

Texas Recovery-Oriented Smoking Cessation Project Association of Substance Abuse Programs (ASAP)

- Collaboration
 - ASAP
 - Department of State Health Services (DSHS) (Tobacco Prevention and Control Branch
 - Health and Human Services Commission (HHSC) Substance Abuse Services
 - University of Texas at Austin, Tobacco Research and Evaluation Team
- Addressing the Problem

Tobacco Use Rate was double that of general population
Only 1% of Recovery-Oriented Program clinicians had received ASAP cessation training
Only 1% of youth and 13% of adults who reported tobacco use at intake in outpatient
programs had quit tobacco at discharge.

In 2014, 5% of callers to the Texas Quitline reported having a substance abuse problem



Texas Recovery-Oriented Smoking Cessation Project

OVERALL AIM:

Improve the health and wellness of the disparately affected population of adults and young people by increasing tobacco cessation among adults and young people diagnosed with a substance use disorder that are receiving services from DSHS-funded Recovery-Oriented Substance Abuse Treatment Programs

The Association of

PROJECT AIMS

Increase implementation of integrated smoking cessation treatment strategies by 10%

Support for policies adopting tobacco-free campus policy by 8%

Increase the percent of clinical professionals and peer leaders trained in evidence-based tobacco cessation treatment by 20%

Increase DSHS-funded SA Tx Recovery referrals to the Texas Quitline by 10%.

TARGET AUDIENCE

87 **Outpatient** (31,981/4,322 Y),

20 Pregnant Post Partum

Intervention Programs

(1925 A /5484 Y female)

9 **PADRES Intervention** Programs

(427A/16Y male)

27 **Oxford House** (421 residents)

28 ROSC recovery communities with

300 DSHS trained **Peer Recovery**

Coaches



Methods

- 1. Stakeholder and Peer Leadership Engagement
 - Stakeholder Workgroup provided overall direction of the project
- 2. Health Communications
 - 1. Educational and Promotional Posters and Brochures
 - 2. Quitline Push Cards
 - Presentations at statewide conferences and contractor meetings
- 3. Training
 - 1. Train the Trainer Workshops
 - 2. Regional Cessation Workshops
- 4. Peer Recovery Coach Curriculum Tobacco Cessation Module
 - 1 hour tobacco cessation integration module included in 4 day
 Peer Recovery Coach Curriculum for Trainers
- 5. Provider Policy Survey
- 6. Sustainability
 - 1. Advocacy for Texas Administrative Code Tobacco Free Campus Regulation
 - 2. Promotion of Policy Change to Improve Referrals to the Texas Quitline







- 5 Trainers attended Train the Trainer Workshops
 - 1 Trainer attained RMTTS certification
- Conducted 2 Regional Tobacco Cessation Integration workshops
 - 69 clinicians from 17 agencies (distributed 69 *Dimensions: Tobacco Free Toolkit for Healthcare Providers*)
- 38 HHSC Peer Recovery Coach Train the Trainer Workshops conducted
 - 283 Peer Recovery Coach Trainers
- Distributed 2,200 cessation posters to 91 Texas Recovery-Oriented Providers
- Distributed 9,250 cessation brochures to 91 Texas Recovery-Oriented Providers
- Texas Quitline Outreach to all 194 Oxford House residences (1,468 beds)



Outcome Results

- 18,603 unique adult clients impacted in FY17
 - 9,487 (51%) were tobacco users
 - Increased the percent of tobacco users at intake who were tobacco free at discharge from 6% in FY16 to 27% in FY17
 - 3,402 adults reported being tobacco free at discharge
- 3,219 unique youth clients impacted in FY17
 - 577 (22%) were tobacco users
 - Increased the percent of tobacco users at intake who were tobacco-free at discharge from .6%
- 48% increase in calls to the Texas Quitline from persons self-reporting drug or alcohol abuse (925 in 2014 to 1,373 in 2016)
- HHSC Clinical Management for Behavioral Health Services implemented a Quitline referral system for providers in February 2016
 - 69 referrals to Texas Quitline



Outcome Results

- 67% of Oxford House, PPI, Padres programs reported that they intend to make policy changes for a tobacco-free campus
- 100% increase in the number of Peer Recovery Coaches trained from 0 to 283 receiving tobacco cessation integration training
- 45% of the targeted goal for provider clinicians trained was reached



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Lessons Learned and Recommendations

Skilled trainers who are experienced and skilled in presentation, communication, and organization provide quality workshops and perform better on participant evaluation questionnaires.

Use skilled trainers

Policy change requirements such as the tobacco-free campus rule 448 proposed by DSHS impacts provider motivation and implementation. Provider interest in training and technical assistance was good when the policy change was expected; when the policy change did not happen, provider interest declined dramatically.

Continue to advocate for HHSC Tobacco Free Campus Policy Change through future HHSC public hearing process.

Anecdotal evidence shows interest among recoverees in quitting tobacco. They do want to quit using tobacco. However, access to Nicotine Replacement Therapy (NRT) remains a priority among those in recovery programs and funding for NRT is a major concern for treatment providers.

Advocate for funding for NRT in treatment and recovery programs as part of treatment protocols.

Continue to promote health communications among persons in recovery.

Legislatively mandated HHSC/DSHS re-organization process and changes in 2015 caused stakeholder distraction from ASAP grant participation. The level of commitment from the tobacco program and substance abuse services program was less than in past years due to the transformation obligations. Funder involvement in the grant project effects provider participation.

Collaborate with partners and stakeholders as they are able in order to accomplish grant goals.