

Program and System-level Strategies to Address Tobacco Dependence in the Addictions

Pioneers Webinar
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Acknowledgements:

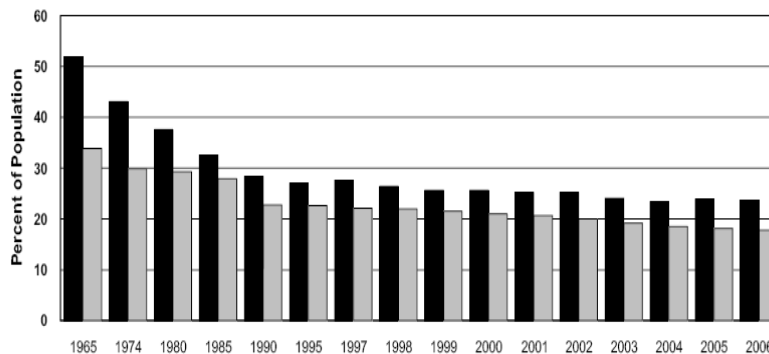
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Smokers in U.S. 1965-Present

Figure 1: Current Cigarette Smoking in Persons 18 and Older by Sex, Selected Years, 1965-2006^(1,2)



Source: American Lung Association: Trends in Tobacco Use (2008, July).

Elevated Smoking Prevalence

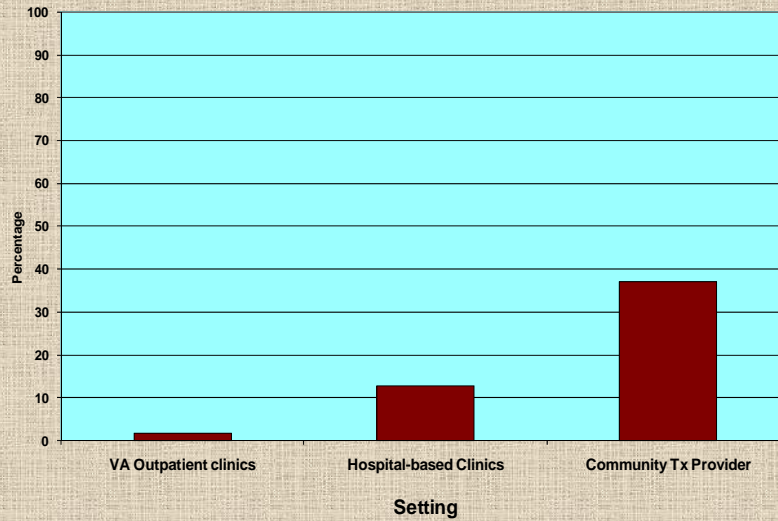
- ☐ Substance Abuse
- ☐ Mental Health
- ☐ Criminal Justice

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%
Cornelius 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 in 21 treatment clinics (n=571)



Summary of Barriers to Providing Smoking Cessation in Substance Abuse Treatment Settings

Source	Resource Limitations		Beliefs		Other Factors
	Lack of staff knowledge or training	Lack of staff time	Perceived risk to sobriety	Other addiction is more important	Staff are smokers
Staff Surveys					
Bobo & Gilchrist (1983)					✓
Bobo et al. (1995)	✓				✓
Hahn et al. (1999)	✓			✓	✓
Gill & Bennett (2000)	✓		✓		✓
Olsen et al. (2005)		✓	✓		
Fuller et al. (2007)					
Director Surveys					
Knapp et al. (1993)	✓		✓		
Willenbring et al. (2004)	✓	✓			
McCool et al. (2005)	✓			✓	
Richter (2006)			✓	✓	
Director & Staff Surveys					
Walsh et al. (2005b)	✓	✓	✓		✓

Source: Goydsh, J., Passalacqua, E., Tajima, B., & Turcotte Manser, S. (2007). Staff smoking and other barriers to nicotine dependence intervention in addiction treatment settings: A review. *Journal of Psychoactive Drugs*, 39(4), 423-433.

Study 1: Does the presence of smoking cessation clinical trial affect staff practices related to smoking?

- 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

Source: Chun, Jongserl, Guydish, Joseph & Delucchi, Kevin (In Press). Does the presence of smoking cessation clinical trial affect staff practices related to smoking? Journal of Drug Issues.

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

Source: Delucchi, Kevin, Tajima, Barbara & Guydish, Joseph (In press). Development of the smoking knowledge, attitudes and practices (S-KAP) instrument. Journal of Drug Issues.

