

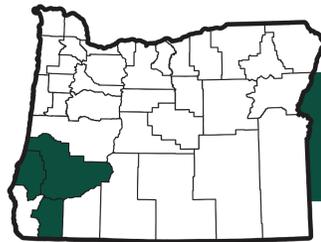
# ADDRESSING NICOTINE DEPENDENCE

## 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.<sup>1</sup>
- Tobacco use among persons in addiction treatment is 3-4 times higher than in the general population.<sup>3</sup>
- Addictions treatment programs rarely address nicotine dependence and/or have limited treatment capacity.<sup>3, 4</sup>



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

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