


Integrating Smoking Cessation in Substance Abuse Treatment: Organizational Change



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June 3, 2008

Blending Addiction, Science and Treatment
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Acknowledgements:

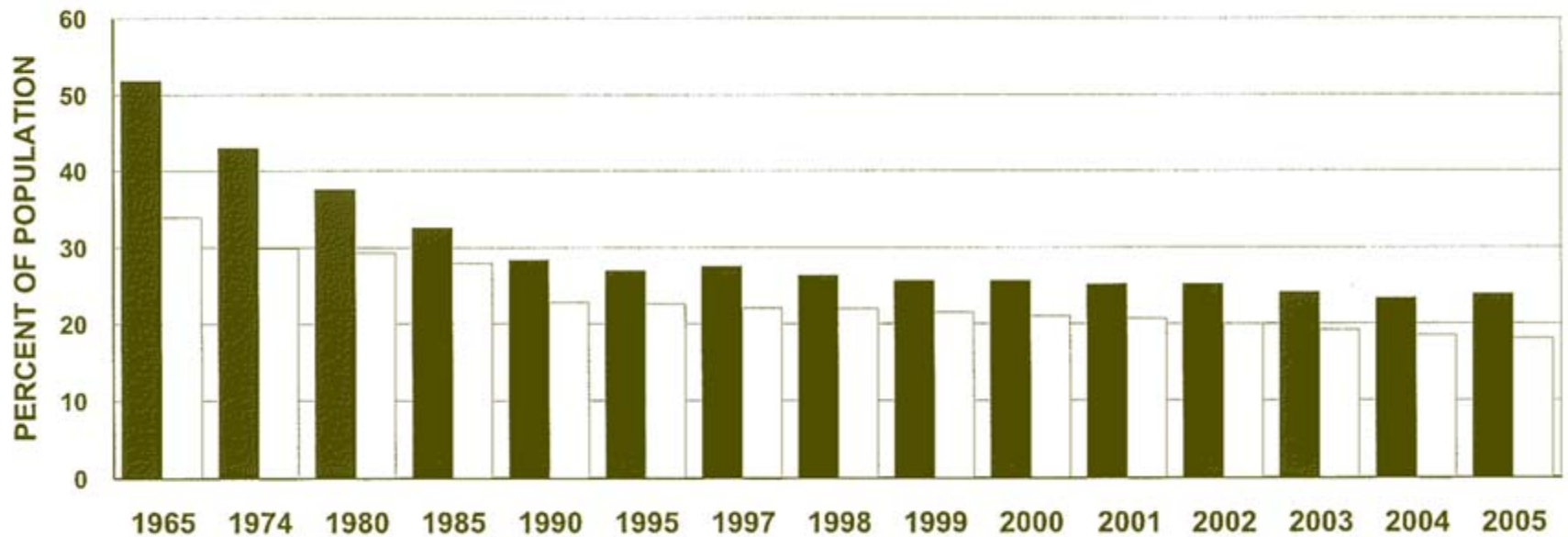
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Funding provided by NIDA 5 PD50 DA009253-13 and R01 DA020705-03.

Smokers in U.S. 1965-Present

FIGURE 2: CURRENT CIGARETTE SMOKING IN PERSONS AGE 18 YEARS AND OLDER BY SEX, 1965-2005 (1,2)



Elevated Smoking Prevalence

- Substance Abuse
- Mental Health
- Criminal Justice

Poor smoking cessation outcomes in substance abuse treatment settings

Source	Cessation rate at Post-treatment (Intervention Group)	Percentage
Burling 1991	0/19	0%
Story 1991	0/11	0%
Campbell 1995	7/90	7.8%
Bobo 1995	2/30	6.7%
Bobo 1998	7/288	2.4%
Cornelieus 1999	1/19	5.3%
Kalman 2001	3/18	16.7%
Burling 2001	33/100	33%
Haug 2002	0/30	0%
Shoptaw 2002	33/132	25%
Grant 2003	3/21	14.3%

Source: Prochaska JJ, Delucchi K & Hall SM. (2004). A meta-analysis of smoking cessation interventions with individuals in substance abuse treatment or recovery. *Journal of Consulting and Clinical Psychology*, 72(6) 1144-1156.