Factor Analysis

Generated and sorted items into 5 scales:

	# of Items	Alpha Coefficients α (95% CI)
Knowledge	8	0.85 (0.82-0.87)
Barriers	9	0.91 (0.88-0.92)
Self-efficacy	6	0.81 (0.78-0.84)
Beliefs	5	0.72 (0.66-0.76)
Practices	9	0.74 (0.67-0.76)

Study 1: Staff Knowledge, Attitudes and Practices

Clinic Mean Setting	Veterans Affairs Medical Center (a) (n=56)	Hospital-based Settings (b) (n=101)	Community-based Settings (c) (n=178)	P value a, b	P value b, c	P value a, c
Scales						
Knowledge	4.5	4.1	4.1	0.0152*	0.4662	0.0041*
Beliefs	4.3	3.6	3.4	0.0001*	0.0430	<.0001*
Barriers	2.7	3.0	3.1	0.0248	0.3375	0.0049*
Self-efficacy	3.6	3.0	3.0	0.0002*	0.4474	0.0002*
Practices	3.5	2.5	2.2	0.0002*	0.0497	<.0001*

*Significant p value <.0167

Source: Tajima, B., Guydish, J., Delucchi, K., Passalacqua, E., Chan, M. & Moore, M. (In press). Staff Knowledge, Attitudes and Practices Regarding Nicotine Dependence Differ by Setting. Journal of Drug Issues.

Study 1: Knowledge, Attitudes, Practices Experimental vs. Control

* Significant $p < .05$

	Experimental		Control	
	Baseline	18 months	Baseline	18 months
Knowledge	4.36	4.40	4.25	4.34
Beliefs	4.07	4.05	3.89	3.83
Barriers*	1.78	1.68	1.92	1.96
Self-Efficacy	3.40	3.45	3.25	3.20
Practice	3.28	3.15	2.70	2.82

Source: Chun, J., Guydish, J. & Delucchi, K., (In Press). Does the Presence of Smoking Cessation Clinical Trial Affect Staff Practices related to Smoking? Journal of Drug Issues.

Study 2: Does an organizational change intervention affect staff practices related to smoking?

Intervention

- Developed by Hoffman and Slade (1993) to address tobacco use in tx programs
- 12-step approach to implementation
- 6-month manualized intervention

Methods

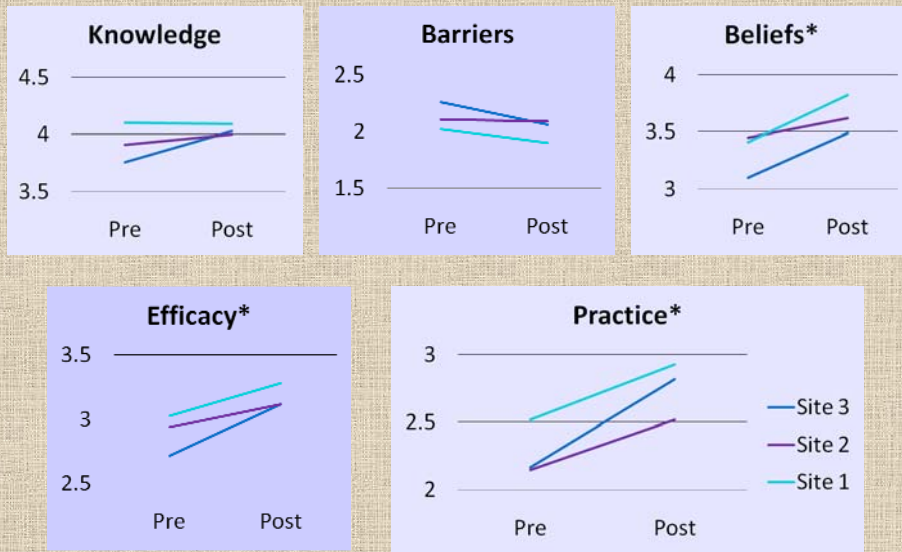
- 3 residential treatment programs
- Staff and Client surveys
- Nicotine Replacement Therapy

ATTOC Staff KAP Means

	Site 1 Pre	Site1 Post	Site 2 Pre	Site2 Post	Site 3 Pre	Site 3 Post
Knowledge	4.10	4.09	3.91	4.00	3.76	4.03
Barriers	2.02	1.90	2.11	2.09	2.26	2.06
Beliefs	3.41	3.82*	3.45	3.62	3.10	3.49*
Efficacy	3.03	3.28*	2.94	3.12	2.72	3.12*
Practice	2.52	2.93*	2.15	2.33	2.17	2.82*

