

INTEGRATING TOBACCO DEPENDENCE TREATMENT INTO ROUTINE SERVICE DELIVERY IN A MEDICALLY SUPERVISED INJECTING FACILITY



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Uniting Medically Supervised Injecting Facility



Stage 1: Reception



Stage 2: Injecting Room



Stage 3: After care

STUDY AIMS

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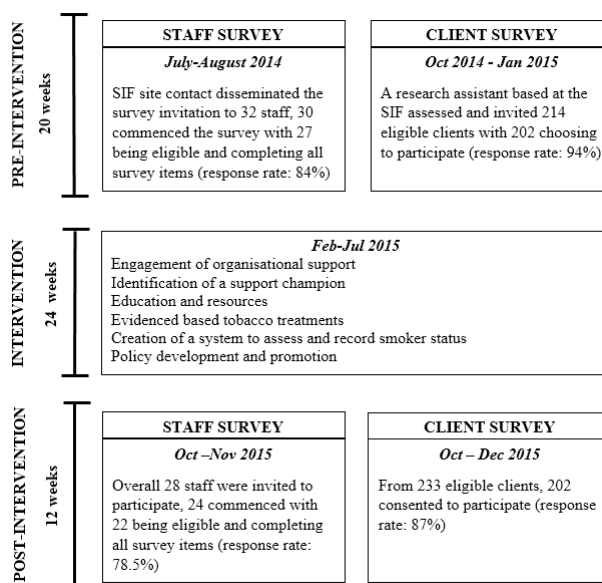
To examine staff and client perspectives from a supervised injecting facility regarding:

- i) whether an organizational change intervention increased rates of smoking cessation care delivery (pre- to post-intervention); and
- ii) acceptability of the intervention



METHODS

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1. ENGAGE ORGANISATIONAL SUPPORT

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- Advocacy (build a case for change)
- Staff meetings
- Organisation-wide communications



2. IDENTIFY A SUPPORT CHAMPION

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- Advocated for change
- Primary contact for the research team
- Maintains treatment of tobacco smoking as an organisation priority
- Supports staff development & troubleshooting



3. EDUCATION & RESOURCES



The 5A's

- Ask**
 - Identify and document tobacco use status for every patient at every visit.
- Advise**
 - In a clear, strong, and personalized manner, urge every tobacco user to quit.
- Assess**
 - Assess whether the tobacco user is willing to make a quit attempt at this time.
- Assist**
 - Assist the patient to quit.
- Arrange**
 - Arrange follow-up contact.



Motivational Interviewing Strategies

Establish rapport	<ul style="list-style-type: none"> Use open-ended questions to explore: <ul style="list-style-type: none"> "How important do you think it is for you to quit smoking?" "Consider the benefits of quitting. What might happen if you quit?" Use reflective listening to build shared understanding: <ul style="list-style-type: none"> "Reflect words or meaning." "Summarize." Normalize feelings and concerns ("Many people worry about managing withdrawal symptoms?") Support the patient's autonomy and right to choose or reject change ("I hear you saying you are not ready to quit smoking right now. I'll have to help you when you are ready?")
Develop awareness	<ul style="list-style-type: none"> Highlight the discrepancies between the patient's present behavior and their problem, values, goals ("It sounds like you are not prepared to quit smoking. How do you think your smoking is affecting your children?") Reinforce and support "change talk" and "commitment" language
Roll with resistance	<ul style="list-style-type: none"> Roll with and avoid confrontation by using: <ul style="list-style-type: none"> "I hear you are not feeling personal about your smoking." "Express empathy." "This was meant about how you would manage withdrawal symptoms." Ask permission to provide information: <ul style="list-style-type: none"> "Would you like to hear about some strategies that can help you manage that concern when you quit?"
Support self-efficacy	<ul style="list-style-type: none"> Bring the patient to identify and build on their successes: <ul style="list-style-type: none"> "You were able to resist the last time you tried to quit." "Other people have successfully quit after several attempts." "Call the quitline for advice and information." "Research shows benefits and strategies." "Think about strategies that are working for you." "Ask the patient to share their ideas about quitting or staying quit."

