

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

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Introduction:

Among injection drug users the prevalence of tobacco smoking exceeds 90% making smoking cessation intervention a priority. This is the first study internationally to integrate smoking care at an injecting facility. This study examines staff and client perspectives regarding: i) whether an organisational change intervention increased rates of cessation care delivery (pre- to post-intervention); and ii) the acceptability of the intervention.

Methods: A pre-and-post intervention pilot study in a supervised injecting facility was conducted in Kings Cross, Australia between July 2014-December 2015. The intervention employed an organisational change approach and included six components: organisational engagement, education, a smoker identification system, smoke-free policy promotion, a support champion, and nicotine replacement therapies. Cross-sectional samples of staff (pre n=27, post n=22) and clients (pre n=202, post n=202) completed online surveys pre and post intervention.

Results:

From pre-intervention to post-intervention staff reported smoking cessation practices significantly increased for the provision of verbal advice(30% to 82%; $p<0.001$), offer of free or subsidised nicotine replacement therapy(30% to 91%; $p<0.001$) and referral to a general practitioner(19% to 64%; $p=0.001$). Significantly more clients reported receiving all smoking cessation strategies post-intervention. Acceptability of delivering smoking care was high: over 85% of staff agreed that it was acceptable to address client smoking as part of usual care; nearly all(95%) clients agreed that it was acceptable to be asked by staff about their tobacco smoking.

Conclusions:

Increasing smoking cessation care using an organisational change approach is both feasible for staff and acceptable to staff and clients of supervised injecting facilities.

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