

Tobacco Cessation in Substance
Use Disorder Treatment Facilities:
Single State Agency (or SSA)
Tobacco Policies

by

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Directors (NASADAD)**

With Support from

The UCSF Smoking Cessation Leadership Center

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Overview of Findings

- Over the past fifteen years, a number of Single State Agencies (SSAs) have prioritized initiatives to address the integration of tobacco dependence into the context of treating other addictive disorders, and others are beginning to develop and implement policies/plans.
- 34 States ban smoking within substance use disorder (SUD) treatment facilities
 - 5 SSAs are working to implement smoking bans in treatment settings
- 12 SSAs have implemented smoking policies that go beyond State-level legislation
- Though very few (only 5/44) SSAs have primary responsibility for tobacco cessation across their State, many SSAs have provided a variety of tobacco cessation resources to SUD treatment and prevention providers and the public.
- In 45 States, another agency (not the SSA) also provides support for smoking cessation that is available to SUD treatment providers and/or individuals with SUDs
- States have not identified a single best practice model for specific use in SUD treatment

Goals

- The Smoking Cessation Leadership Center at the UCSF asked NASADAD to explore the extent of States' efforts to address tobacco cessation within the State substance abuse treatment system. Specifically, NASADAD examined:
 - State smoking policies within SUD treatment facilities, and the challenges faced in implementing such policies;
 - The ways that States have worked with providers to integrate the treatment of tobacco dependence into the context of treating other addictive disorders; and
 - Whether the State agency has been given the authority and responsibility to address tobacco cessation among the general populace.
- This inquiry focuses specifically on the role of the SSA in tobacco cessation in the States; it does not try to provide a comprehensive picture of all tobacco cessation efforts across the States.

Background: Prevalence

- Recent studies have shown that the vast majority of patients (80%–90%) in treatment for substance use disorders smoke cigarettes (Richter et. al., 2004), and more alcoholics die of tobacco-related illness than alcohol-related problems (Hurt et. al., 1996).
- In addition, studies have shown that as many as 80% of clients in substance use disorder (SUD) treatment expressed an interest in tobacco cessation (Prochaska et. al., 2004).

Background: Integrating Tobacco Cessation into Substance Abuse Treatment

- Many public health figures advocate provision of smoking cessation services in substance abuse treatment.
- While a number of studies argue that this can be done effectively, this topic has rarely been studied rigorously; the few rigorous studies have yielded ambivalent results about whether SUDs and tobacco addictions should be treated concurrently or sequentially (Kodl, Fu & Joseph, 2006).
- Some researchers and clinicians have hypothesized that **requiring** abstinence from tobacco during SUD treatment may discourage people from seeking and completing needed services (Prochaska et. al., 2004; Richter et. al., 2004).
- “Questions remain as to the best way to treat...co-occurring [alcohol and tobacco] addictions; some programs target alcoholism first and then address tobacco addiction, whereas others emphasize abstinence from drinking and smoking simultaneously. Effective treatment hinges on a better understanding of how these substances—and their addictions—interact” (NIAAA, 2007).

Background: Implementation

- Little is known about how/whether SUD treatment providers offer services to address their clients' tobacco dependence.
- A significantly higher proportion of public clinics, compared with private for-profits and nonprofits, banned or restricted outdoor smoking for patients and staff (Richter et. al., 2005).
- A representative sample of outpatient SUD programs found that 41% of providers offer smoking cessation counseling or pharmacotherapy (Friedman et. al., 2008).
- Many individual SUD treatment programs are JCAHO certified. To become certified, programs must ban indoor smoking.

Methodology

- Conducted discussions with three “advanced” States: NJ; NY; WA
- Based on discussions, developed a survey instrument
 - Survey instrument reviewed by NASADAD Research Committee, UCSF staff
- Fielded Internet-enabled survey 9/24, with email reminders and phone calls on 10/14, 10/15
- 44 States responded
- Average (mean) amount of time to complete survey was 20 minutes, modal response was 15 minutes

At least 34 States Ban Smoking in SUD Treatment Facilities

□ As many as 40/51 States may ban smoking in SUD treatment facilities and more SSAs are working to implement smoking bans

N=44

□ 5 of the 6 States (& DC) that did not respond have implemented statewide smoking bans

