Pennsylvania Statewide Tobacco-Free Recovery Initiative (STFRI)

BEHAVIORAL HEALTH SITE READINESS ASSESSMENT

The PA STFRI is a five-year CDC funded project to advance evidence-based tobacco interventions in the behavioral health setting. The Initiative offers state-wide consultation, training and technical assistance to treatment providers and community partners to develop tobacco-free policies and integrate a tobacco-free recovery system of care into existing behavioral health services.

Spring 2021

Background

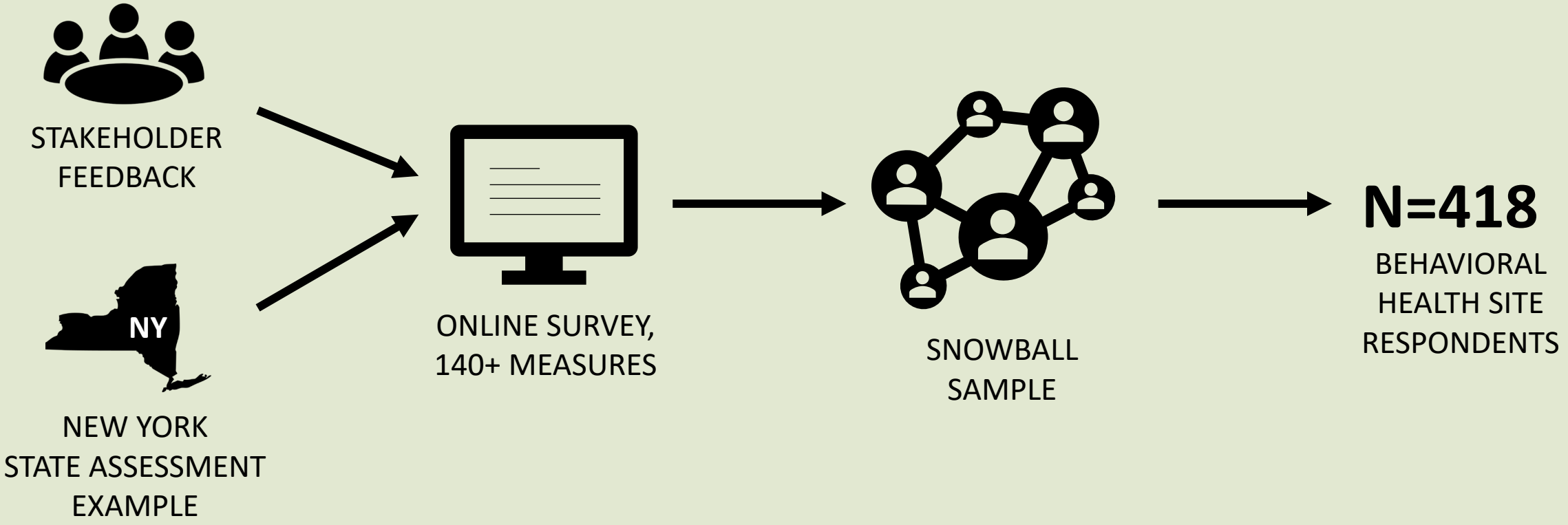
Tobacco use prevalence remains high in Pennsylvania and presents additional challenges for those with behavioral health conditions. Pennsylvanians with mental health and other substance use disorders are disproportionately impacted by tobacco use. Evidence shows tobacco use negatively impacts behavioral health treatment outcomes while tobacco use disorder treatment provided concurrently with other addictions treatment increases the likelihood of long-term recovery by 25 percent.[1]

From January to March 2021, the Pennsylvania Statewide Tobacco-Free Recovery Initiative (STFRI), including a partnership between the Pennsylvania Department of Health, Philadelphia Department of Public Health, and the Research & Evaluation Group at the Public Health Management Corporation, administered a statewide survey to assess behavioral sites' organizational readiness to adopt tobacco-free recovery practices.

Note: Funding for this project is provided by the Pennsylvania Department of Health through the Centers for Disease Control and Prevention (CDC) Cooperative Agreement DP20-2001. The information or content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any endorsements be inferred by CDC or the U.S. Government.

[1] Prochaska, J. J., Delucchi, K., & Hall, S. M. (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. DOI: 10.1037/0022-006X.72.6.1144.

Methods


STAKEHOLDER FEEDBACK
NY
NEW YORK STATE ASSESSMENT EXAMPLE
ONLINE SURVEY, 140+ MEASURES
SNOWBALL SAMPLE
N=418
BEHAVIORAL HEALTH SITE RESPONDENTS

Methods (continued)

The STFRI Readiness Assessment was shared by the Pennsylvania Department of Health, Division of Tobacco Prevention and Control and Regional Primary Contractors, Philadelphia Department of Public Health, STFRI Advisory Committee, Department of Human Services, Department of Drug and Alcohol Programs, and by word of mouth between behavioral health sites. **Many thanks to all partners and respondents!**

The 418 respondents represent 371 behavioral health sites. While most sites are represented by one respondent, some sites have more than one respondent. To examine all perspectives, including varying beliefs between staff at the same site, analysis is based on individual responses.

Key Findings

- The majority of respondents report their sites assess for tobacco use.
- 85 percent of respondents report their site has a tobacco-free policy; however, more than a third indicate smoking is still allowed in designated areas.
- More tobacco use disorder (TUD) services are made available to clients than services available to employees.
- The most frequently reported barrier to advancing a tobacco-free policy is a lack of staff knowledge or training about tobacco treatment options and approaches.
- More than two-thirds of respondents believe the tobacco epidemic disproportionally impacts behavioral health populations.
- Respondents in rural settings hold beliefs about TUD that may make them champions for tobacco-free recovery efforts.
- 63 percent of respondents indicate the technical assistance that would increase their organization's readiness to provide tobacco-free services would be training on effective behavioral counseling interventions for tobacco use disorder.

Key Terms

Pharmacotherapy: refers to nicotine replacement therapy (NRT) (i.e. the patch, gum, lozenges) and non-NRT medications (i.e. CHANTIX, Wellbutrin).

Tobacco: refers to all forms of tobacco products, including cigarettes, electronic cigarettes (e-cigs) or vaping, and smokeless tobacco products.

Tobacco-free policy: refers to organizational rules and procedures including a tobacco-free campus and tobacco use disorder treatment services.

Tobacco-free recovery services: refers to behavioral health services with tobacco-free policies in place and supportive treatment options for people who use tobacco. Tobacco-free recovery services use the recovery model to support patients' long-term recovery from all their behavioral health conditions, including tobacco use disorder.

Tobacco use disorder (TUD): refers to a dependence on nicotine or problematic pattern of nicotine use. Nicotine is found in products such as cigarettes, cigars, smokeless tobacco (i.e. chew), hookah, and electronic vaping devices.

Tobacco use disorder treatment: refers to methods and services to help people stop using tobacco (e.g. cessation services, “Freedom From Smoking” classes, 1-800-QUIT-NOW).

Counties with high tobacco prevalence also show behavioral health risk factors.

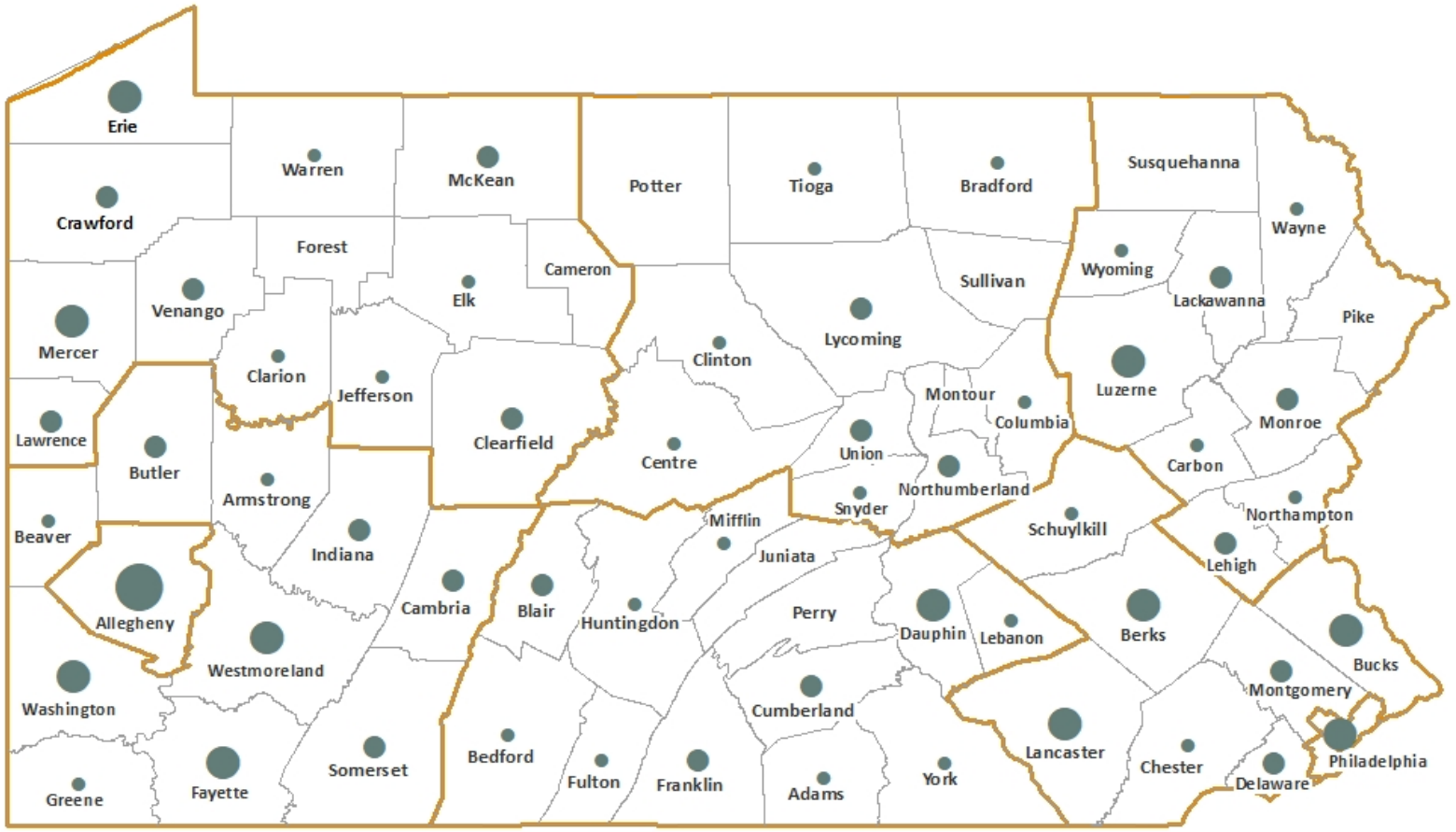
County	Tobacco Use Prevalence	Drug Overdose Deaths (Mortality Rate per 100,000)	Excessive Drinking Prevalence	Frequent Mental Distress Prevalence
Philadelphia	21%	58	21%	15%
Fayette	21%	54	18%	14%
Lackawanna	20%	41	21%	14%
Crawford	20%	35	19%	14%
Clearfield	20%	20	19%	13%
Forest	20%	(no data)	20%	12%
McKean	20%	21	19%	14%
Allegheny	17%	51	22%	12%

■ High risk/prevalence

Source: 2017 County Health Rankings

RESPONDENTS & THEIR SITES

Respondents are at behavioral health sites across Pennsylvania.



