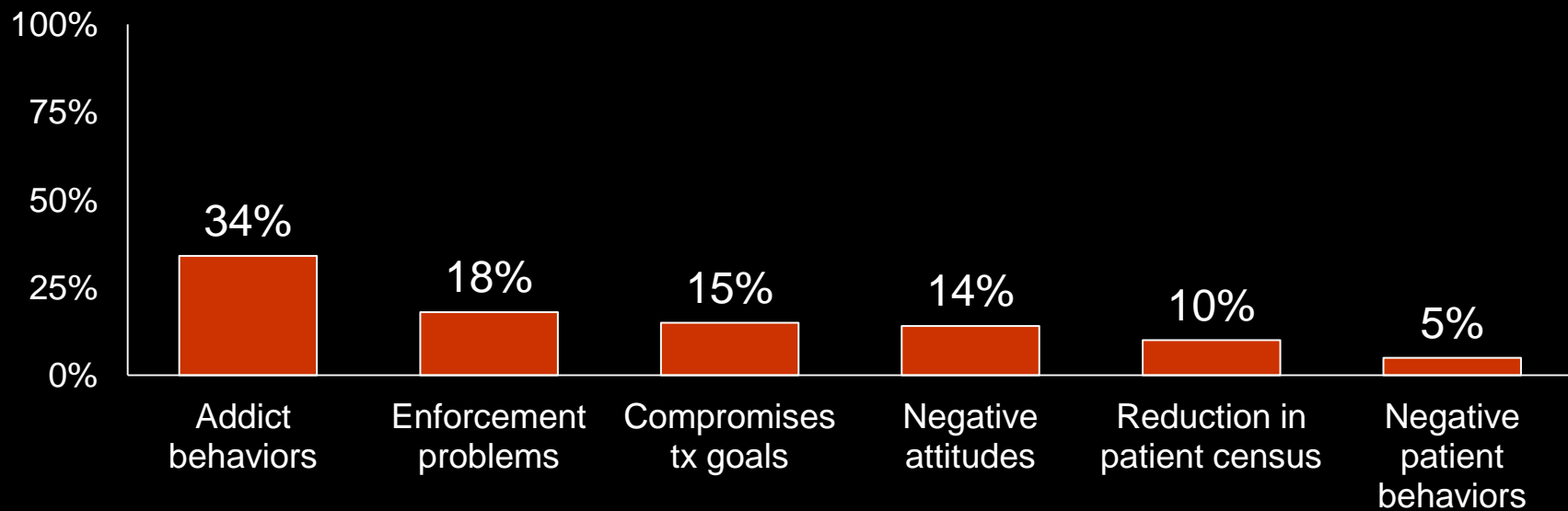


Source: Eby, Sparks, Evans & Selzer (2012)



# Unintended Negative Outcomes

➤ Qualitative data from 268 counselors in NY State (6 months post-regulation)



Source: Eby, Sparks, Evans & Selzer (2012)