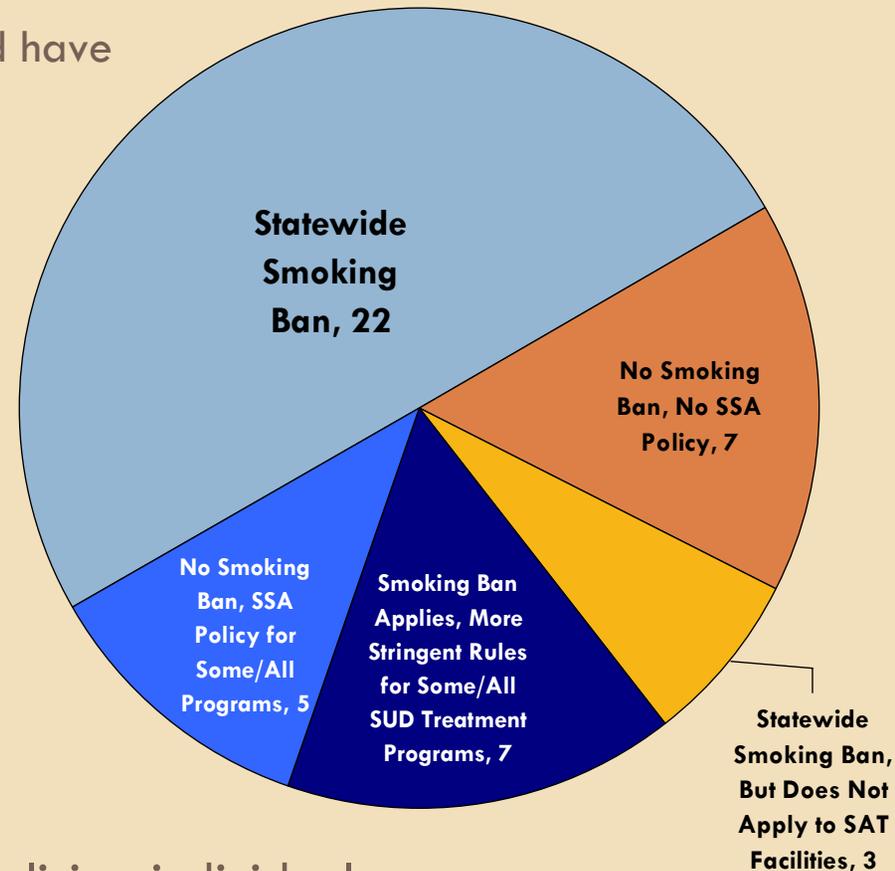
■ It is not clear whether SUD treatment facilities are exempt from these bans

□ Five States do not ban smoking in SUD treatment facilities are working to develop policies.

□ In one State that does not have a mandatory smoking ban, there is a governor's initiative to encourage providers to create smoke-free environments, but this program is voluntary.

■ More than 75% of providers have banned smoking as a result of this initiative

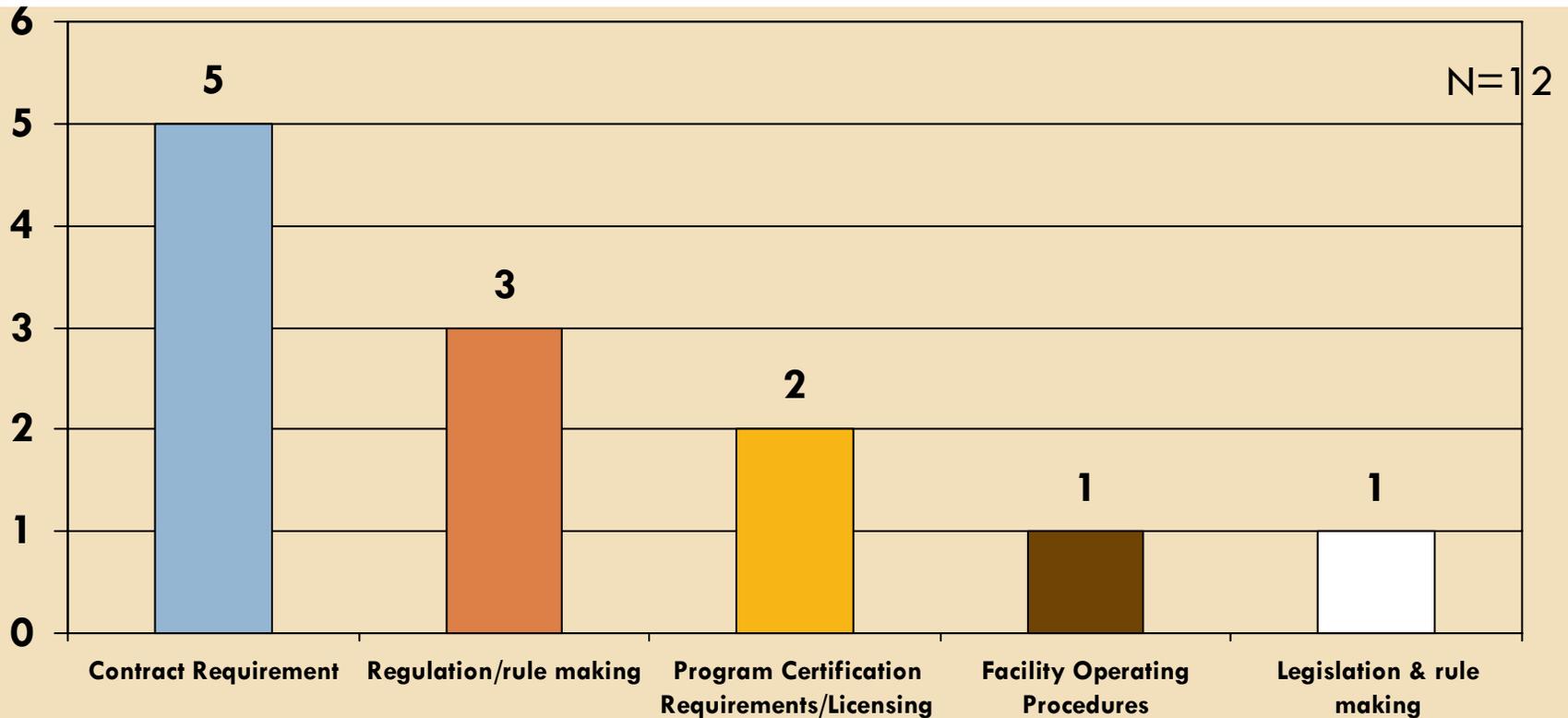
□ Even in States which do not have official policies, individual SUD treatment providers are creating their own smoking bans.