Number of Respondents grouped by County

1 - 4 · 5 - 10 · 11 - 19 · 20 - 59

Region border

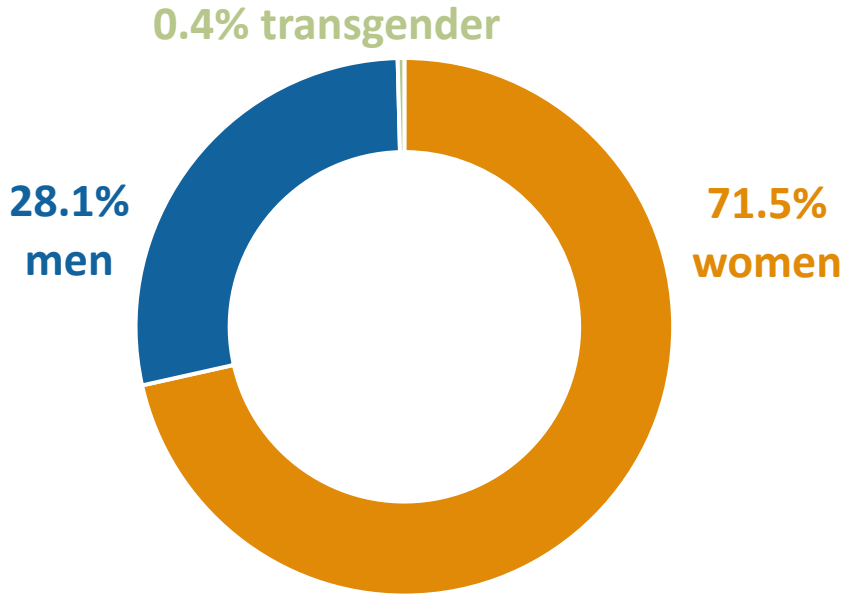
County border

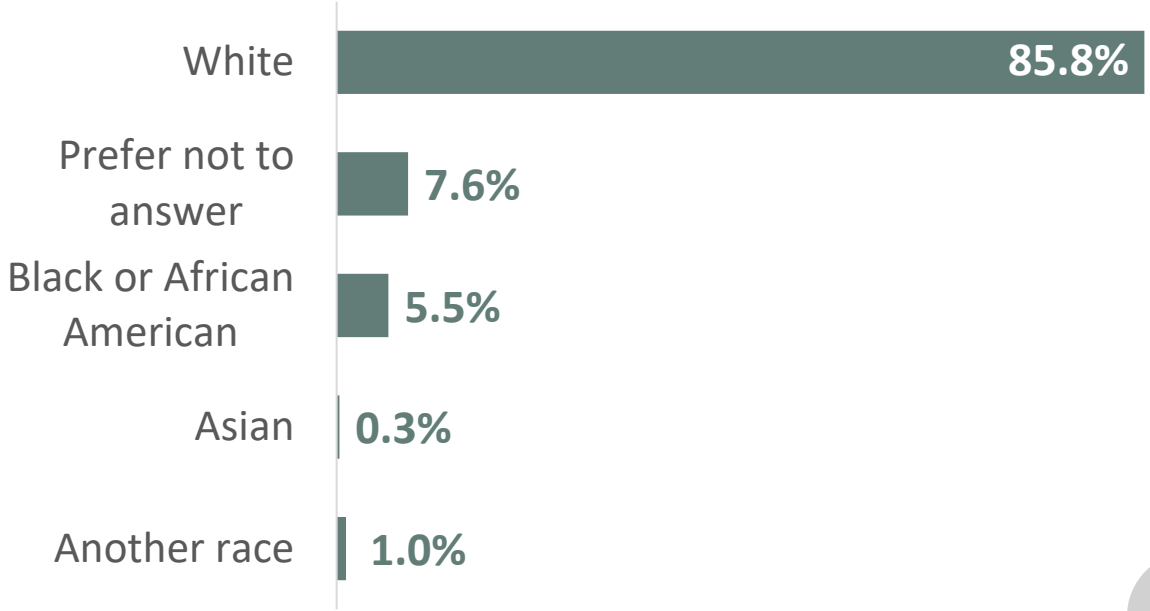
RESEARCH & EVALUATION GROUP at PHMC

Notes: 418 respondents participated in the PA Statewide Tobacco-Free Recovery Initiative Readiness Assessment. Respondents came from 58 different counties across PA's 67 counties.

The majority of respondents were women and White/Caucasian

DEMOGRAPHICS





N=99-289

2.8% of respondents identify as **HISPANIC OR LATINO/A/X**

53.7% of respondents **WORK DIRECTLY WITH CLIENTS**

Respondent sites are primarily in a **RURAL ENVIRONMENT.**

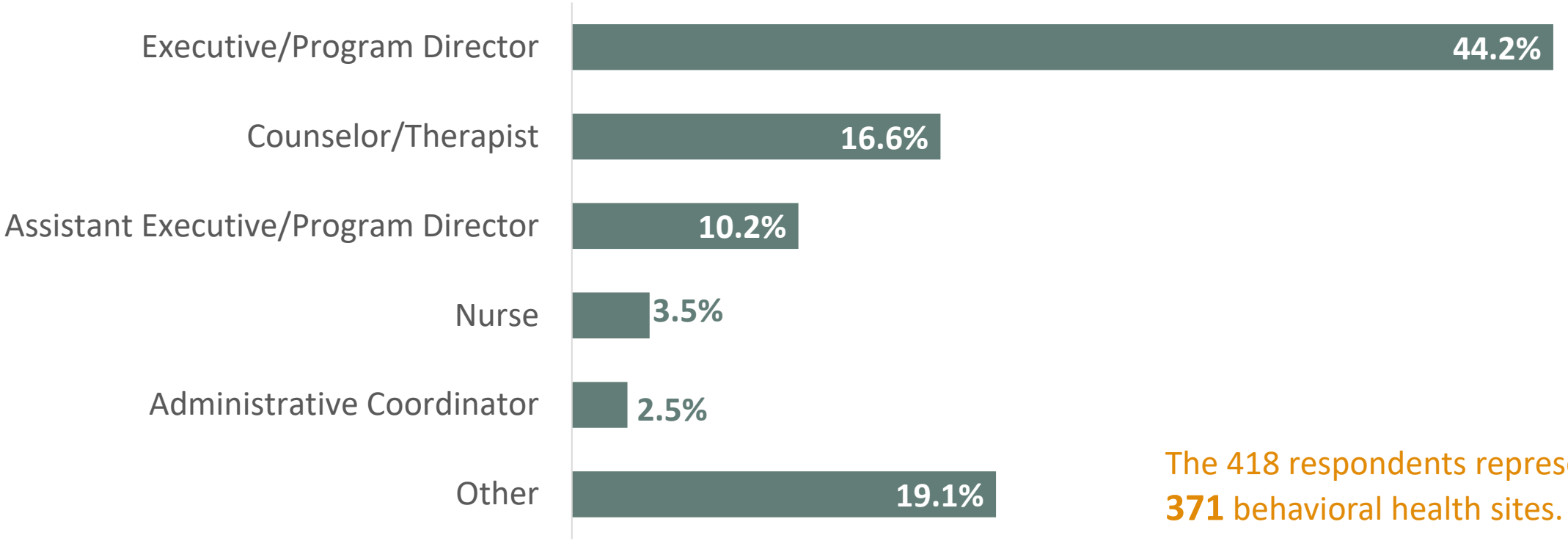
Rural: 56.5%
Suburban: 46.2%
Urban: 39.7%

On personal experience with tobacco use, **71.6%** of respondents **never used tobacco/formerly used tobacco regularly.**

6.0% currently use tobacco

Most respondents are in Executive/Program Director positions.

RESPONDENT CHARACTERISTICS



The 418 respondents represent **371** behavioral health sites.