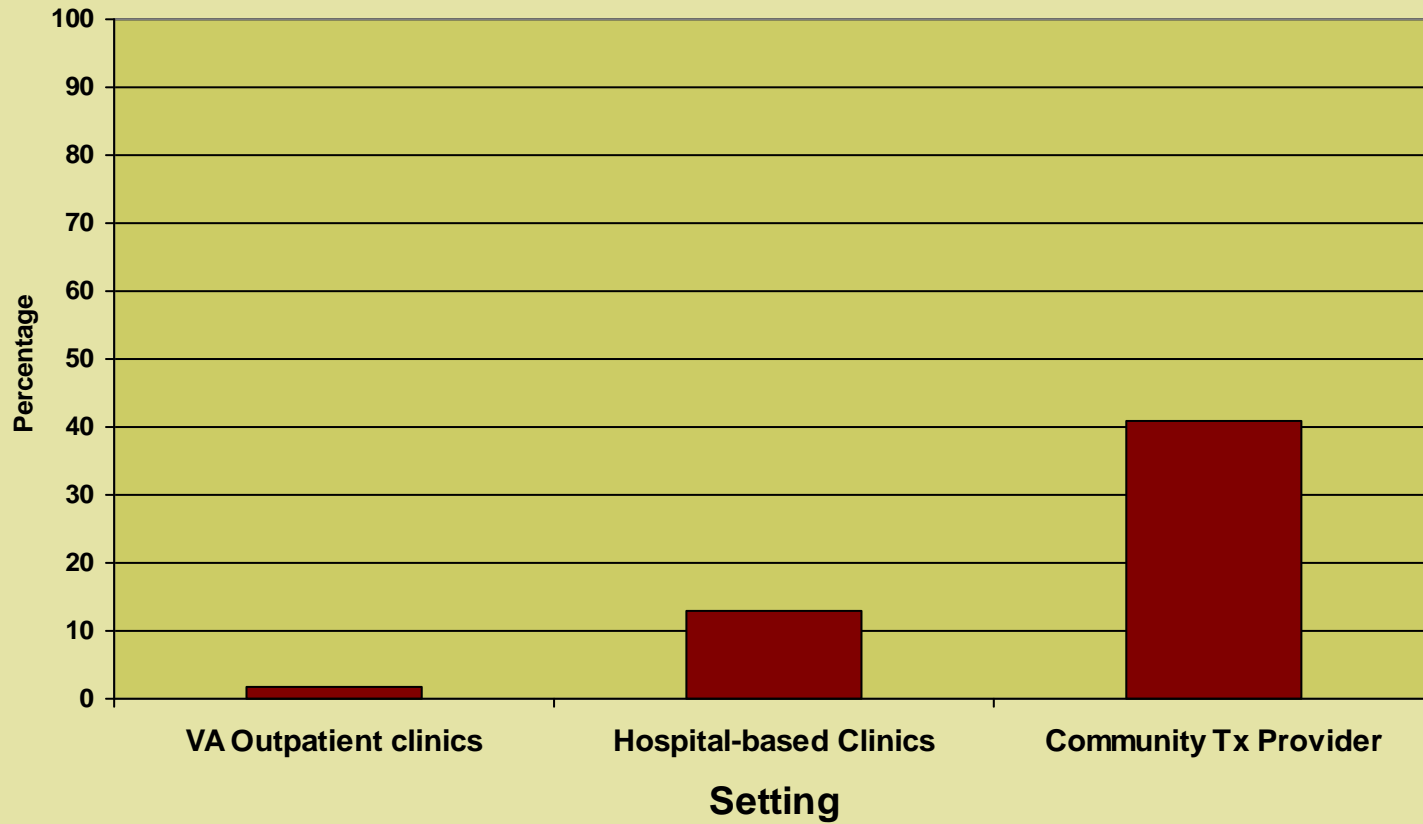
Staff Smoking

- Literature Review
- 1975 to 2007
- 20 papers
- Staff smoking ranged from 14%-40%
- VA/medicalized settings reported lower rates
- Community based programs reported 22%-40%

Barriers to Providing Treatment for Smoking

- ❑ Lack of training/knowledge
- ❑ Perceived risk to sobriety
- ❑ Staff are smokers

Staff Smoking in 11 treatment clinics (n=336)



Study 1: Methods

- 2 experimental clinics vs. 3 control clinics
- Knowledge, attitudes and practices
- Baseline, 18 month FU, 36 month FU
- Survey staff
 - Administrative and clinical
 - All paid staff (full/part time)
 - Reimbursed \$25 for participation