At least 12 States Have Created Official Smoking Policies for SUD Treatment Facilities

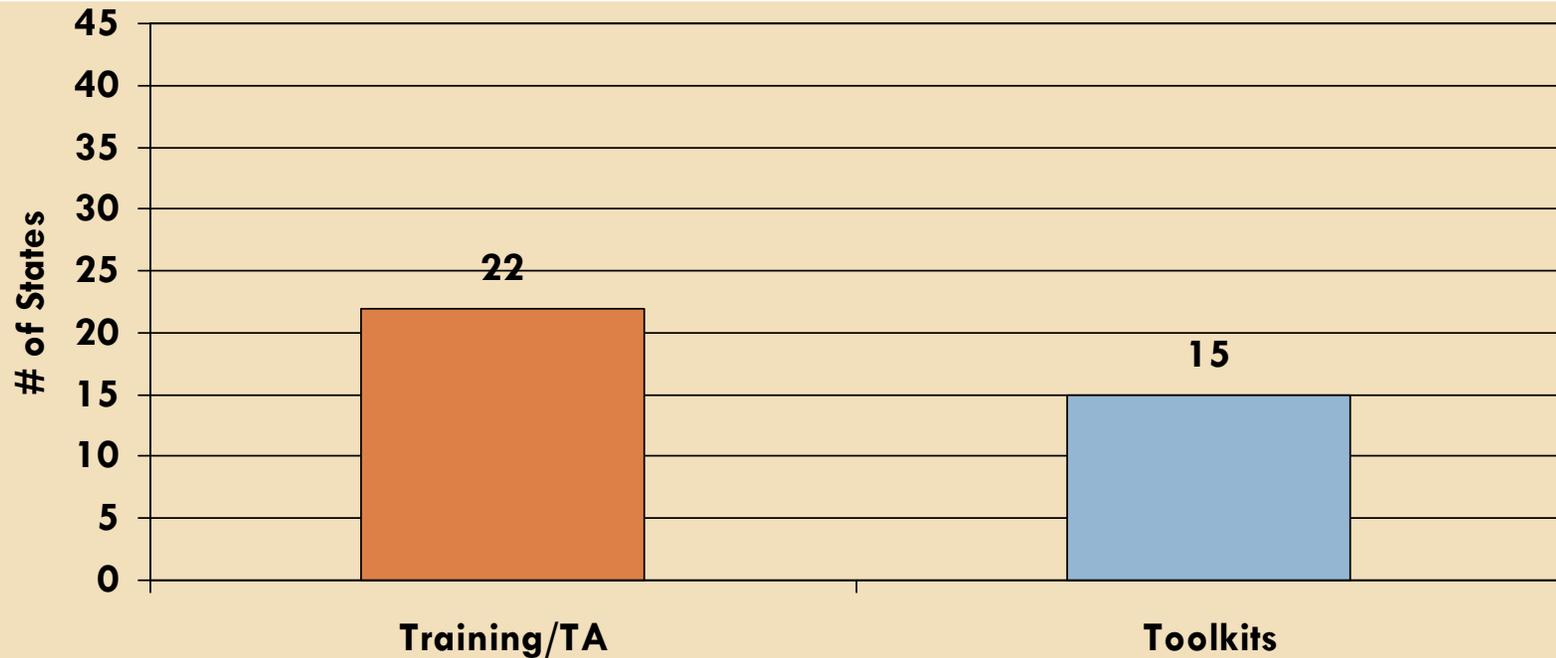
- 7 of these States (four of which have statewide smoking bans and three that do not) have banned clients and staff from **smoking on grounds** of SAT facilities
- Five SSAs have banned smoking inside SUD treatment facilities (in these States, there is no statewide smoking ban)
- Seven states that have implemented smoking bans offered **technical assistance** (TA) to providers to help them to implement this policy
 - ▣ Five of these states continue to offer TA money to providers to implement this policy
- These policies were established between 1994 and 2009
 - ▣ Providers in six States were given at least one year (in one case, four years) to comply with the policies
 - ▣ Providers in two States were not given advance notice to comply with the policies
 - ▣ Four States did not know whether providers were given advance notice