N=125-283

71.1% of respondents have over 60% of clients who have a mental health diagnosis

39.6% of respondents have over 60% of clients who have a substance use disorder (SUD)

Majority of respondents work directly with clients on a **DAILY BASIS.**

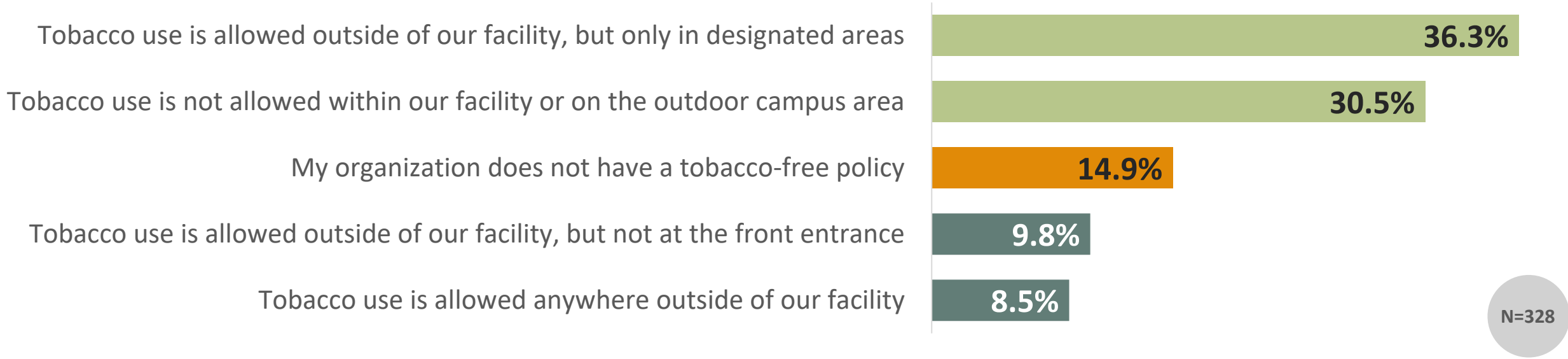
Daily: 53.7%
Weekly: 19.9%
Monthly/Once a year: 14.6%
Never: 9.6%

60.4% of respondents have worked in their organization for more than six years**.**

87.9% of respondents have worked in the behavioral health field for more than six years**.**

EXISTING TOBACCO-FREE POLICIES

Two-thirds of respondents report their site's policy **does not allow tobacco use at all** or **only in designated outdoor areas**. More than one in seven respondents report **no tobacco-free policy at their site**.



SAMHSA National Substance Abuse Services Survey Comparison:

In November 2020, SAMHSA released data collected from 523 mental health and 568 substance use sites in Pennsylvania. The STFRI Readiness Assessment data builds on data collected in the SAMHSA survey, and allows for data comparisons.

56% of behavioral health sites reported smoking permitted in designated areas

37% of behavioral health sites reported smoking is not permitted

7% of behavioral health sites reported smoking permitted without restriction

EXISTING TOBACCO-FREE POLICIES

88.4% report the policy at their site **is often or always followed**.

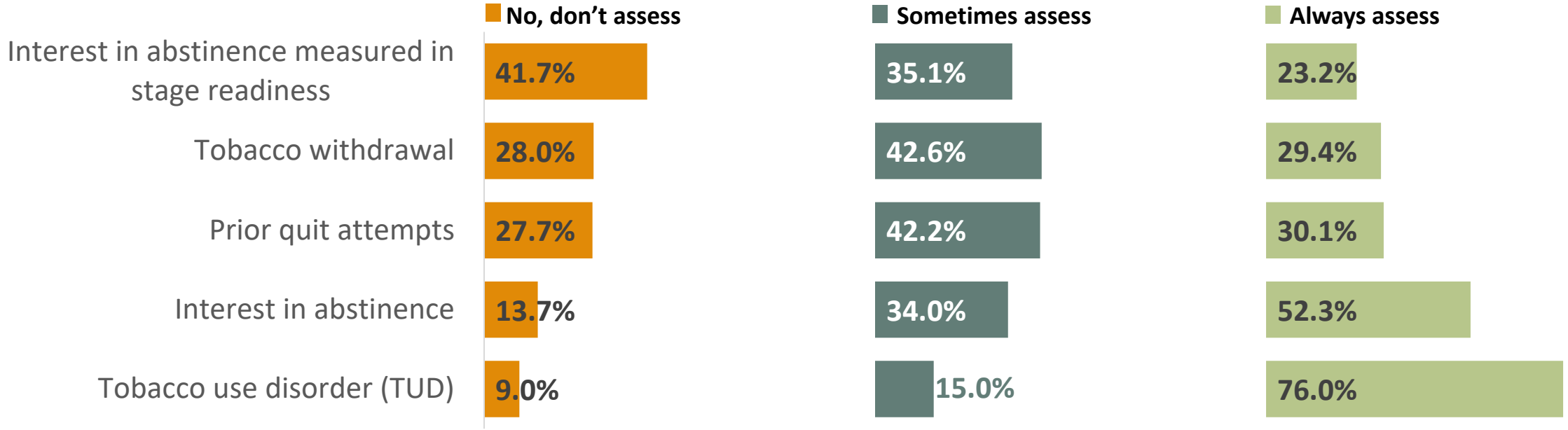
76.6% report the policy **includes e-cigarettes**.

N=228, 329

TOBACCO SERVICES in BEHAVIORAL HEALTH

Most respondents' sites assess for tobacco use.

Many do NOT assess for client interest in abstinence measured in stage readiness or tobacco withdrawal.

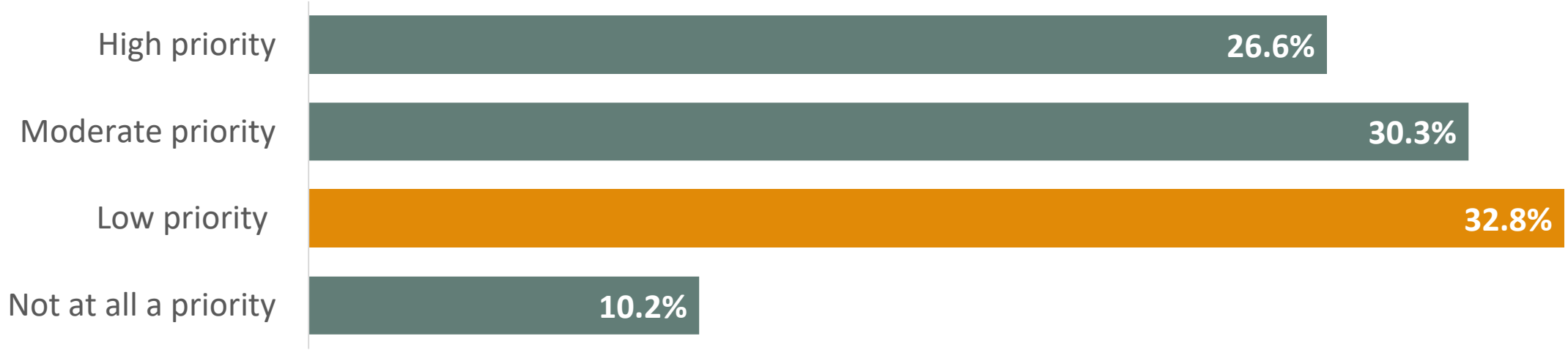


N=362-366

SAMHSA National Substance Abuse Services Survey Comparison:

74% of behavioral health sites report assessing for tobacco use to SAMHSA.

While most respondents report their site's leadership prioritizes developing a tobacco-free policy on some level, a third report it as a **low priority**.



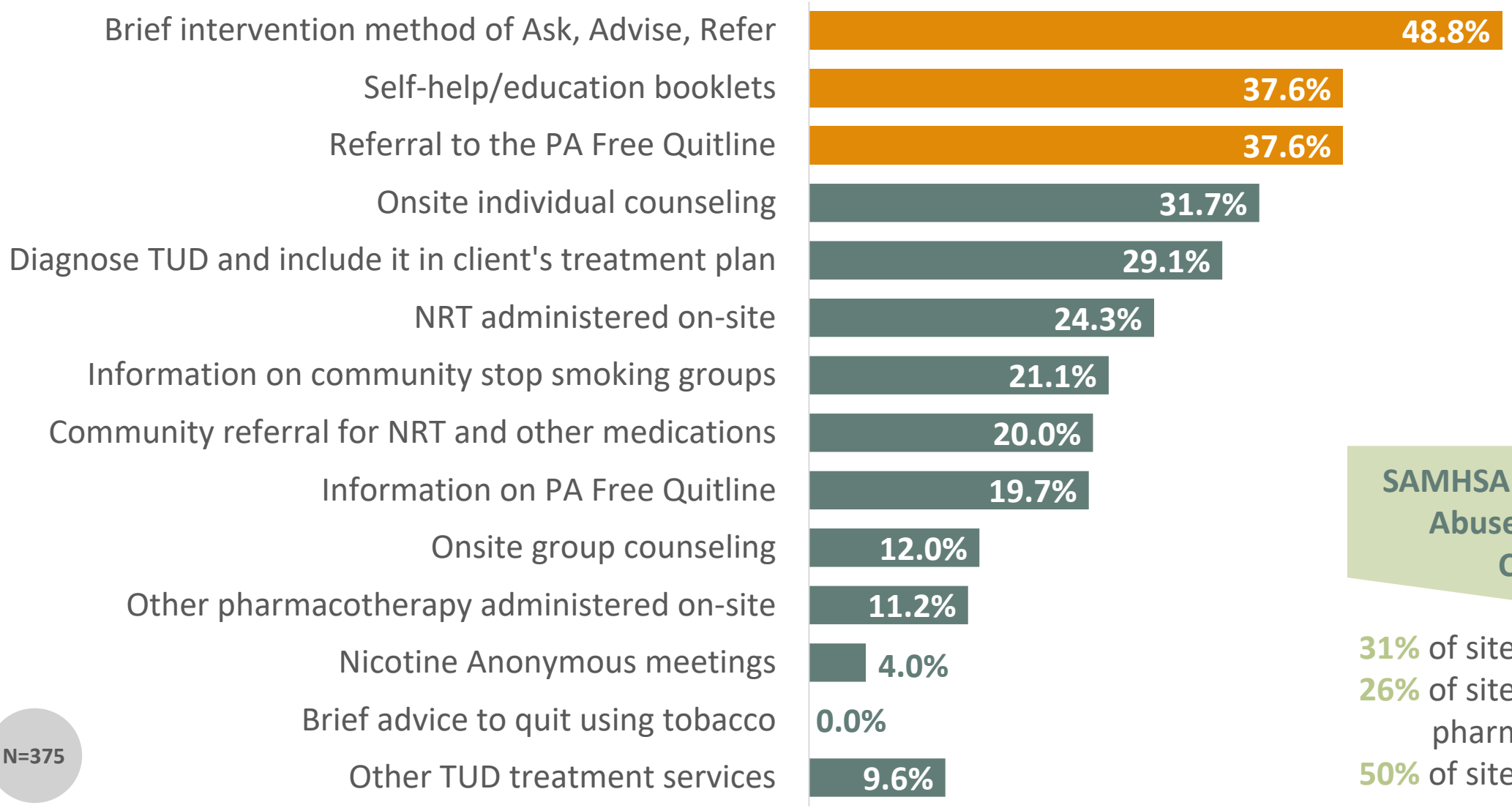
N=244

15.9% of respondents say their organization places **MUCH EMPHASIS** on educating clients about TUD interventions.