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WHAT IF THE NRT ISN'T WORKING?

Client's issue	Potential problem solution
The patch isn't working (has given me a rash, I'm having trouble sleeping/losing dreams)	Remove the patch while sleeping. Consider using a different form of NRT, e.g. if the client is using Nicotrol, try the Inhalator instead.
I don't have it working / I'm still craving cigarettes and I'm still smoking	Consider adding another form of NRT, e.g. wearing a patch and chewing gum or having a change when using through the oral. Make sure the client is using the NRT product correctly – consult the product information pamphlet.
I don't like the NRT product / I'm using because I don't look good, or it's hard to use, I can't take it when I want to, or it just isn't for me.	Consider using a different form of NRT, e.g. if the client is using Nicotrol, try the Inhalator instead. Make sure the client is using the NRT product correctly – ask them to consult the product information pamphlet or go through it with them. Talk to their GP or other health professional about other medication and strategies to help quitting.



4. EVIDENCE BASED TREATMENTS

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NICOTINE REPLACEMENT THERAPY

GUM 	<p>Chew Slowly</p> <p>Stop chewing when you notice a peppery taste or tingle</p> <p>Park in cheek</p> <p>Chew again when the taste or tingle fades</p>
PATCH 	<p>Apply to clean, hairless skin</p> <p>Avoid fatty areas</p> <p>Rotate</p>
INHALATOR 	<p>Puff and keep in cheeks</p> <p>Avoid "draw back"</p>
STRIPS 	<p>Place on tongue</p> <p>Press to roof of mouth</p>



5. IMPLEMENT A SMOKER ID SYSTEM

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- Addition of a tobacco smoking to the registration page for staff to ask clients
- Mandatory response field

Stage 1 - Initial Attendance Name/MSIC No: **NATALIE ALD : D286** Visits

Initial Details

Date: 15 Jun 2015 Time: 06:59 (24hr - hh:mm) Post Code: Allergies:

Message exists in notes: No Pull Client Medical Record: No

Outcome:

Do you currently smoke tobacco? :

Naloxone Study

Have you been informed of the Naloxone Study?

Are you happy to participate in the Naloxone Study? Name of person who made change:

Visit Details

Drug to be used today:

Last drug of this class: > When last used:

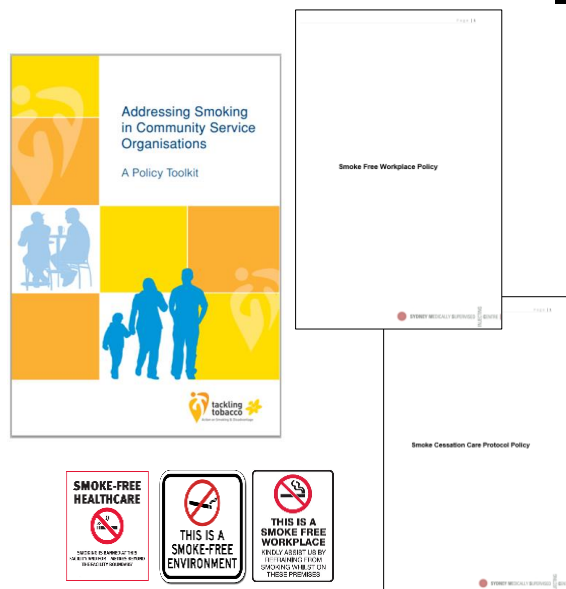
Other drugs used in Heroin: Alcohol (Std drinks): Breathalyser:



6. POLICY DEVELOPMENT & PROMOTION

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- Smoke-free Policy Written Document specific to the service setting



RESULTS: Acceptability

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STAFF



- Over 90% of staff thought it was acceptable to ask clients about their tobacco smoking
- Over 80% stated that they would continue to assess and treat tobacco smoking
- Over 80% stated they would continue to implement the intervention as part of usual care

