

ADDRESSING NICOTINE DEPENDENCE

Adapt/Umpqua Health Alliance

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Background

- Tobacco use is one of the greatest drivers of adverse health outcomes and costs for state Medicaid programs.¹
- Tobacco use among persons in addiction treatment is 3-4 times higher than in the general population.³
- Addictions treatment programs rarely address nicotine dependence and/or have limited treatment capacity.^{3, 4}



Serving Douglas, Coos and Josephine Counties

Project Description

Adapt, in cooperation with the Umpqua Health Alliance, is addressing this challenge by integrating evidence-based nicotine dependence treatment into its clinical standard of care for individuals in treatment for substance use and behavioral health disorders.

Project Components

- Leadership support and engagement
- Change plan and implementation timeline
- Tobacco use assessment and treatment tools and practices
- Staff training and documentation protocols
- Targeted outreach to media and providers

Objectives

To normalize nicotine dependence treatment as a standard and expected part of addictions and behavioral health care.

Objective 1 Establish and implement procedures to assure routine screening, identification and treatment of nicotine dependence.

Objective 2 Develop and implement promotional campaign to increase utilization of and referral to nicotine dependence treatment program.

Objective 3 Establish training standards and opportunities to assure staff competency in nicotine dependence treatment.



Systems Established

- Intake process and mechanism to track tobacco use status and readiness to quit
- Tobacco use treatment and discharge planning clinic flow
- Pharmacy NRT voucher program
- Dedicated counselor to provide nicotine-dependence treatment

Training & Education

- Developed staff training standards and materials
- Trained clinical team in nicotine dependence assessment, treatment planning, patient-centered counseling and delivery of standardized curriculum
- Conducted broad-based outreach to providers, clients and public



Lessons Learned to Date

- **Intake assessment** provides opportunity to facilitate counselor/client discussion of concurrent treatment.
- **Eliminate pro-tobacco social supports** that may contribute to tobacco use, e.g., alternatives to smoke breaks.
- **Leadership support and commitment** critical to successful integration.

Selected Success Metrics*

- % clients screened for tobacco use status
- % clients who receive tobacco use treatment
- % clients who receive tobacco use treatment and report abstinence at discharge

*Baseline performance measures will be provided where possible.



Since implementing the tobacco use screening process, clients are more likely to express an interest in addressing their tobacco use.

Mike B, Adult Outpatient Counselor

References

- ¹ Investing in Tobacco Cessation Improves Health & Reduces Costs, www.Medicaid.gov, accessed Sep 2015.
- ² Fiore, M, et al. Treating Tobacco Use and Dependence: 2008 Update, Clinical Practice Guideline.
- ³ Hunt, J, et al., How is Tobacco Treatment Provided During Drug Treatment, Journal of Substance Abuse, 2012
- ⁴ Ziedonis, D, et al., Barriers and Solutions to Addressing Tobacco Dependence in Addiction Treatment Programs, NIAAA, 2007.