# Predictors of Successful Implementation

**Clinician  
participation in  
local planning**

**Communication  
about policy  
change**

**Perceived  
organizational  
support**



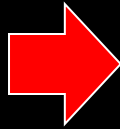


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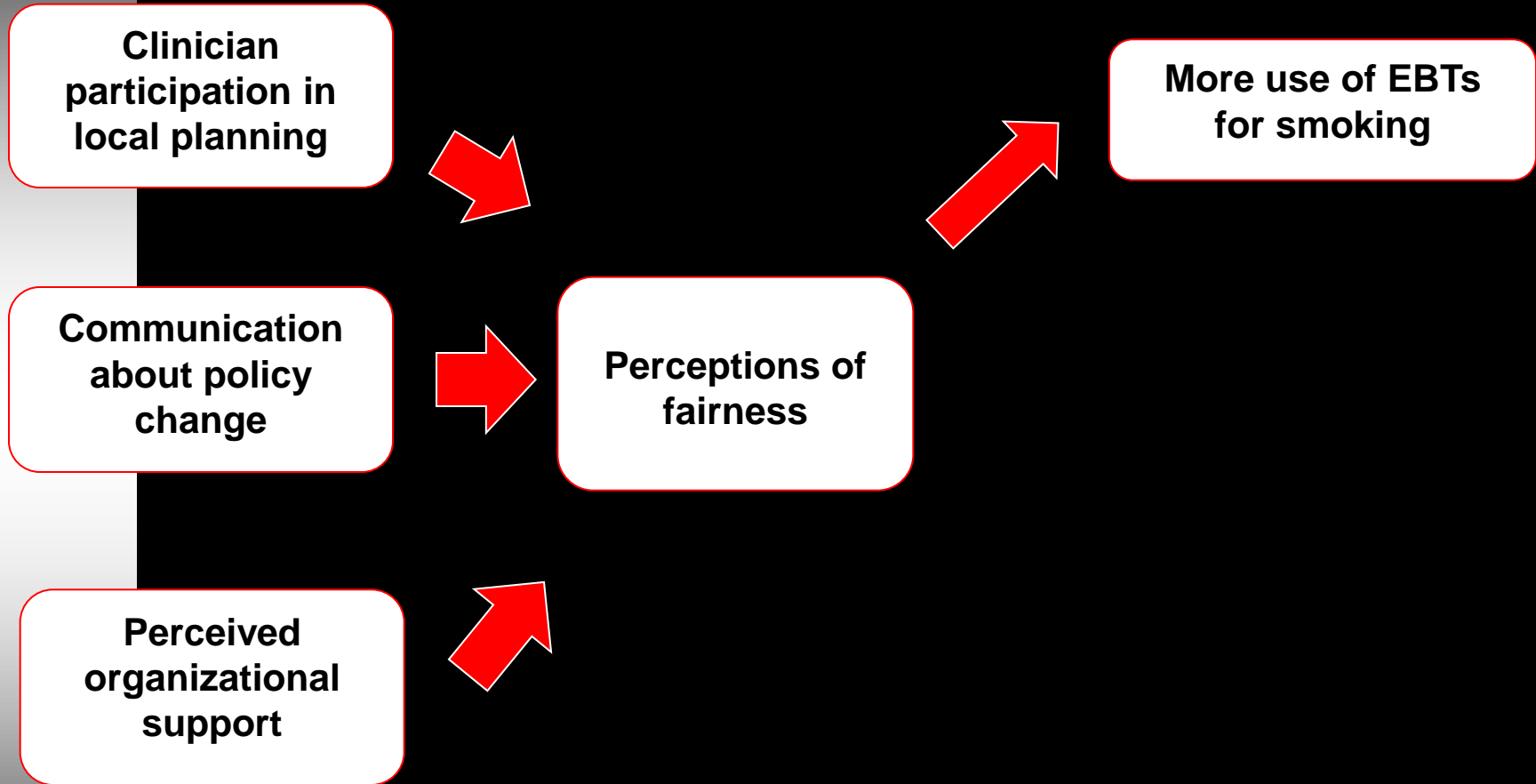
**Perceptions of  
fairness**