CLIENT

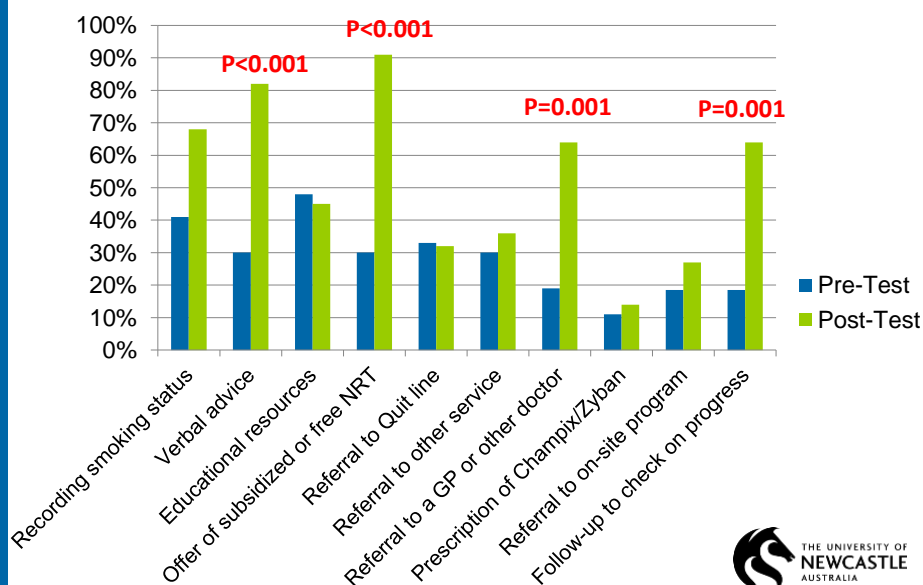


- 94% (n=190) of clients thought it was acceptable to ask about their smoking status
- 94% (n=190) thought it would be acceptable to be asked about their smoking status at future visits



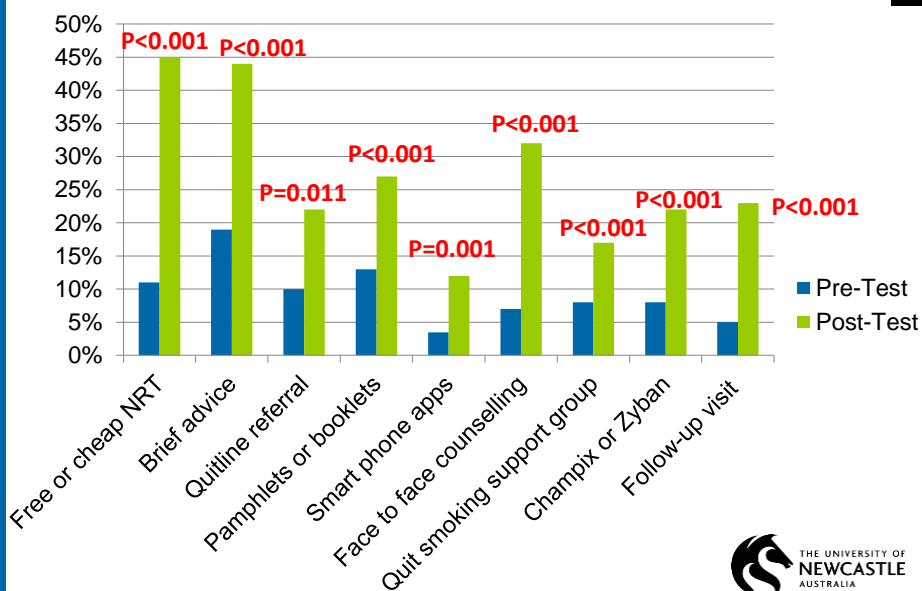
RESULTS: STAFF PRACTICES

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RESULTS: CLIENT REPORTED CARE

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CONCLUSIONS

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The intervention was acceptable and led to changes in practices

Next steps... does it lead to smoking cessation?



THANK YOU

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DISCLOSURE

- No conflicts of interest to declare

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