74.1% with **SLIGHT/SOME EMPHASIS** and **9.9%** with **NO EMPHASIS**

TUD SERVICES OFFERED TO CLIENTS

More than a third of respondents indicate their site provides **"Ask, Advise, Refer" brief intervention**, **education booklets**, or **Quitline referrals**.

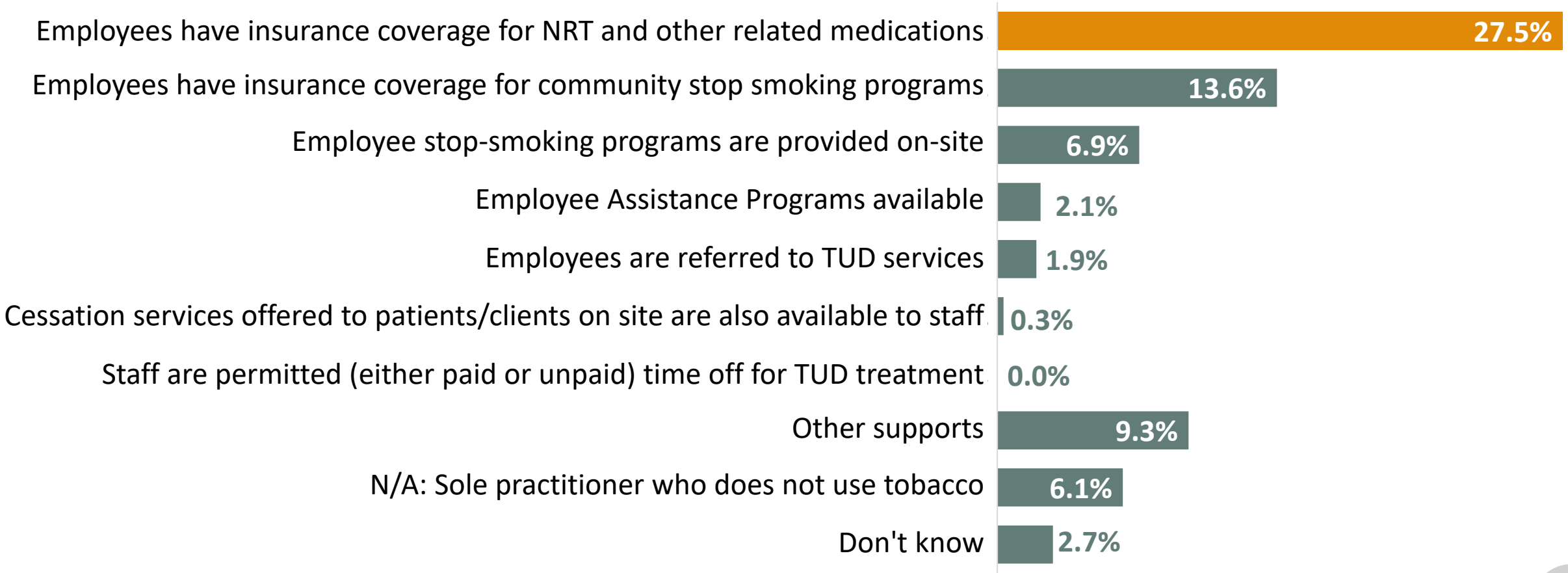


N=375

SAMHSA National Substance Abuse Services Survey Comparison:

31% of sites provide NRT
26% of sites provide other pharmacotherapy
50% of sites provide counseling

More than a quarter of respondents report their sites have **insurance coverage for NRT/other withdrawal medications** for their employees.

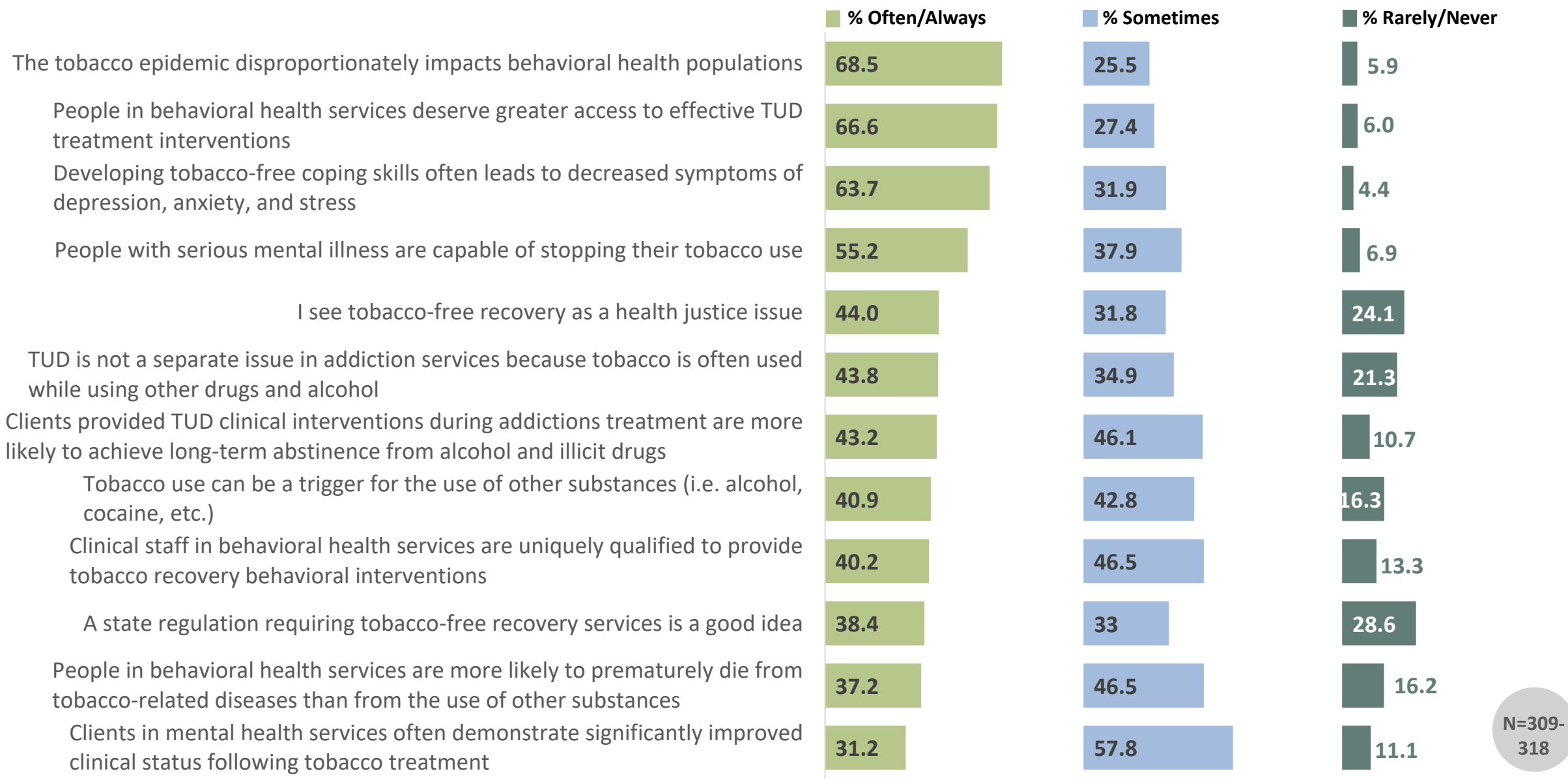


N=375

BELIEFS ABOUT TOBACCO & RECOVERY

Respondents shared pro-tobacco-free recovery beliefs.

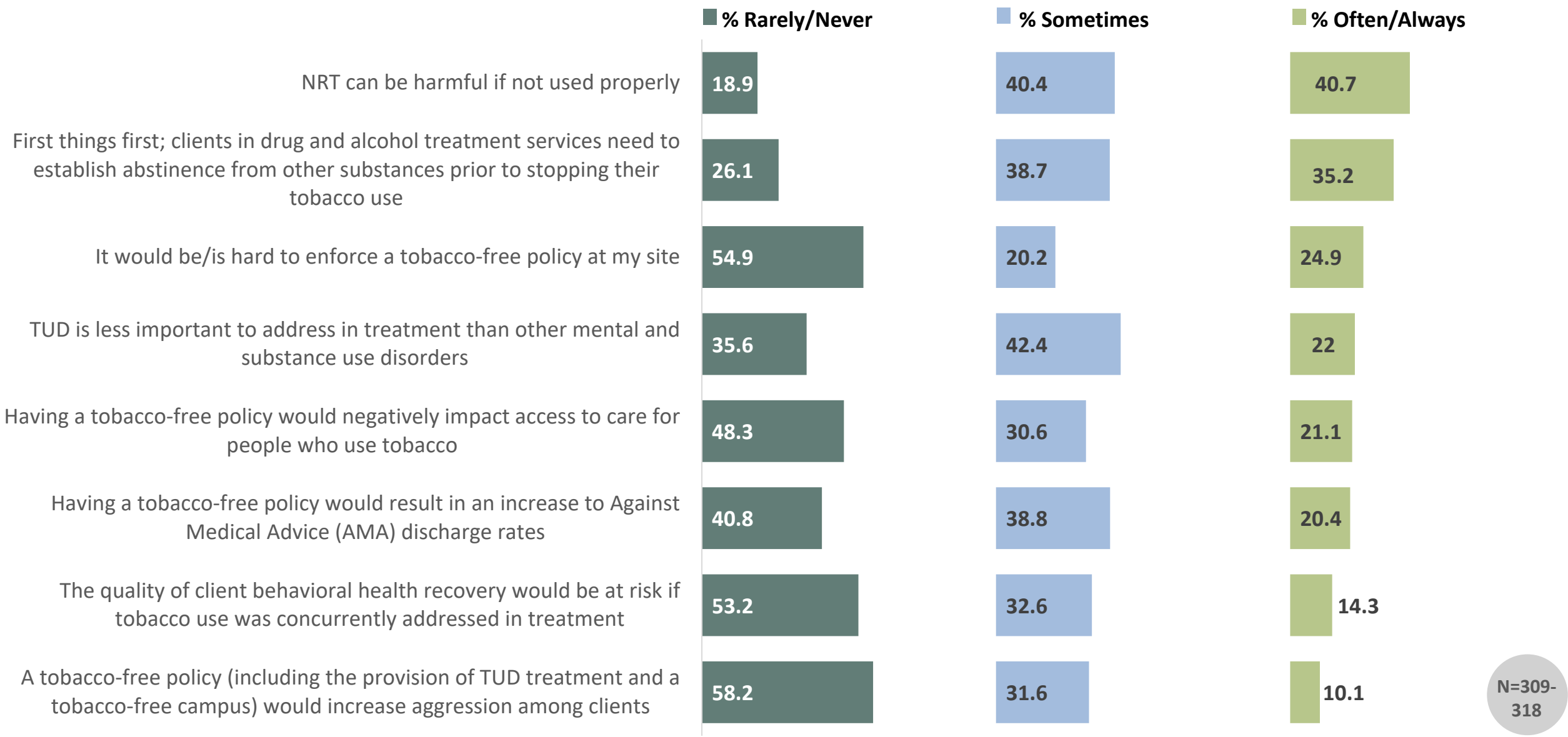
BELIEFS



N=309-318

Respondents shared other beliefs.