SSAs implemented more stringent smoking policies through various mechanisms



- NY reported spending \$4 Million for NRT, \$4 million for training & the equivalent of 1 FTE staff person to work with the provider system on readiness.
- MA reported spending \$185K/year for training & TA

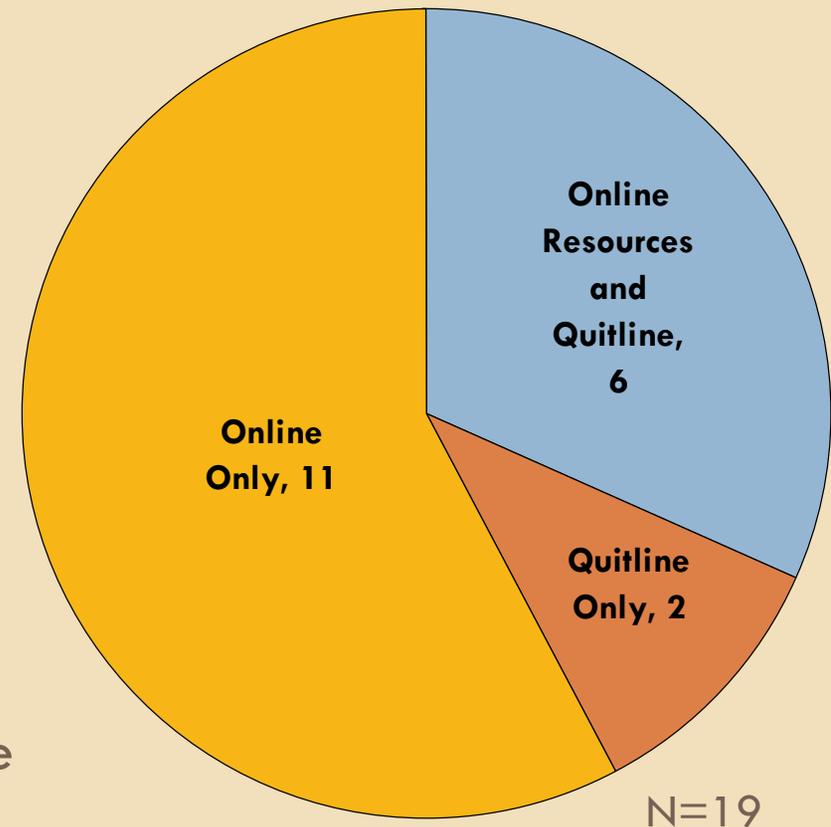
26/44 States have provided training/TA or toolkits to SAT providers



- SSAs provide training/TA to SUD treatment providers on smoking cessation counseling (19) & NRTs (16)
- States recommend a variety of toolkits to help SUD treatment providers treat their clients tobacco addictions
 - CO, IN, NY, OH, SD - created their own toolkits (available online)
 - No single best practice kit recommended across most States