KAP sample scale items

- Knowledge:
 - Hazards of smoking have been clearly demonstrated
 - Smoking increases risk of heart attack
- Barriers:
 - Lack of reimbursement
 - Lack of impact on patients
- Self-efficacy:
 - My patients follow my advice about behavior change
 - If counseled patients who smoke what percentage would you think would quit smoking?
- Beliefs
 - Smoking personal decision which does not concern counselor
 - If in recovery less than 6 months quitting smoking would threaten sobriety
- Practices
 - How often advise patients who smoke to quit
 - Encourage patients to use NRT

Knowledge, Attitudes, Practices Experimental vs. Control

Intervention			Control		p-value*
Scale	Baseline (n=57)	18-Months (n=60)	Baseline (n=62)	18-Months (n=64)	
Knowledge	4.4 (0.61)	4.4 (0.50)	4.3 (0.76)	4.3 (0.63)	.292
Practice	3.3 (1.02)	3.2 (1.12)	2.7 (1.03)	2.8 (1.12)	.781
Barriers	1.8 (0.66)	1.7 (0.74)	1.9 (0.67)	2.0 (0.66)	.140
Efficacy	3.4 (0.53)	3.5 (0.62)	3.3 (0.70)	3.2 (0.54)	.377
Beliefs	4.1 (0.62)	4.0 (0.63)	3.9 (0.67)	3.8 (0.61)	.288