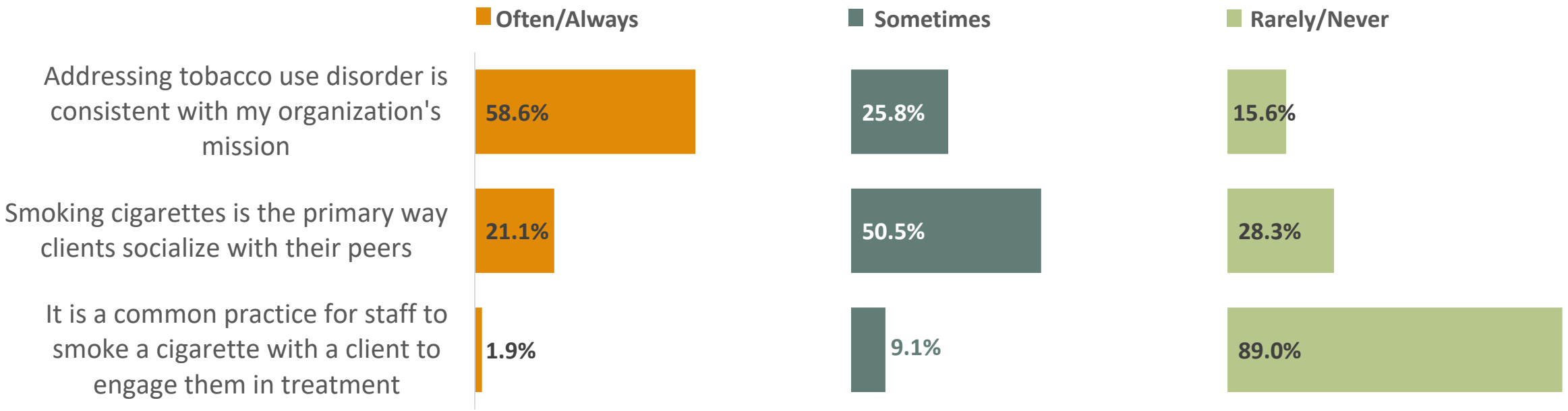
BELIEFS



N=309-318

Respondents shared beliefs/observations about their site.

BELIEFS/OBSERVATIONS



N=314-319

Beliefs differ between leadership and other staff.

Respondents in **executive/director positions** are more likely to believe **people in behavioral health services are more likely to prematurely die from tobacco-related diseases than from the use of other substances** (45.3% compared to 28.0% of non-executive staff; p<.01).

Respondents in **executive/director positions** are more likely to believe **a tobacco-free policy (including the provision of tobacco dependence use treatment and a tobacco-free campus) would increase aggression among clients** (13.2% compared to 5.0% of non-executive staff; p<.05).

A few respondents in **executive/director positions** (3.3%, n=5) say **it is a common practice for staff to smoke a cigarette with a client to engage them in treatment** while no non-executive staff (0.0%, n=0) say this is often/always true (p<.05).

Beliefs based on respondents indicating the statement is "often" or "always" true compared to respondents indicating the statement is "sometimes," "rarely" or "never" true.

Beliefs differ between respondents at sites serving SUD clients vs. few/no SUD clients.

Respondents at **sites serving clients with substance use disorders** (30% or more of clients) are more likely to believe **tobacco use can be a trigger for the use of other substances** (45.7% compared to 31.5% at sites with <30% of clients with SUD; p<.05).

Respondents at **sites serving clients with substance use disorders** (30% or more of clients) are more likely to believe **a tobacco-free policy would increase aggression among client** (13.4% compared to 3.7% at sites with <30% of clients with SUD; p<.05).

Respondents at **sites serving clients with substance use disorders** (30% or more of clients) are more likely to believe **having a tobacco-free policy would negatively impact access to care for people who use tobacco** (24.8% compared to 14.0% at sites with <30% of clients with SUD; p<.05).

Beliefs based on respondents indicating the statement is "often" or "always" true compared to respondents indicating the statement is "sometimes," "rarely" or "never" true.

(CONTINUED)

SUBGROUP DIFFERENCES

Beliefs differ between respondents at sites serving SUD clients vs. few/no SUD clients.

Respondents at **sites serving clients with substance use disorders** (30% or more of clients) are more likely to believe **having a tobacco-free policy would result in an increase to AMA discharge rates** (23.9% compared to 13.5% at sites with <30% of clients with SUD; p<.05).

Respondents at **sites serving clients with substance use disorders** (30% or more of clients) are more likely to believe **it would be/is hard to enforce a tobacco-free policy at their site** (31.8% compared to 11.3% at sites with <30% of clients with SUD; p<.001).

Respondents at **sites serving clients with substance use disorders** (30% or more of clients) are more likely to say **smoking cigarettes is the primary way clients socialize with their peers** (49.5% compared to 31.7% at sites with <30% of clients with SUD; p<.05).

Beliefs based on respondents indicating the statement is "often" or "always" true compared to respondents indicating the statement is "sometimes," "rarely" or "never" true.

SUBGROUP DIFFERENCES

Beliefs differ between respondents who use(d) tobacco and those who never used tobacco.

Respondents who **currently or formerly used tobacco regularly** are more likely to believe **having a tobacco-free policy would negatively impact access to care for people who use tobacco** (26.1% compared to 16.2% who never used tobacco regularly; $p<.05$).

Beliefs based on respondents indicating the statement is "often" or "always" true compared to respondents indicating the statement is "sometimes," "rarely" or "never" true.

SUBGROUP DIFFERENCES

Beliefs differ between respondents working in urban vs. other settings.

Respondents working in **urban** settings are more likely to **see tobacco-free recovery as a health justice issue** (53.9% compared to 37.2% of respondents in other settings; p<.01).

Respondents working in **urban** settings are more likely to believe **people in behavioral health services deserve greater access to effective tobacco use disorder treatment interventions** (75.0% compared to 60.8% of respondents in other settings; p<.01).

Respondents working in **urban** settings are more likely to believe **clinical staff in behavioral health services are uniquely qualified to provide tobacco recovery behavioral interventions** (47.3% compared to 35.3% of respondents in other settings; p<.05).

Respondents working in **urban** settings are more likely to believe **tobacco use disorder is LESS important to address in treatment than other mental and substance use disorders** (28.6% compared to 17.6% of respondents in other settings; p<.05).

Respondents working in **urban** settings are more likely to believe **a state regulation requiring tobacco-free recovery services is a good idea** (47.6% compared to 32.3% of respondents in other settings; p<.01).

Beliefs based on respondents indicating the statement is “often” or “always” true compared to respondents indicating the statement is “sometimes,” “rarely” or “never” true.

SUBGROUP DIFFERENCES

Beliefs differ between respondents working in suburban vs. other settings.

Respondents working in **suburban** settings are **LESS** likely to believe **the quality of client behavioral health recovery would be at risk if tobacco use was concurrently addressed in treatment** (9.9% compared to 18.2% of respondents in other settings; $p<.05$).

Beliefs based on respondents indicating the statement is "often" or "always" true compared to respondents indicating the statement is "sometimes," "rarely" or "never" true.

SUBGROUP DIFFERENCES

Beliefs differ between respondents in rural vs. other settings.

Respondents working in **rural** settings are **LESS** likely to believe **tobacco use disorder is LESS important to address in treatment than other mental and substance use disorders** (14.9% compared to 30.9% of respondents in other settings; p=.001).

Respondents working in **rural** settings are **LESS** likely to believe **smoking cigarettes is the primary way clients socialize with their peers** (36.2% compared to 52.4% of respondents in other settings; p<.05).

Respondents working in **rural** settings are more likely to believe **people with serious mental illness are capable of stopping their tobacco use** (63.1% compared to 45.4% of respondents in other settings; p<.01).

Respondents working in **rural** settings are more likely to believe **developing tobacco-free coping skills often leads to decreased symptoms of depression, anxiety, and stress** (69.1% compared to 57.0% of respondents in other settings; p<.05).

Beliefs based on respondents indicating the statement is "often" or "always" true compared to respondents indicating the statement is "sometimes," "rarely" or "never" true.

