

Butt It Out: Structural changes to implement routine nicotine cessation screening and treatment in an AOD service

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Introduction / Issues OR Introduction:

Around 80% of people entering drug and alcohol (AOD) treatment use nicotine. Australian clinical guidelines recommend routine smoking cessation screening and care to AOD clients; however, research shows that few clinicians screen and refer to cessation programs. Internationally there is evidence that integrating screening and treatment into policies and clinical processes can help clinicians routine intervention. The Butt It Out program at Directions Health Services aimed to trial a whole-of-service response to nicotine use.

Method / Approach OR Methods:

The Butt It Out trial sought to generate new clinical processes prioritising smoking cessation within Canberra's largest AOD treatment service. The trial has employed the Ottawa Model for Smoking Cessation (OMSC) to embed the systematic identification, treatment, and follow-up of smokers as part of routine care. Directions staff were trained to identify clients who would benefit from reducing and/or ceasing their nicotine dependency, new clinical platforms were created to prompt screening and free nicotine replacement treatment and group support programs were established. An independent evaluation is being conducted.

Key Findings OR Results: Preliminary data indicated increased screening and smoking cessation brief interventions delivery since the program commencement. Routine smoking screening is embedded in Directions' assessment tool, with all clients undertaking assessment screened for smoking status and self-determined goal setting. This included free nicotine replacement treatment and group support options. Key aspects of program successes have included the systems change to prompt and support all clinicians to screen and refer clients as well as government funded free nicotine replacement treatment.

Discussions and Conclusions: AOD services can engage in and provide options for nicotine cessation treatment and supports through system-level changes, including clinical quality improvement processes. Clinicians and clients are supported to address nicotine use when all service staff are trained in nicotine cessation and treatment is free.

Implications for Practice or Policy Helping people reduce/cease nicotine is possible in the AOD treatment setting. Systems change along with staff partnership to deliver comprehensive screening and support through interventions is effective. Service-level interventions create the structure to routine screening, referral, treatment and support. Moving forward, public health funding can better support clinical systems interventions for nicotine cessation to achieve greater health for AOD clients.

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