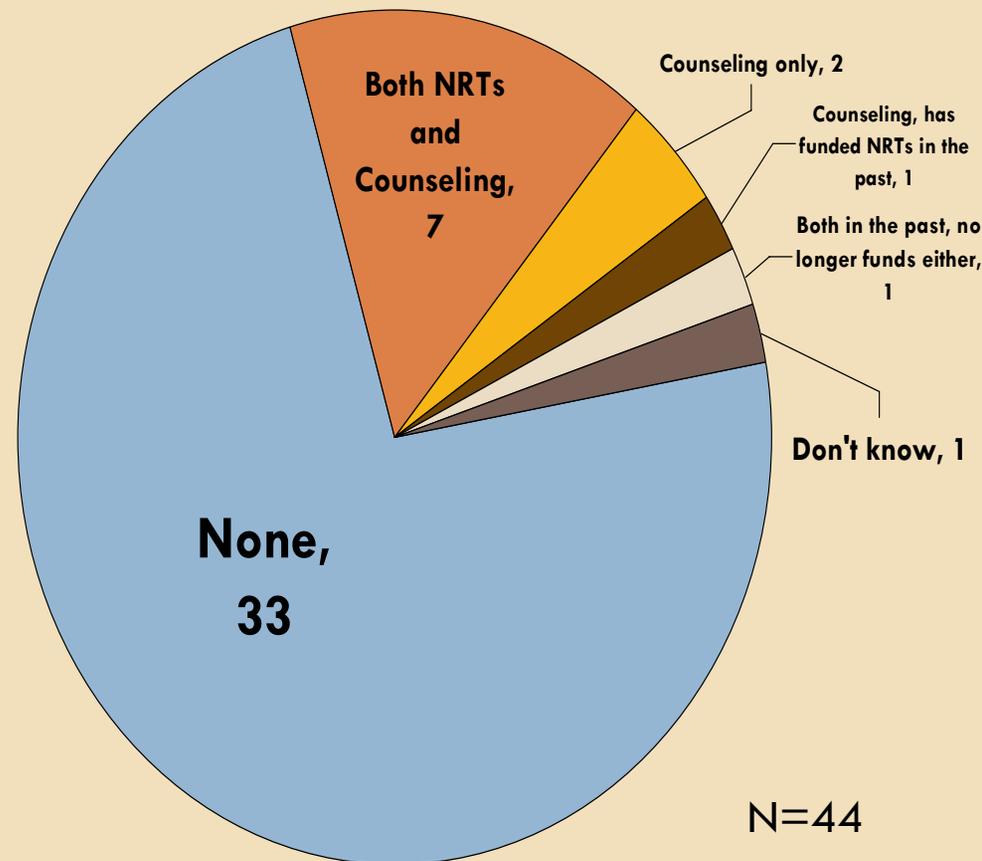
At least 19 SSAs also provide resources that are available to the general public

- Online resources made available by SSAs:
 - Describe statewide tobacco cessation **initiatives** (9 States)
 - Provide tobacco cessation **resources** for consumers and/or providers (9 States)
 - Describe the Statewide **prevalence** of tobacco use (4 States)
 - Detail the **effects** of tobacco use (3 States)
 - Provide **links** to NIDA/CDC fact sheets (2 States)
- At least three SSAs also fund NRTs that are available to the general public
- In at least seven States that do not provide these resources, the SSA is aware of Quitlines and online resources **administered by other State and private agencies**, and directs providers, clients and the general public to these resources



Eight SSAs provide funding to SUD treatment providers for tobacco cessation services

- 3 States – SSA provides specific \$ for counseling & NRTs to all levels of substance abuse treatment (residential, outpatient, intensive outpatient)
- 2 States – SSA provides specific \$ for counseling to all levels of care (residential, outpatient, intensive outpatient)
- 2 States – SSA provides specific \$ for counseling in outpatient only
- 1 State – SSA provides funding for counseling & NRTs to IOP and OP only
- 2 States – SSA provide \$ for smoking cessation to other providers, but not specifically to SAT providers
- **No SSAs offer funding for Varenicline (Chantix) or Bupropion hydrochloride (Zyban)**