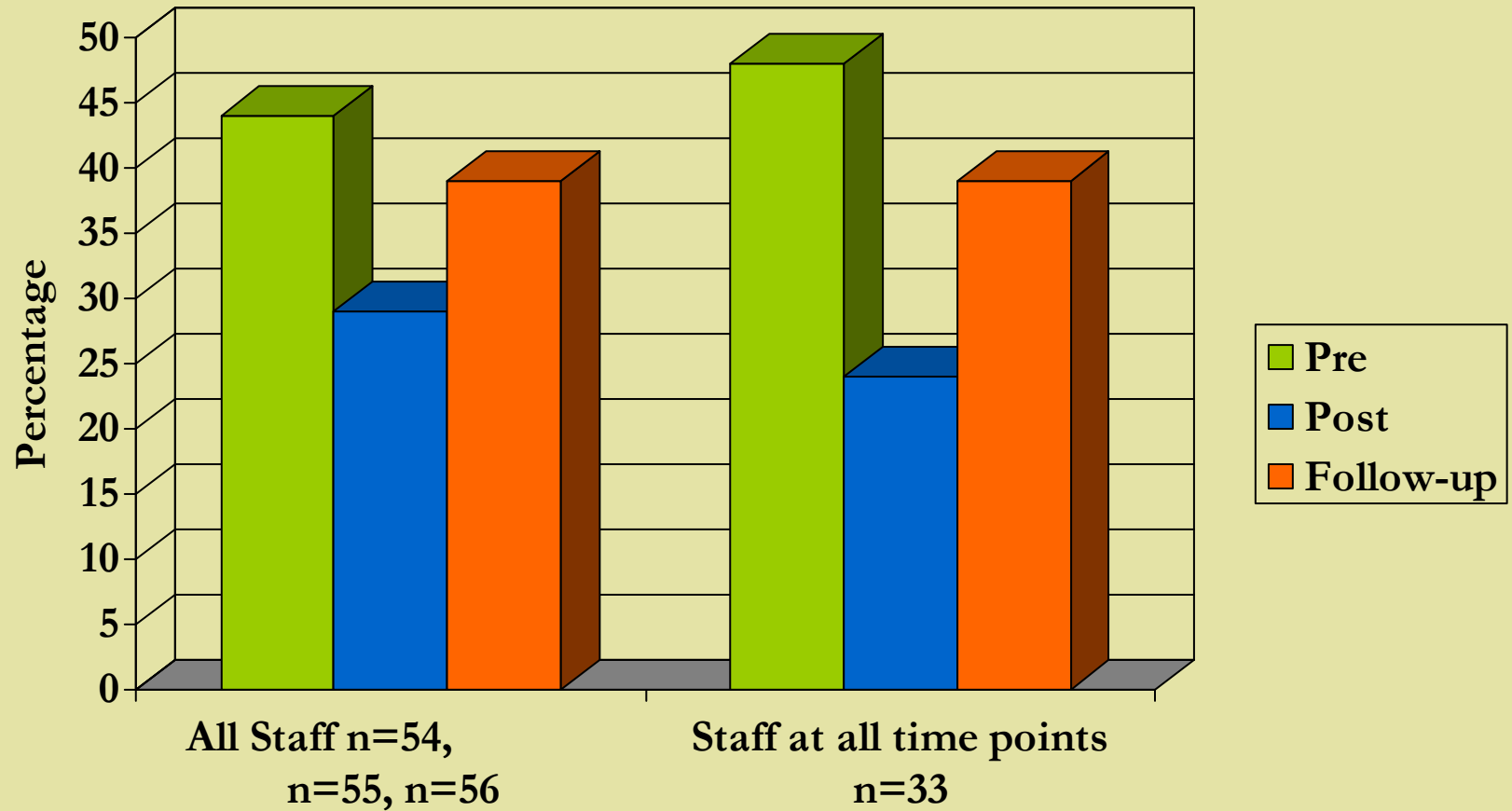
Study 2

- ❑ Addressing Tobacco Through Organizational Change (ATTOC, Hoffman and Slade, 1993) New Jersey
- ❑ 12-step approach to implementation
- ❑ 6-month manualized intervention
- ❑ 6 core strategies
 - Formation of tobacco leadership group
 - On-site consultation
 - Formation of workgroup to address 12-step approach