Behavioral Health Site Staff Quotes

"[TUD treatment] is not a real high priority for most of our cases. It may come LATER - but not at first." –Supervisor

"Helping clients accept their disease and develop any coping skills is hard enough. Requiring them to also not smoke appears counter productive." –Clinical Manager

"If they are coming to work on something else, it's my responsibility to treat what they are there for." –Counselor/Therapist

QUOTES

Behavioral Health Site Staff Quotes

“We are in favor of implementing tobacco free recovery but are afraid of loosing clients/patients if they can go down the street for services that is not tobacco free.” –Executive/Program Director

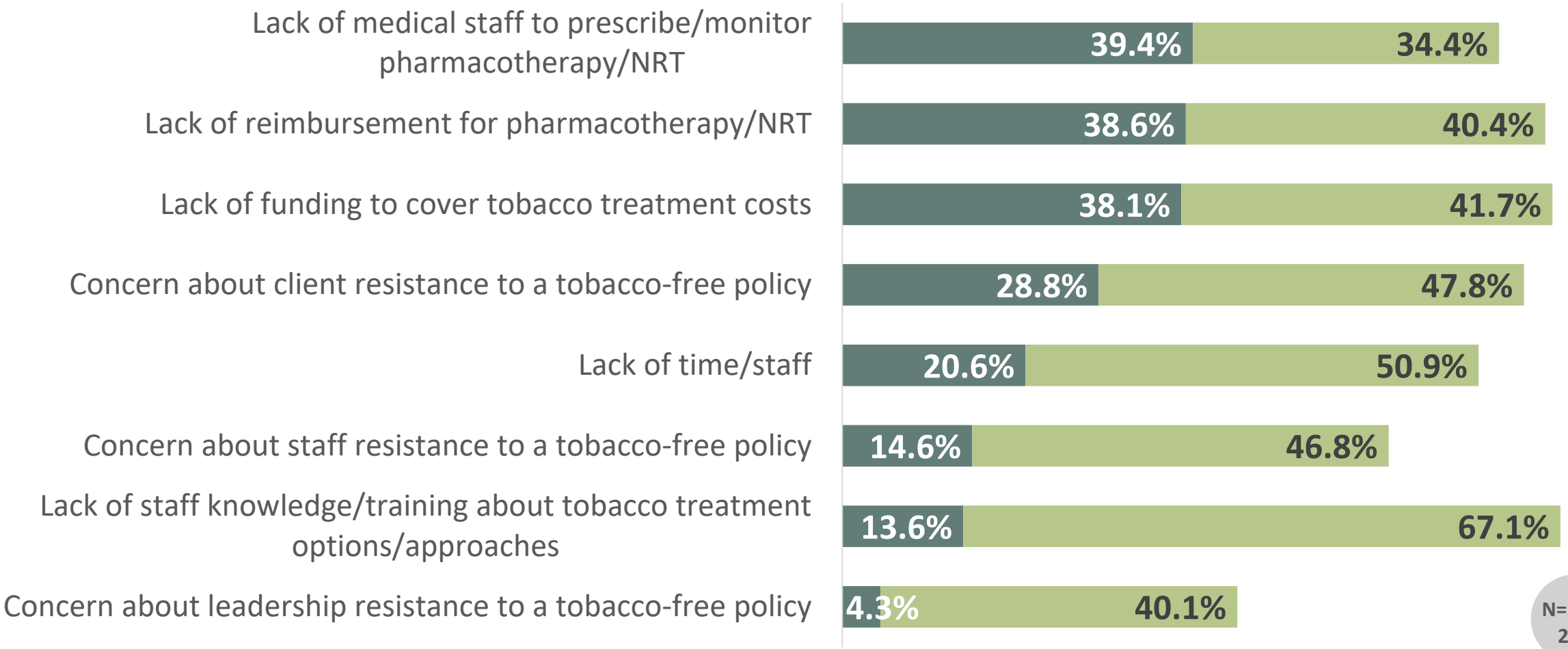
“I am in total support of tobacco free recovery and agency wide policies. I have been advocating for this movement for years. Thank you!” –Executive/Program Director

“I think a tobacco-free recovery is an excellent thing to move toward. It will definitely be difficult holding clients accountable to this. However, once it's established, I feel that it's a great idea. They're already in treatment to abstain from drug/alcohol use. Why not also teach them about nicotine cessation while they're in an environment to do so?” –Executive/Program Director

“Thanks, nicotine use/addiction is overdue to be integrated to behavioral health services!” –Assistant Executive/Assistant Program Director

OVERCOMING BARRIERS

Among factors respondents indicate are barriers to some degree, lack of medical staff for NRT, NRT reimbursement, and funding are most frequently reported major barriers.



INTEREST IN TOBACCO-FREE RECOVERY

AMONG THOSE WITHOUT AN ENTIRELY TOBACCO-FREE CAMPUS…

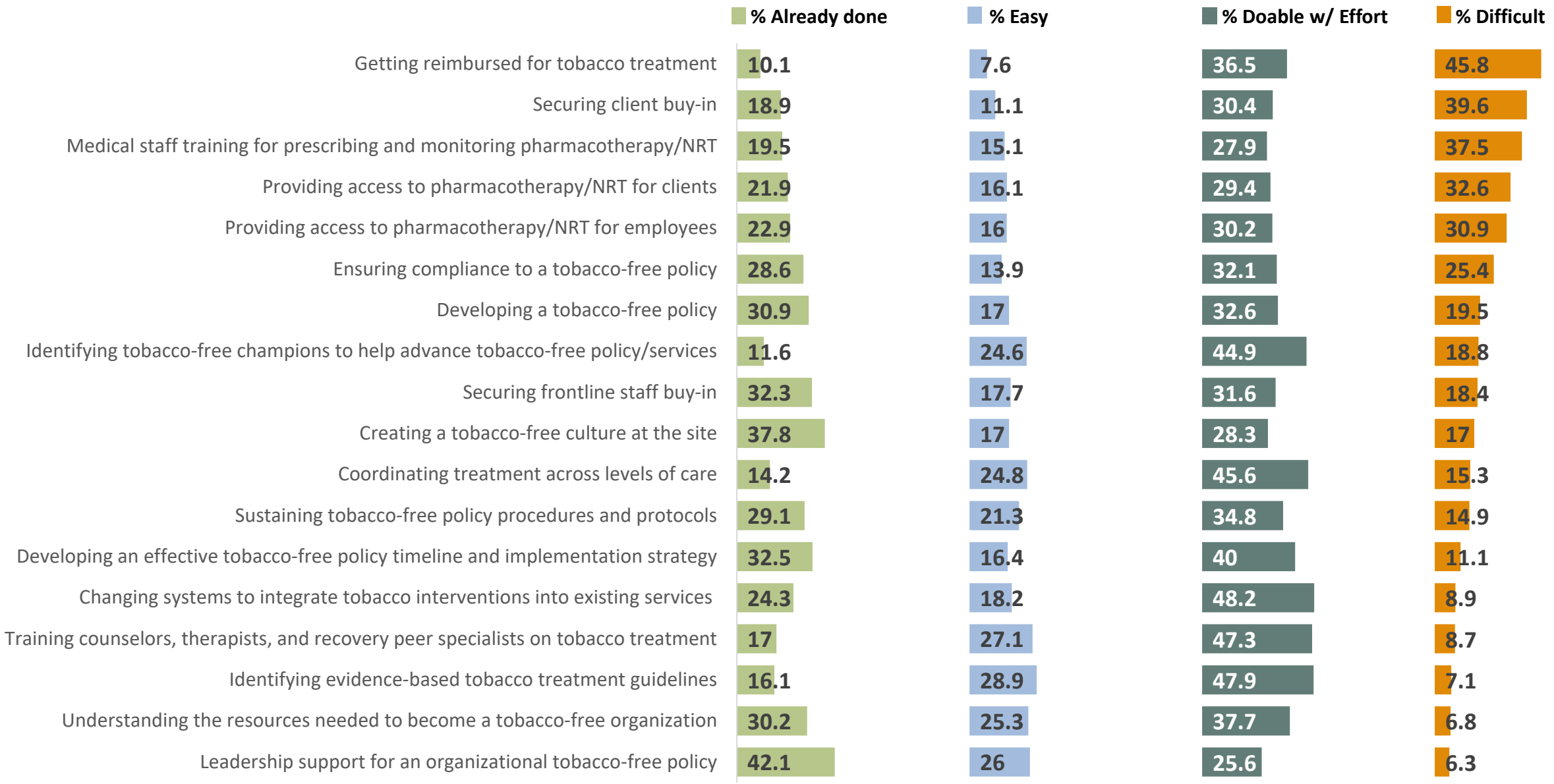
82.7% report their organization would be **supportive** on some level to the idea of **implementing efforts to be tobacco-free**.

64.5% report their organization would be **interested** on some level in having their facility and outdoor campus area **become entirely tobacco-free**.

N=228, 329

Treatment reimbursement, client buy-in, NRT training for medical staff, access to NRT may require the most effort.

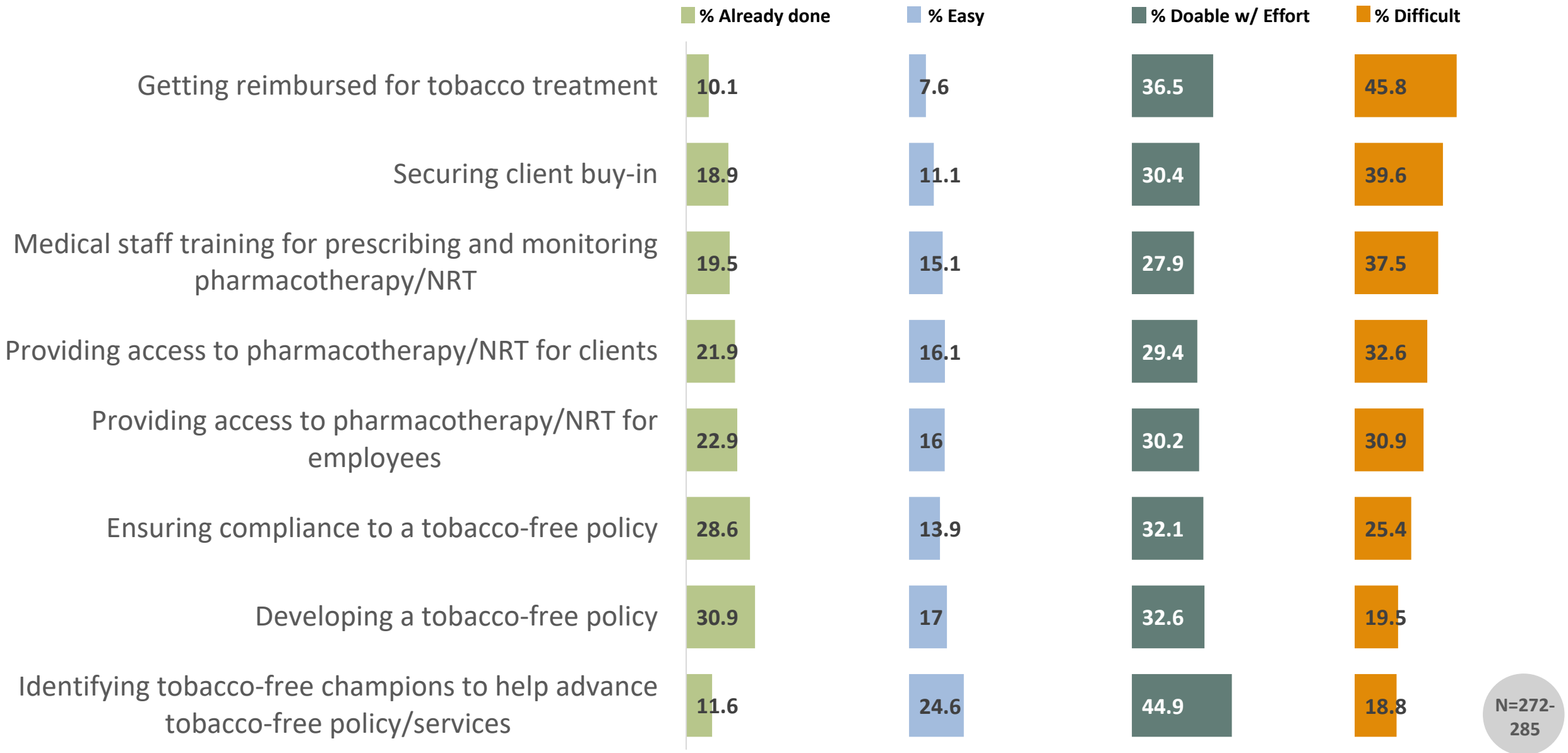
LEVEL OF EFFORT REQUIRED



N=272-285

A closer look at the factors most frequently reported as **difficult** to implement:

LEVEL OF EFFORT REQUIRED



N=272-285

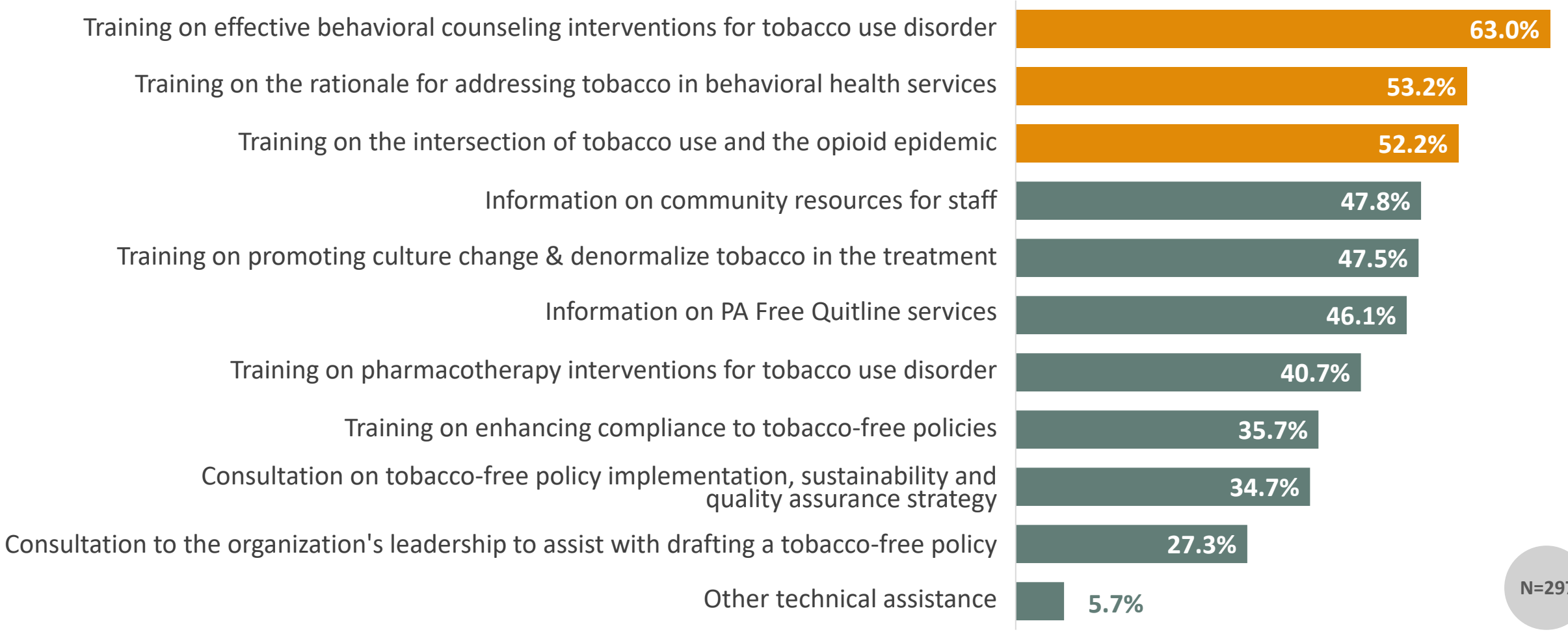
READINESS TO IMPLEMENT THERAPIES

Studies have shown **motivational enhancement** and **cognitive behavioral therapies** are most effective when integrating tobacco interventions into existing services.

Most respondents demonstrate organizational readiness to provide promising counseling methods for treating tobacco use disorder.

N=319

Most respondents indicate **training on effective behavioral counseling interventions for TUD, training on the rationale for addressing tobacco in behavioral health services,** and **training on the intersection of tobacco use and the opioid epidemic** would increase their organization's readiness to provide tobacco-free services.

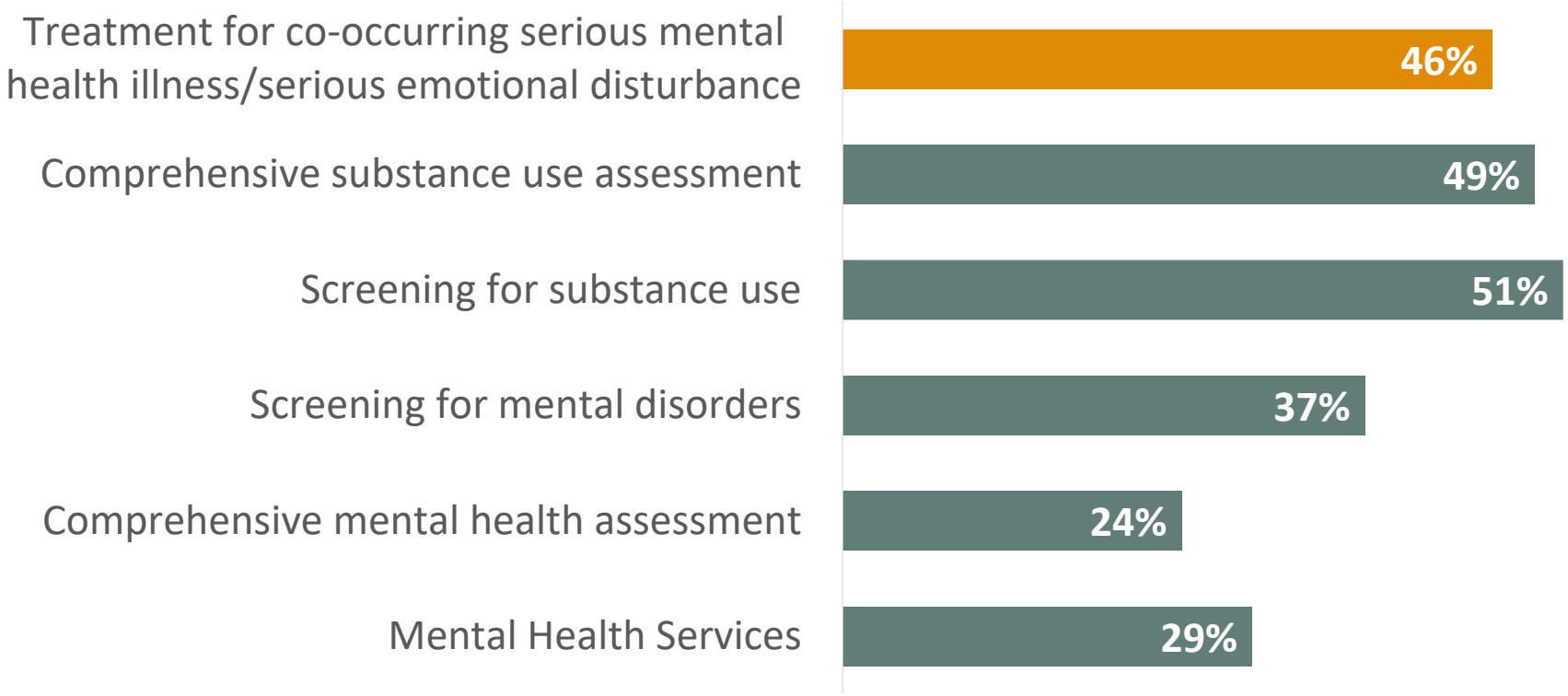


Additional Behavioral Health Site Findings

SAMHSA National Substance Abuse Services Survey:

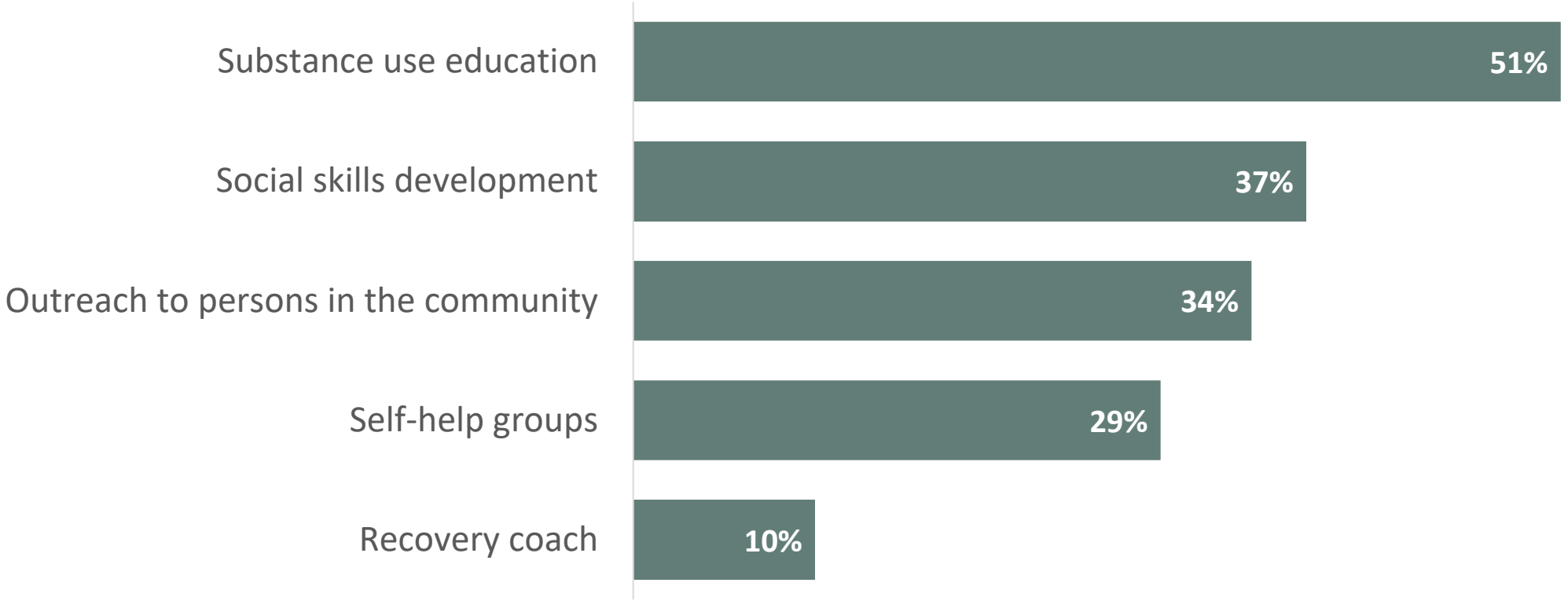
Nearly half of substance use disorder and mental health sites provide **treatment for co-occurring serious mental health illnesses and serious emotional disturbance**.

Most substance use disorder sites **screen for and provide comprehensive assessments for substance use**. About a third of substance use sites **screen for mental disorders or provide mental health services.**



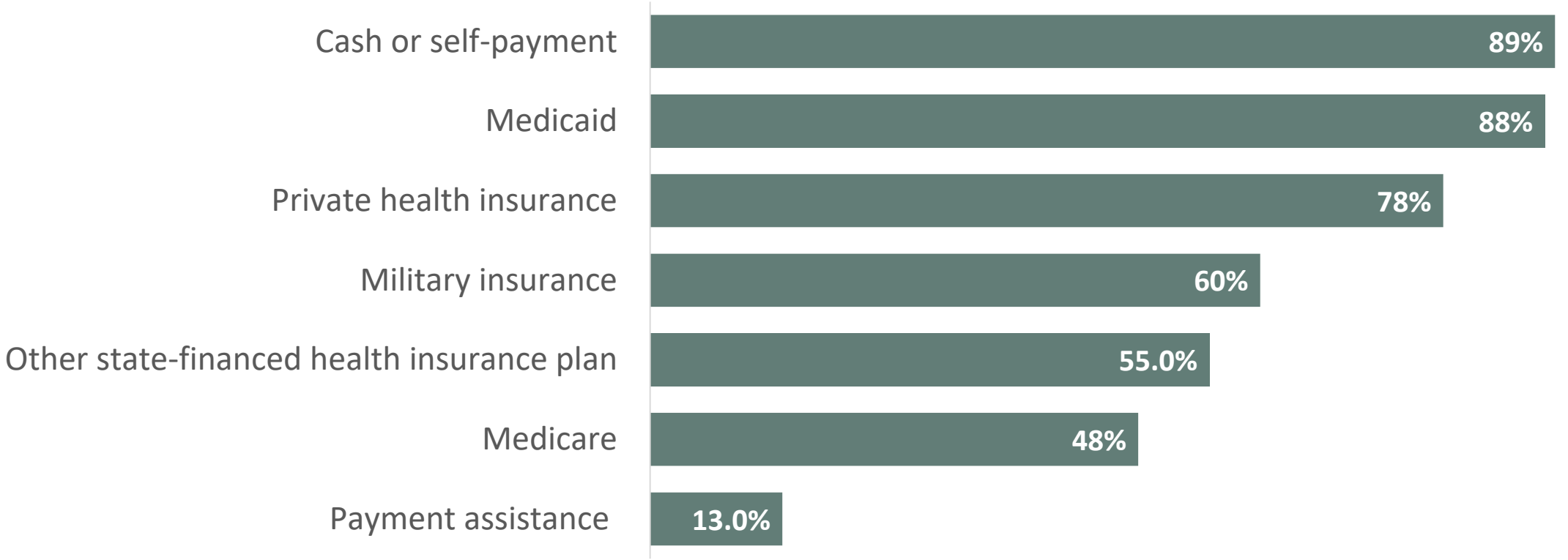
SAMHSA National Substance Abuse Services Survey:

Substance use sites provide the following services.



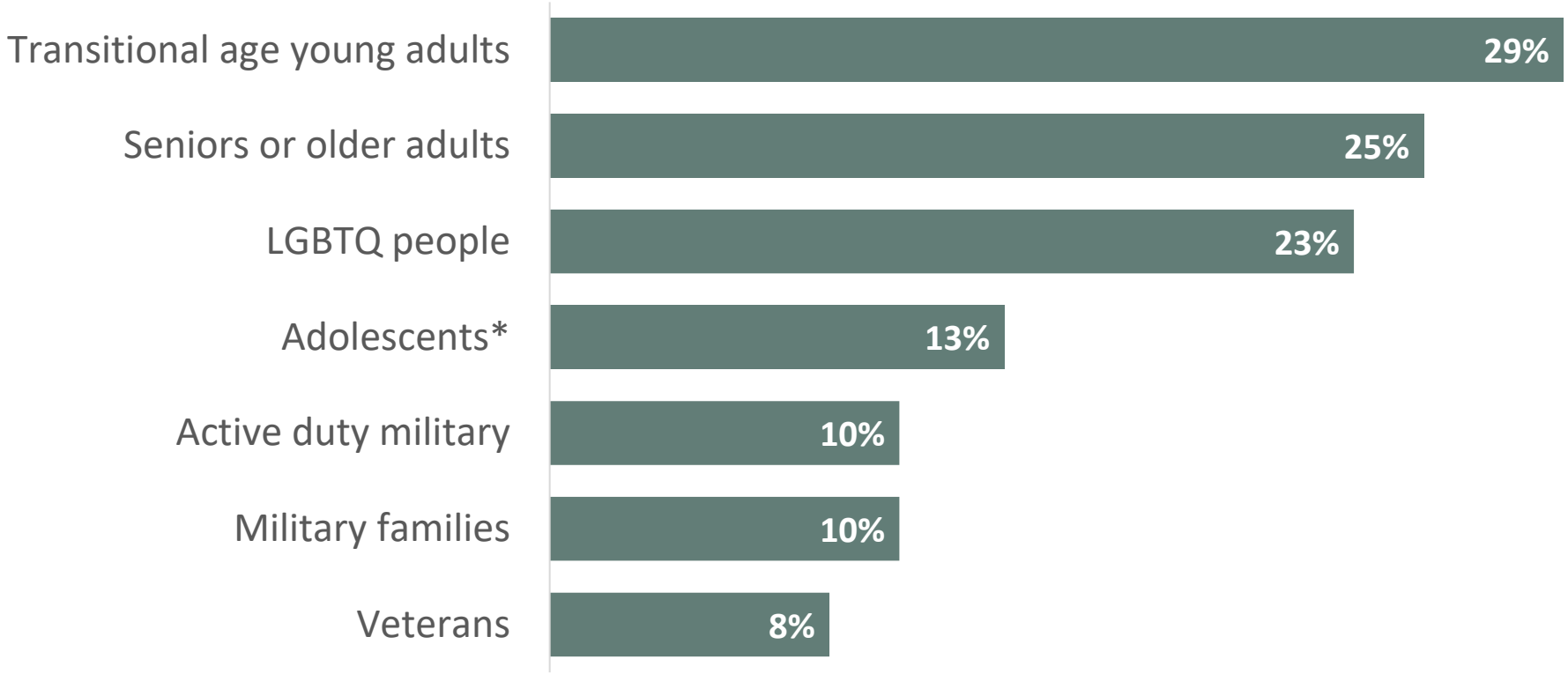
SAMHSA National Substance Abuse Services Survey:

Behavioral health sites accept the following insurance/payment types.



SAMHSA National Substance Abuse Services Survey:

Behavioral health sites serve the following populations.



*data only available among substance use treatment sites.

Recommendations

FOR BEHAVIORAL HEALTH PROFESSIONALS:

- Partner with tobacco use disorder (TUD) treatment professionals.
- Use existing tobacco screening data to incorporate TUD services and referrals into standard care.
- Identify champions of tobacco-free recovery in behavioral health settings, starting with behavioral health professionals in rural areas, to lead tobacco-free recovery efforts.
- Strengthen existing tobacco-free policies, such as restricting e-cigarettes and eliminating smoking areas.
- Refer clients who use tobacco to the PA Free Quitline.
- Ensure tobacco treatment options are available to employees (in addition to clients).
- Identify on-site medical staff to prescribe and monitor pharmacotherapy/NRT.

FOR TOBACCO TREATMENT PROFESSIONALS:

- Partner with behavioral health professionals.
- Conduct community forums with stakeholders across the state.
- Supplement PA STFRI Readiness Assessment data with qualitative feedback.
- Disseminate messaging that shifts people's beliefs to understanding TUD treatment as a concurrent and connected issue to other behavioral health recovery.
- Capitalize on behavioral health professionals' belief that the tobacco epidemic disproportionately impacts behavioral health populations when framing messages.
- Conduct trainings with behavioral health staff about tobacco treatment options and approaches; reimbursement for pharmacotherapy and NRT; and effective behavioral counseling interventions for tobacco use disorder.

Connect & learn more!

For more information about the Pennsylvania Statewide Tobacco-Free Recovery Initiative (STFRI), contact:

PA Statewide Tobacco-Free Recovery Initiative
tobaccofreerecoverypa@phila.gov

For questions about the data presented in this report, contact:

Research & Evaluation Group at Public Health Management Corporation

Mara Aussendorf, MPH
maussendorf@phmc.org

Araba Assan, MPH, CHES
aassan@phmc.org