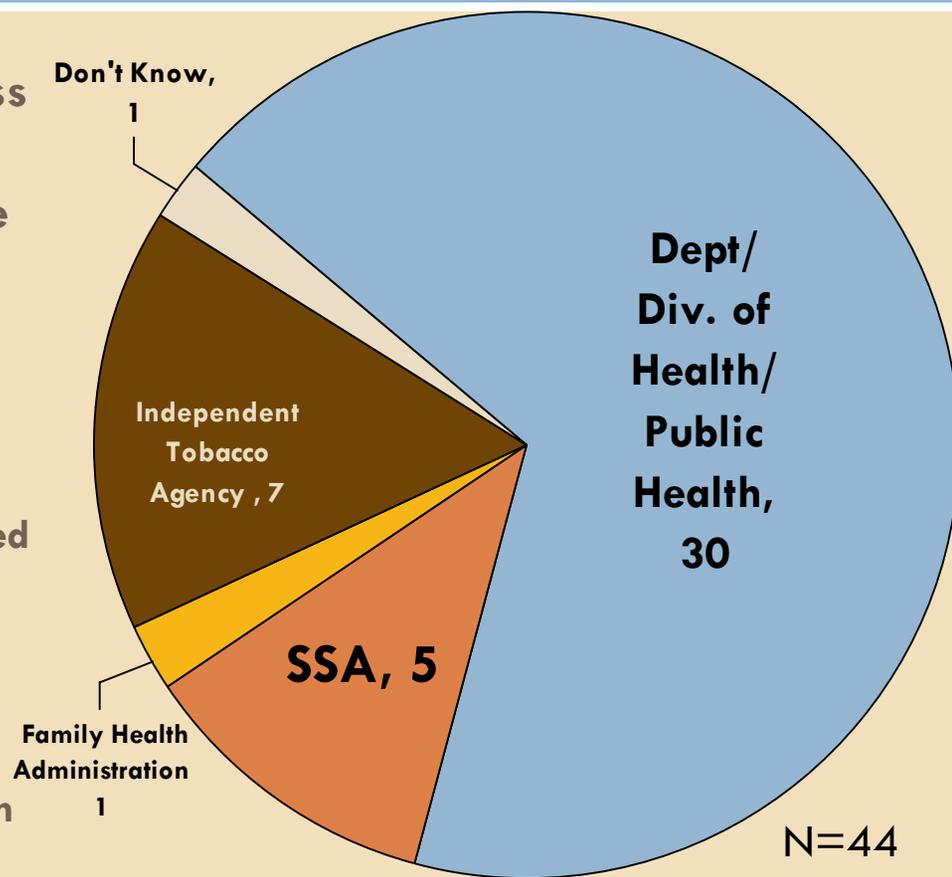


In nearly 70% of responding States (30/44 respondents), the Department/Division of Health or Public Health is the primary agency in charge of tobacco cessation

- Only five SSAs have primary responsibility for tobacco cessation across their State
- In many States, the SSA partners with the primary agency in charge of tobacco cessation to provide services to clients in SUD treatment.

□ For example:

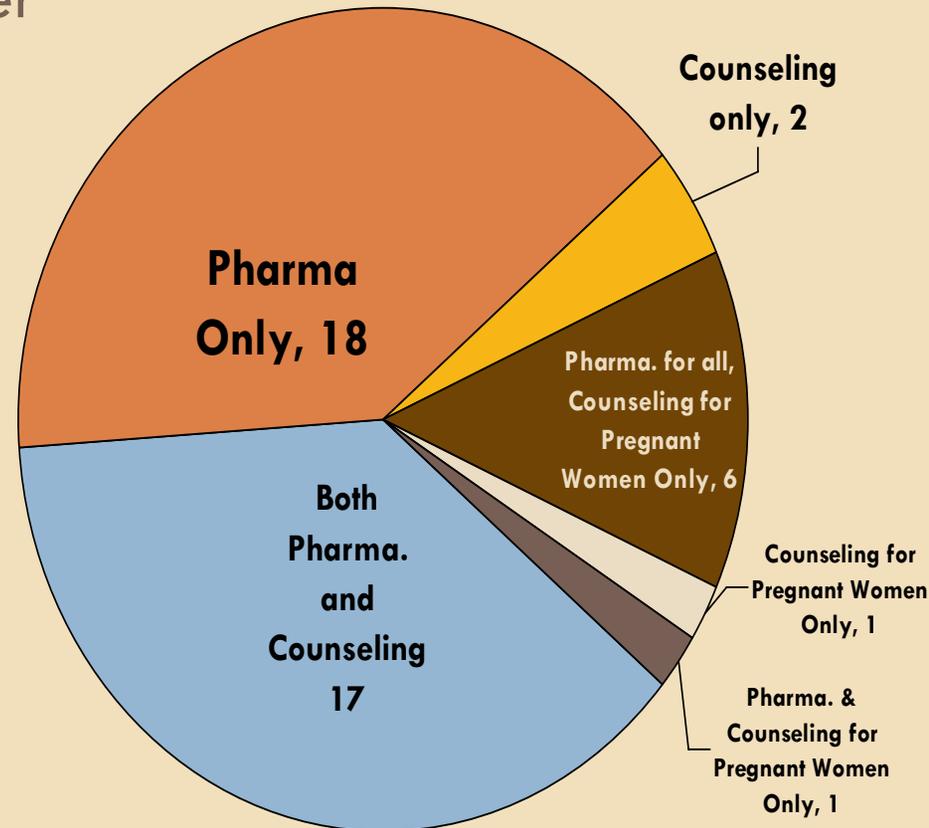
- Arkansas has implemented tobacco cessation programs in all programs funded by the SSA in collaboration with the Arkansas Department of Health and the Department of Community Corrections
- In Florida, the SSA coordinates with the Department of Health to work with providers to incorporate tobacco cessation into SUD treatment services
- In Illinois, the SSA has dispensed information about tobacco cessation from the Department of Health to providers
- In Connecticut, the SSA works with the Public Health Department to educate community treatment providers on tobacco cessation