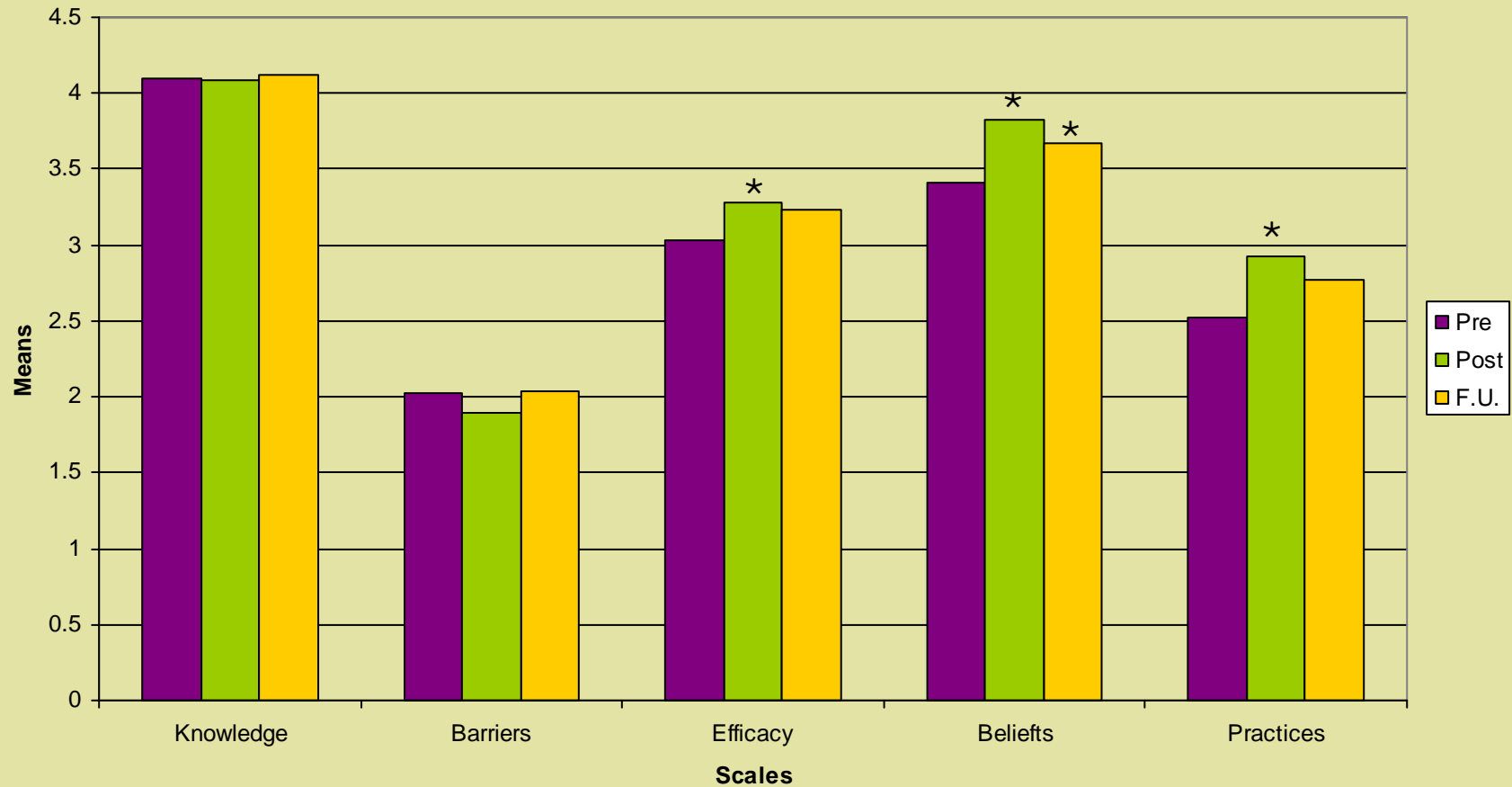
Study 2: Methods

- 3 residential treatment programs
- Staff surveys
 - 50 staff
 - Survey at Pre, Post, Follow-up
- Client interviews
 - 50 clients
 - Cross-sectional sample Pre, Post, Follow-up
- Nicotine Replacement Therapy utilization

Staff Smoking Prevalence



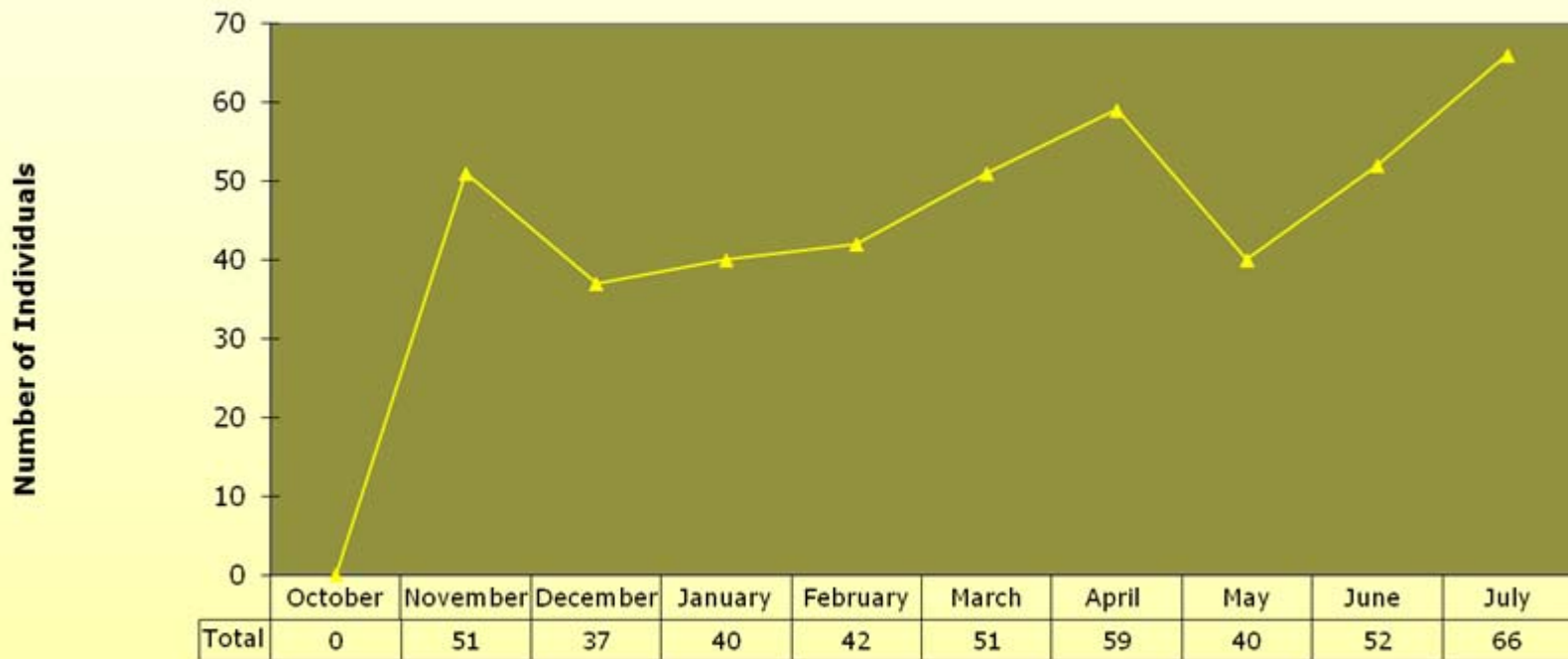
Staff Knowledge, Attitudes, Practices Pre to Post to F.U.