**Perceived  
organizational  
support**



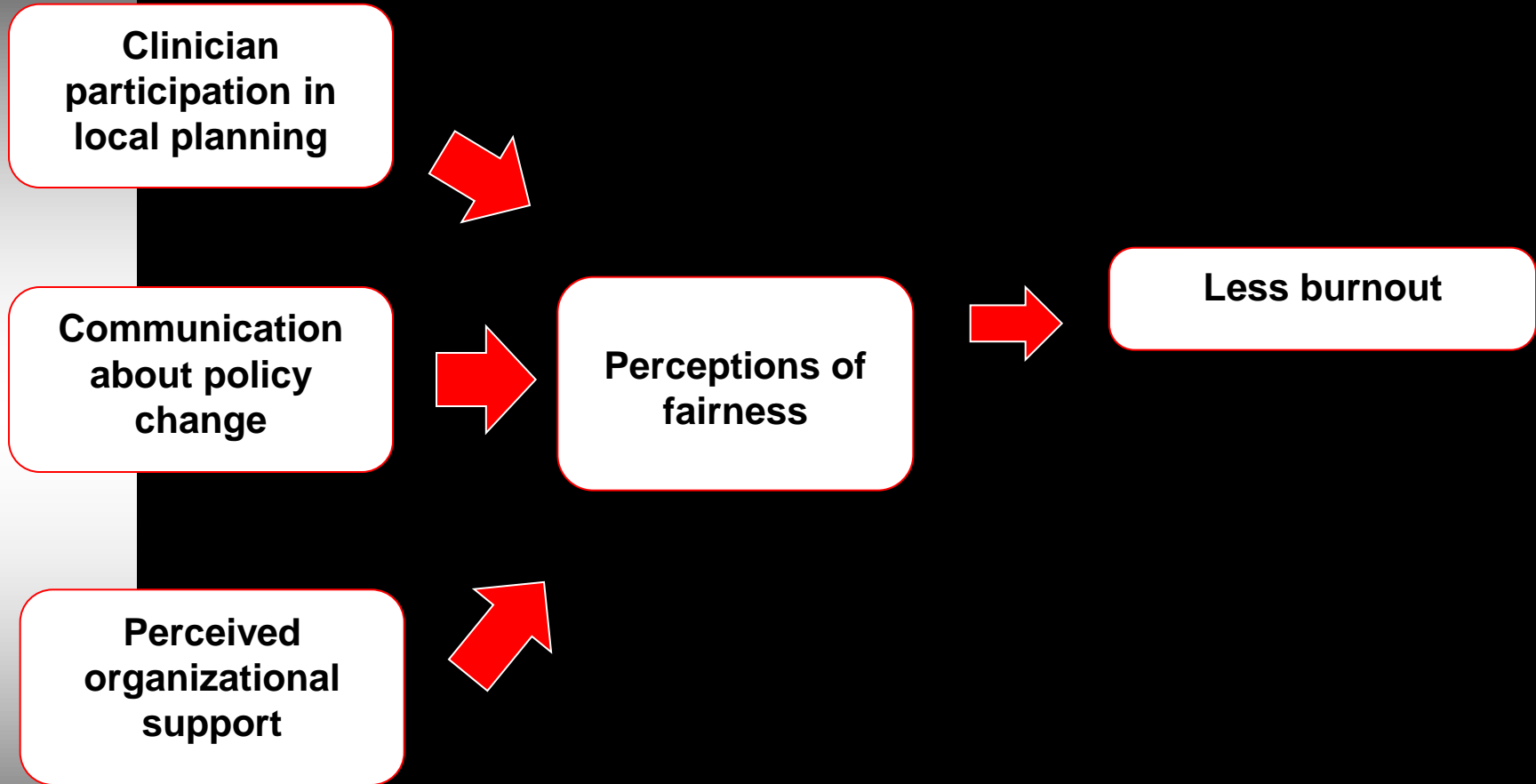


# Predictors of Successful Implementation





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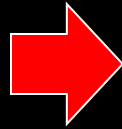