Most States' (45 States) Medicaid programs cover some tobacco cessation therapies¹

- In nearly all States (42/50), another government agency (not the SSA) provides funding for NRTs. Other agencies which fund NRTs include:

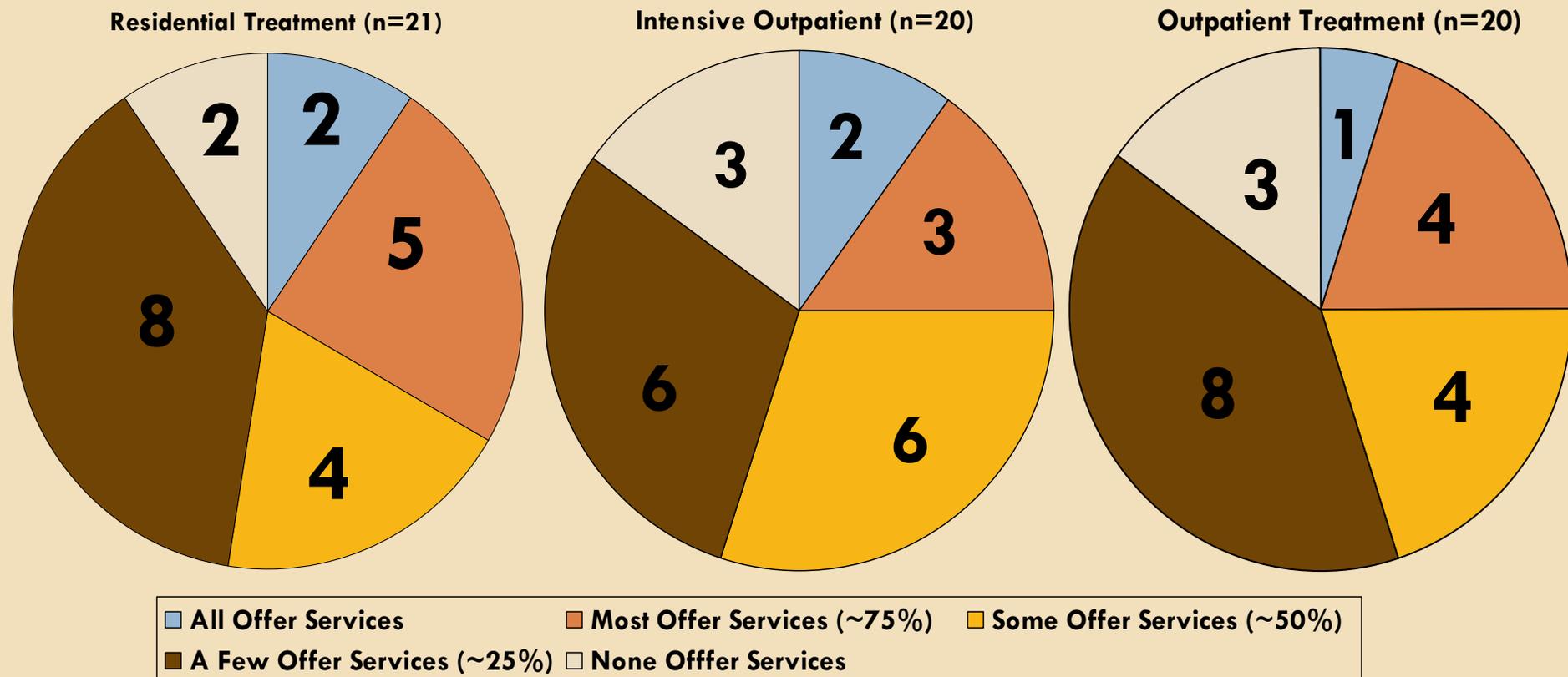
- Medicaid (42);
 - 38 States' Medicaid formularies cover **Varenicline (Chantix)** for all enrollees
 - 40 States' Medicaid formularies cover **Bupropion hydrochloride (Zyban)** for all enrollees; 1 State provides Zyban to pregnant women only.
- Independent Tobacco Agencies (8);
- Departments of Health/Public Health (19); and
- Division of Medical Assistance (1).