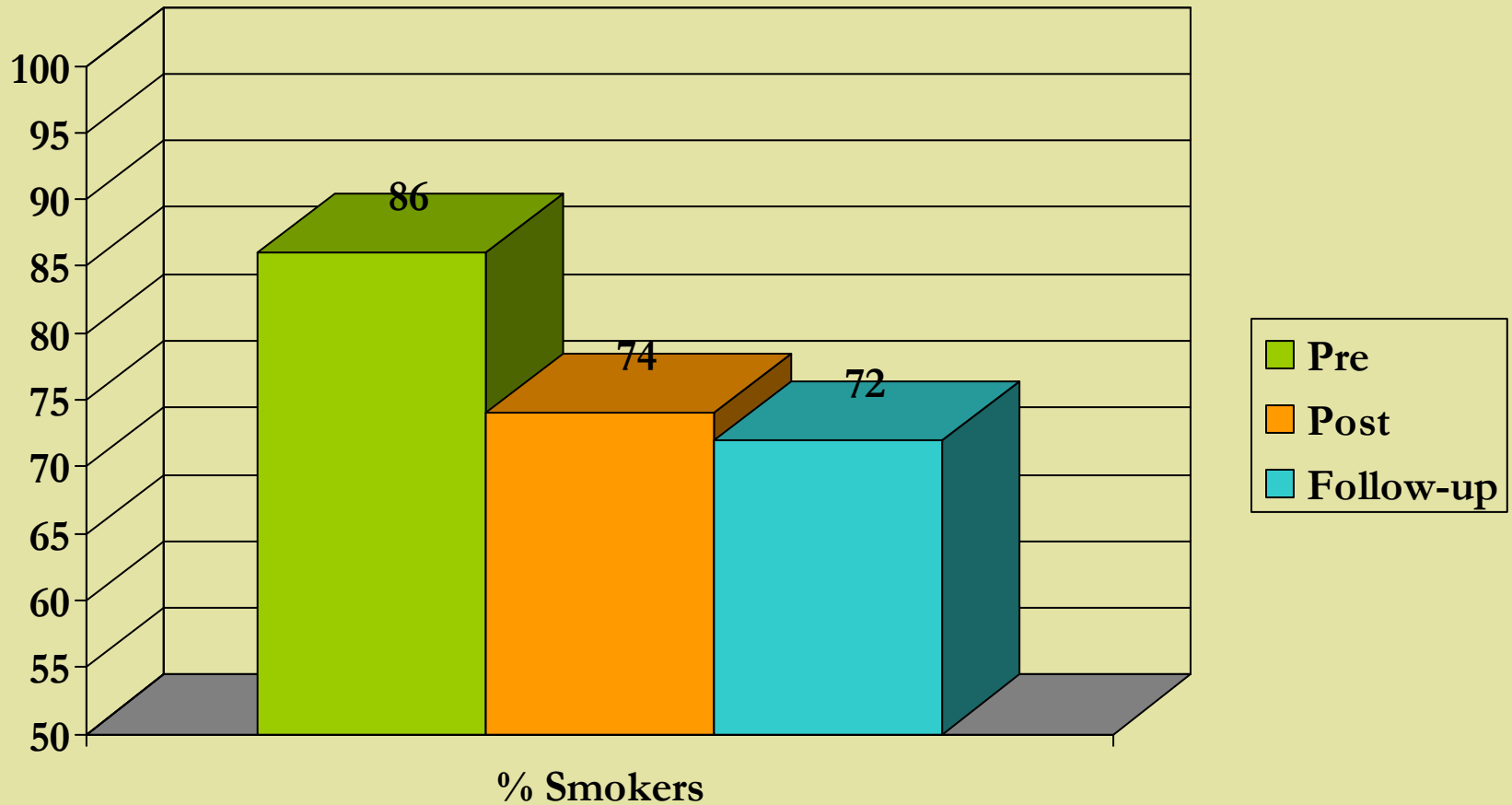
* Significant $p < .05$

NRT use over 10 month period

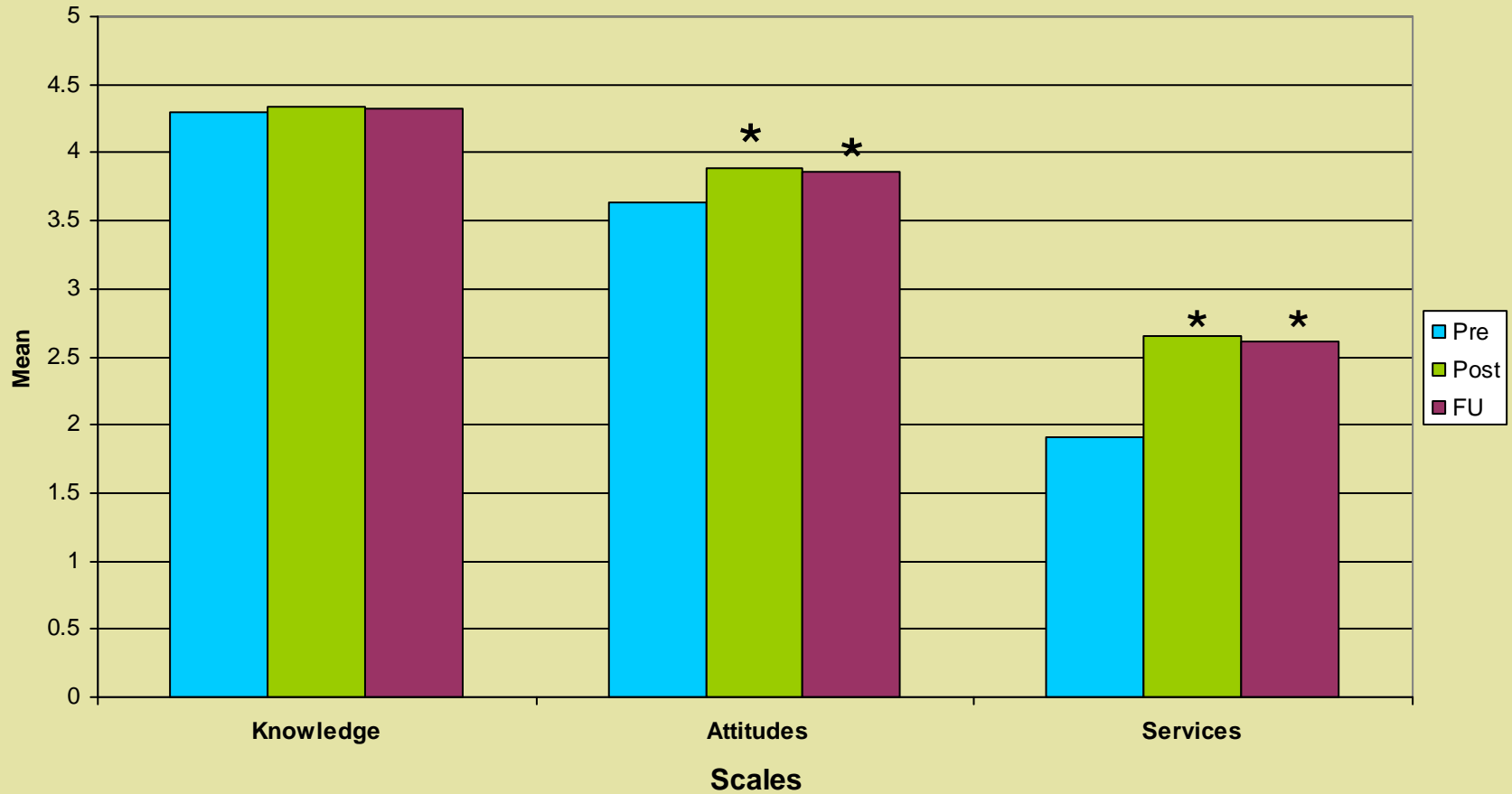
**Total NRT Disbursement
(10/01/06-7/31/07)**



Client smoking prevalence at Pre, Post and Follow-up



Client Knowledge, Attitudes, Services over time



Summary

□ Study 1

- Presence of randomized trial did not lead to measurable organizational change

□ Study 2: Organizational change intervention

- Changes in staff self-efficacy, beliefs and practices
- Changes in client attitudes and services received
- Uptake of NRT use
- Decreased staff smoking
- Decreased client smoking