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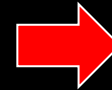
**Communication  
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**Perceived  
organizational  
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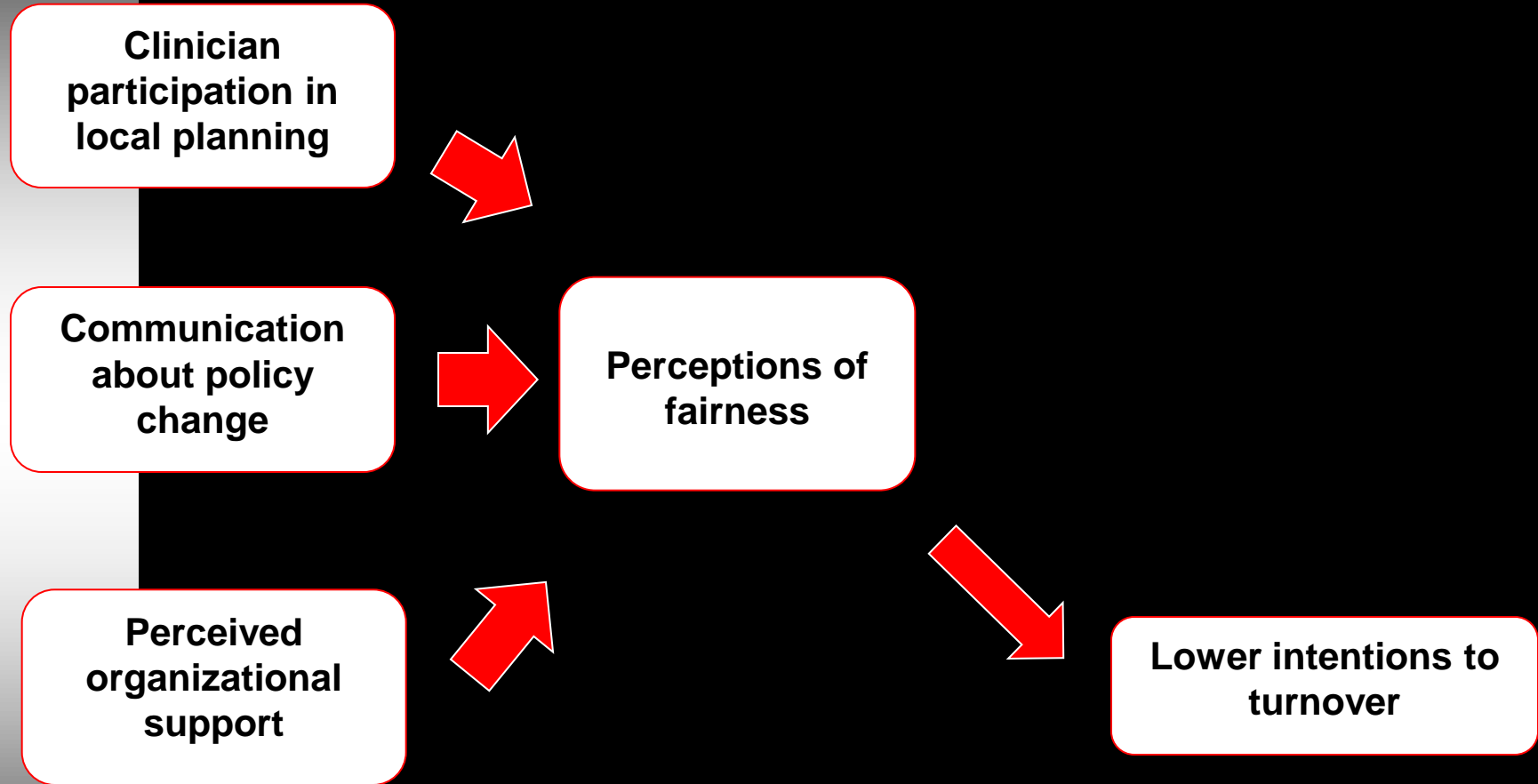
**Perceptions of  
fairness**