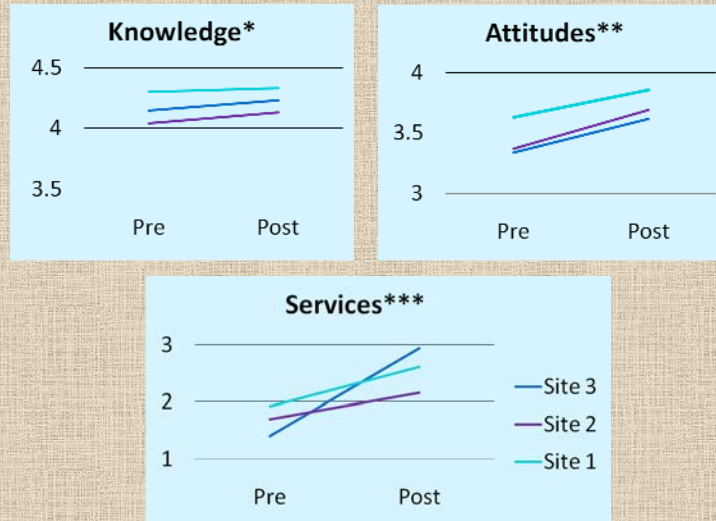
* Significant $p < .05$

ATTOC Staff KAP



* Significant by time effect and site effect $P < .05$

ATTOC Client KAS



*Difference between site is significant
**Significant time effect and site effect
***Significant time effect, significant interaction

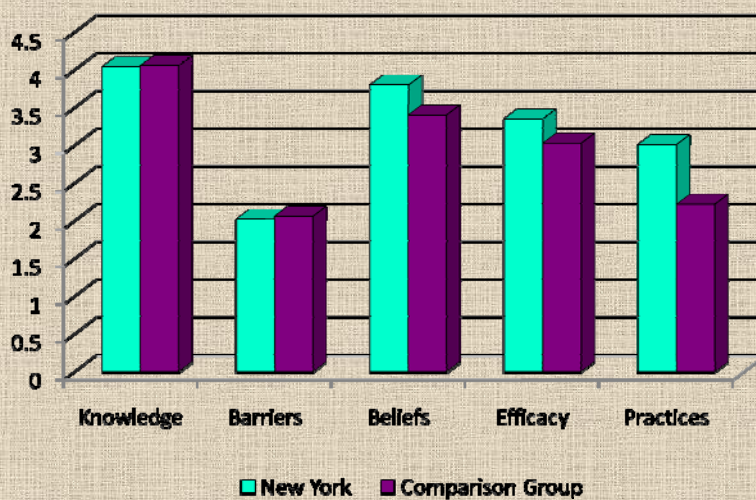
Levels of Intervention

- Individual
- Organizational
- System
 - State
 - Licensing and regulatory
 - Counselor training

New York Staff Demographics

	All N=210	Residential N=127	Outpatient N=83
H.S. Diploma and under	47%	52%	39%
Bachelor plus	52%	46%	61%
Years at Agency	7.63 years (SD= 8.85)	7.60 (SD=9.76)	7.68 (SD=7.35)
Current Smoker	34%	41%	23%
In recovery	23%	28%	16%

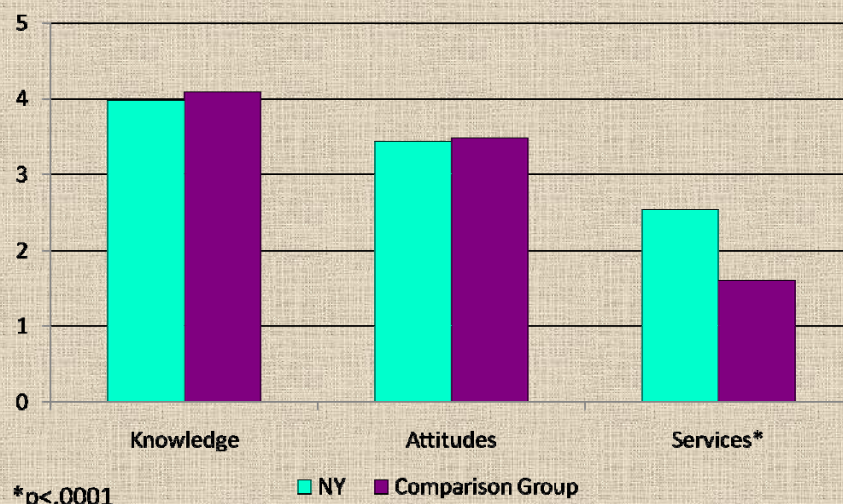
KAP: New York vs. Comparison Group



Client Smoking

	All N=406	Residential N=227	Outpatient N=179
Current Smoker	70%	61%	81%
Quit < 6 months ago	22%	33%	8%

NY Client Knowledge, Attitudes and Services n=406



Discussion

- High rates of smoking drug abuse treatment
- Current individual cessation has limited effectiveness
- Organizational change intervention is difficult to bring to scale
- Need for system change