N=45

¹ Data taken from a November 6, 2009 CDC Morbidity and Mortality Weekly Report (www.cdc.gov/mmwr).

In States that track this, more than half of providers offer tobacco cessation services (NRTs or counseling)



- 3 States (LA, NC and WY) have developed measures to gauge the effectiveness of SUD providers' smoking cessation services.
- About 40% (17) of responding states have collected data about number of smokers in SUD treatment.

Policy Implications/Opportunities

- SSAs have limited **budgets** & competing **priorities**
- SSAs have not received new dollars to integrate smoking cessation services into SUD treatment
 - Generic bupropion hydrochloride - \$7/week
 - Varenicline (Chantix) - \$50/week
 - Outpatient SA Tx - \$50-100/week
- 45 States provide \$ for some smoking cessation therapies
 - Most often administered by another agency (not SSA)
 - SSAs help providers access \$
 - Many providers already offer NRTs/counseling
- Relatively **new focus** for SSAs
 - Few documented models of **implementation**
- Individual providers offer tobacco cessation services, ban smoking even in States that have not yet established formal policies

Conclusions

- **Most States (as many as 41) do **not allow smoking** within SUD treatment facilities.**
 - In 34 States, Clean Air Acts and Statewide indoor smoking bans have led to a ban on smoking inside SUD treatment facilities.
 - 5 SSAs are working to develop a policy that bans smoking in SUD treatment facilities.
- In 12 States, the SSA has formulated a **specific policy** banning smoking in SUD treatment facilities (seven of these States also have a statewide smoking ban, five of these do not).
- In more than half of the States (26), the SSA has administered **resources** for tobacco cessation including:
 - TA/training/toolkits for providers (26 States)
 - Online resources/Quitlines (19 States)
 - NRTs/counseling (10 States)
- **The SSA is the lead agency on tobacco cessation in only five States. In most States, the Department of Health/Public Health has primary responsibility for tobacco cessation.**
 - In many States (at least 42), another agency provides resources to clients with SUDs and SUD treatment providers for tobacco cessation.
- **Nearly half of the responding SSAs (17) know **how many** of their clients use tobacco, but very few SSAs know **whether/how** providers are integrating tobacco cessation into SUD treatment.**
 - However, in many States that track this, most providers are offering either NRTs or smoking cessation counseling.
- **There have been no cost-effective, evidence-based practices developed and proven for specific use in SUD treatment.**

Acknowledgements

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Tobacco Cessation Websites Administered by SSAs

- <http://www.ct.gov/dmhas/lib/dmhas/infobriefs/010809.pdf>
- <http://www.dhhs.nh.gov/DHHS/ATOD/TPCP.htm>
- <http://www.dhss.delaware.gov/dph/dpc/quitline.html>
- <http://www.dmh.mo.gov/ada/facts/factsheets.htm>
- <http://www.drugs.indiana.edu/>
- <http://www.in.gov/itpc/>
- <http://www.maineosa.org>
- <http://www.makesmokinghistory.org>
- <http://www.mt.gov>
- <http://www.oasas.state.ny.us>
- <http://www.ohiotobaccorecovery.org>
- <http://www.quitwithusla.org>
- <http://www.tobwis.org/index.php>

Toolkits Recommended By SSAs

- ❑ Clinical Practice Guidelines (U.S. Public Health Services) (3 States)
- ❑ CDC Best Practices (2 States)
- ❑ Tobacco Treatment for Persons with Substance Use Disorders: a Toolkit for Substance Abuse Treatment Providers (University of California – San Francisco) (2 States)
- ❑ Dr. Douglas Ziedonis/University of Massachusetts (2 States)
- ❑ Smoking Cessation For Persons with Mental Illnesses (Dr. Chad Morris/University of Colorado)
- ❑ Freedom from Smoking (American Lung Association)
- ❑ Nicotine Dependence Treatment Model and Clinical Practice Guideline - Treating Tobacco Use and Dependence (University of Medicine and Dentistry of New Jersey)
- ❑ National Association of State Mental Health Directors
- ❑ Bringing Everyone Along (BEA)

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