**Higher job  
satisfaction**

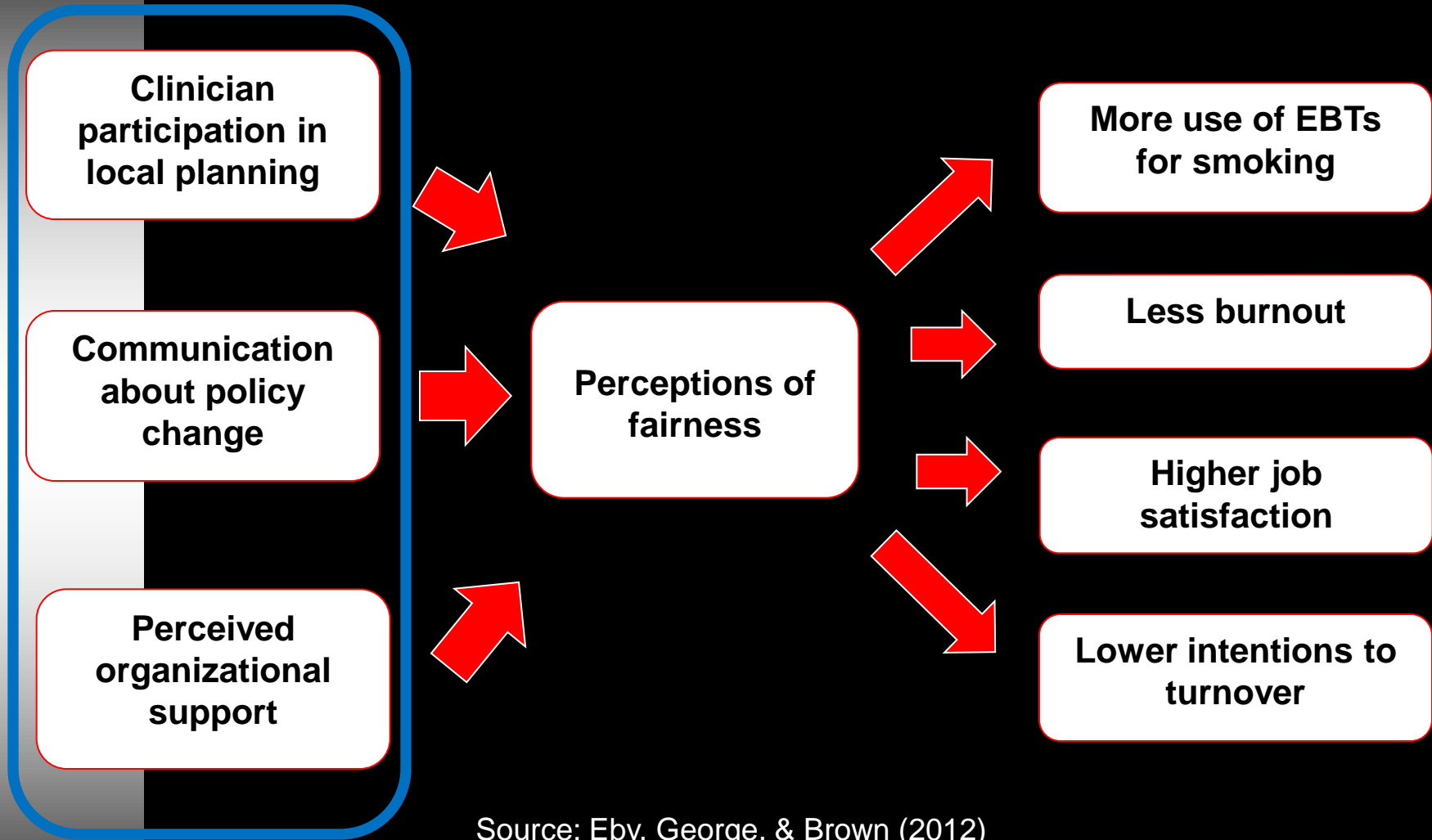


# Predictors of Successful Implementation





# Predictors of Successful Implementation



Source: Eby, George, & Brown (2012)



# Other Predictors of Successful Implementation

- **Accountability for policy violation** (e.g., warning, write-ups, other reprimands)
- **Use of more available resources and technical assistance** (e.g., on-line training, mentoring, website information, NYS tobacco cessation centers)



Source: Eby & Birkelbach (2010)



# Evidence-Based Recommendations

- Think about whether treating tobacco dependence is a good fit for your organization
  - *What efforts are currently in place?*
  - *How supportive are managers and informal opinion leaders?*
  - *Are staff currently encouraged to quit smoking?*
  - *Is there dedicated staff and/or expertise in house?*





# Evidence-Based Recommendations

- Assess staff motivation to treat (e.g., discuss in staff meetings, survey staff)
- Inventory staff knowledge of EBTs
- Be prepared to have to train staff
  - *Earmark time and/or financial resources*
  - *Consider “lunch and learn” sessions, speakers, CE opportunities etc.*
  - *Focus first on clinical supervisors*



# Evidence-Based Recommendations

- Obtain hard estimate of cost to implement EBTs
  - *If you can't afford the cost, then efforts will be an uphill battle*
- Find out whether tx is reimbursable (note: healthcare reform may change things)
- Evaluate whether you have funds to support EBTs
- Explore ways to help offset costs (e.g., state support, small grant programs, on-line educational resources)
- Lobby at local, state and national level



# Evidence-Based Recommendations

- Involve clinicians in the planning process
- Provide information at each step
- Identify resources for training, education, & information (e.g., on-line toolkits, state funding for NRTs, quitlines, Medicare/Medicaid reimbursement)
- Create a sense of accountability
- Expect resistance from patients and staff
- *Remember that success is more likely if clinicians feel supported by their organization and treated fairly – is your organization ready?*



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