



ORGANISATIONAL CHANGE APPROACHES FOR INCREASING SMOKING CESSATION CARE DELIVERY IN ALCOHOL AND OTHER DRUG (AOD) SERVICES

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Rationale

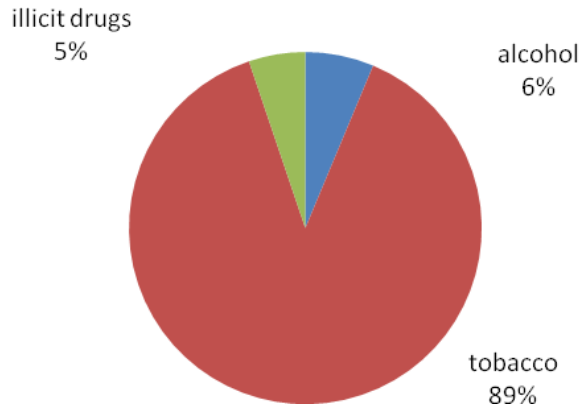
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- In Australia, up to 95% of people entering AOD treatment smoke tobacco
- Globally, smoking rates among people in addiction treatment (84%) are more than double those people with similar demographic characteristics (31%)
- Greater tobacco-related disease burden
 - Die 25 years earlier
 - Tobacco-related diseases
- Financial stress and social isolation amongst this already disadvantaged group



Drug related deaths in Australia (2004/05)

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Collins DJ, Lapsley HM. DoHA; 2008.



D&A clients are interested to quit

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- N = 228 smokers in residential D&A treatment
- 75% had tried quitting in the past
- 67% were 'seriously thinking about quitting'

Kelly et al, 2012



Clinically recommended

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- Tobacco dependence is:

‘a chronic disease with remission and relapse’

“Nicotine dependence warrants medical treatment as does any drug dependence disorder or chronic disease”

Fiore et al, U.S. Dept of Health and Human Services, June 2000



Provision of smoking cessation care in drug and alcohol treatment services (n = 504 staff)

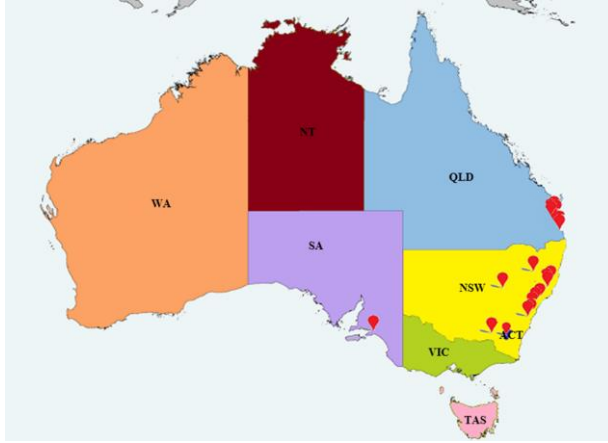
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Recording of client smoking status	%
Clients smoking status recorded on file	59
Smoking cessation care	%
Verbal advice to quit	59
Offer of Nicotine Replacement Therapy [NRT]	16
Given written information	14
Follow up to check on quit smoking progress	14
Referral to telephone Quitline	12
Referral to a GP or other doctor	11
Referral to onsite quit smoking group or program	7
Referred to other smoking cessation services	6
Prescription of stop smoking medicines (Champix or Zyban)	1

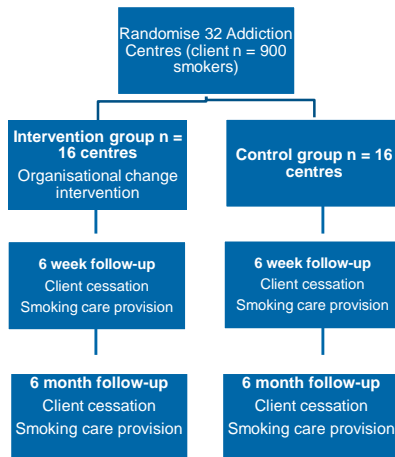
Skelton et al, 2016, Under review.



TNT trial sites



TNT TACKLING NICOTINE TOGETHER





Other outcomes – staff report of delivery of smoking cessation care (pre and 6 months post)

	% sometimes/always	
	Pre (n=362)	Post (n=120)
Clients smoking status recorded on file	74	90
Smoking cessation care		
Verbal advice to quit	79	80
Offer of Nicotine Replacement Therapy [NRT]	46	72
Given written information	58	59
Referral to telephone Quitline	22	52
Referral to a GP or other doctor	33	54
Referral to onsite quit smoking group or program	20	30
Referred to other smoking cessation services	33	33
Prescription of stop smoking medicines (Champix or Zyban)	24	33
Follow up to check on quit smoking progress	42	56

Skelton E, et al, in preparation.



Today:

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Time	Activity	Who
5 mins	Introduction	Billie Bonevski
10 mins	What is organisational change? What are the components?	Eliza Skelton (University of Newcastle)
10 mins	Case study: : Integrating smoking cessation care into routine service delivery in a medically supervised injecting facility	William Wood (Uniting Medically Supervised Injecting Centre)
10 mins	The Environmental Screening tool	Laura Twyman (Cancer Council NSW)
20 mins	General discussion: how each of these strategies could be practically implemented into your services	All

