INTEGRATING TOBACCO CESSATION INTO ADDICTION TREATMENT (ITCAT)

ONTARIO FIELD SURVEY 2010

SUMMARY REPORT

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INTRODUCTION

In recognition of tobacco's prominence in the overall burden of illness, the Ontario government has recently made unprecedented investments in prevention, protection and cessation related to the use of tobacco. Conspicuous by its absence from the allocation of resources, is Ontario's addiction treatment system. This is problematic for several reasons.

1) Regardless of how we measure it, tobacco remains Ontario's number one drug problem, accounting for 42% of drug-related costs to the Ontario economy, 59% of drug-related hospital days, and 86% of drug-related deaths (Rehm et.al., 2006).

2) Of those who enter addiction treatment programs, more will die from tobacco-related disease than from all other causes combined (Hurt et al.,1996). Therefore, for over half of our clients, we may be saving them from the perils of other drugs so they ultimately die from their use of tobacco.

3) Non-smoking clients in addiction treatment programs have better outcomes than those who continue to smoke (McCarthy et. al., 2002). This raises the very real possibility that we can improve outcomes by helping our clients to stop smoking.

4) In 2009-10, 22,775 clients attending addiction treatment programs in Ontario identified tobacco as a problem for themselves; that makes tobacco third highest among all substances, behind only alcohol and cannabis (DATIS, 2010).

Despite tobacco's prominence as Ontario's most serious drug problem, from a variety of perspectives, it has historically been marginalized within the policy structure of Ontario's addiction treatment system. In 1999, the Ontario Ministry of Health released *Setting the Course: A Framework for Integrating Addiction Treatment Services In Ontario* which provided a 10 year plan for addictions treatment in Ontario. The document did not mention tobacco. A decade later, the Ontario Ministry of Health and Long Term Care released *Every Door is the Right Door: Towards a 10-Year Mental Health and Addictions Strategy: A Discussion Paper - a*nother 10 year plan in which tobacco is not mentioned.

This disconnect between cause for concern and appropriate attention stands as a rare but serious blemish on what has otherwise been a very progressive system of care for addictive behaviours.

Given the lack of direction at the policy level, most service providers, despite high client demand and need, have been reluctant to provide services in-house to help their clients reduce tobacco use. We can speculate as to the reasons why tobacco has received so little recognition at both the treatment policy and service levels.

- tobacco use tends not to create personal crises requiring urgent attention

- tobacco use is not related to as much highly visible behavioural or social disruption as are other substances
- the serious physical harm related to tobacco becomes manifest later in life
- counsellors who are smokers may be ambivalent about encouraging a client to quit
- the historical culture of addiction treatment appears to have sustained a tobacco-tolerant milieu at many addiction treatment agencies.

However, given the substantial health-related and fiscal burden attributed to tobacco, and the high level of client demand for help, these factors should not be allowed to prevent action any longer. To address the long-standing marginalization of tobacco in Ontario's addiction treatment system, an initiative called ***Integrating Tobacco Cessation into Addictions Treatment*** **(ITCAT)** has taken form. Its strategic goal is that Ontario's addiction treatment system will fully integrate the provision of smoking cessation services into programs for its clients. The initiative began in 2008 as a priority for CAMH's Tobacco Policy Group. In early 2009, a partnership was formed among Addictions Ontario, CAMH, and the Ontario Federation of Community Mental Health and Addiction Programs. The newly-formed ITCAT Planning Group organized a meeting of addiction programs to discuss the issues involved. In March 2009, thirty-four managers and counsellors came together at CAMH's TEACH headquarters in Toronto and identified a variety of benefits to clients, counselors, and programs that would arise from the improved integration of tobacco into addictions treatment. The participants also identified several challenges and brainstormed some potential solutions. The meeting proceedings were captured in a report released to the field later that year (CAMH, 2009). From the information in that report, several presentations at professional meetings were also given, including the *6th Canadian National Conference on Tobacco or Health*, *Making Gains*, and two *CAMH in the Community* events. All these meetings provided an opportunity to place this issue on the radar of the field, and to solicit input to help with the ongoing development of our approach.

The ITCAT Group has also connected with the larger tobacco control community in Ontario. Evidence of these newly-forged linkages appears in the recently released Report from the Tobacco Strategy Advisory Group to the Provincial Government (2010) which suggests that the government target *"…groups that are at high risk for tobacco-related disease or have decreased access to tobacco-cessation services in order to provide services that address their specific needs. This may include groups such as people in addiction and mental health treatment settings, including those struggling with problematic gambling."*

One of the issues identified on more than one occasion is that when clients are searching for an addiction program, perhaps through ConnexOntario's DART database, there is no way to identify those programs that are willing to help clients quit smoking. When approached, Connex enthusiastically joined the partnership, and played a key role in the implementation of the field-wide survey described in this report.

SURVEY APPROACH

This survey was intended to answer two questions.

1) How many addiction treatment programs in Ontario currently offered tobacco cessation treatment as part of their services?

This question was meant to be a first level yes/no screening question, with qualification of positive responses to occur in a later phase of the project.

2) What are the barriers and reasons that prevent programs from providing tobacco cessation treatment ?

The survey instrument listed 12 potential barriers/reasons from which respondents could select the ones that applied to their programs. This list arose from previous consultations with the field, principally from the March 2009 Field Consultation. Survey respondents were also given the opportunity to identify other barriers/reasons. In the returned surveys, some of these 'other' reasons were determined to be similar enough to the reasons provided by the survey, that the results were combined. In the end, all reasons/barriers were categorized into one of three implementation strategies devised to address the reasons/barriers.

Respondents also had the opportunity to make more general comments related to the ITCAT initiative.

The survey was distributed via email on January 21 2010 by Addictions Ontario (AO) and the Ontario Federation of Community Mental Health and Addiction Programs (OFCMHAP) to their respective member agencies. In total, 183 addiction agencies representing 1,395 programs across Ontario received the survey. The survey was emailed a second time ten days after the first. A phone call was placed to non-responding agencies a week later. All agencies not responding to email were called either two or three times. As a final part of the strategy for maximizing response rate, CAMH's Provincial Services staff followed up with remaining non-respondents in their respective communities. The survey was closed on May 17, 2010. Survey results reported here reflect agency and program status as of that date.

RESULTS

132 agencies, representing 1,130 programs, responded to the survey, providing a response rate of 72.1% for agencies and 81.0% for programs. 31 agencies, representing 266 programs, identified themselves as providing smoking cessation. That translates into 23.5% of agencies and (coincidentally) 23.5% of programs. Those agencies not providing smoking cessation identified the barriers/reasons, and these are captured in the table below.

Barriers/Reasons Cited for Not Providing Smoking Cessation: Organized by Three Implementation Strategies

Implementation Strategies & Respective Barriers/Reasons	# of Times Cited	% of All Barriers/Reasons Cited
Strategy 1: Providing Clarification & Increased Awareness		
Smoking not seen as important to clients	83	5.2
Smoking not seen as important relative to other issues	49	3.2
Dealing with a client's smoking will jeopardize other treatment goals	43	2.8
Seen as too dramatic of a change for program's culture	31	2.0
Demand for smoking cessation services will increase agency wait times	27	1.7
Clients need smoking to help them cope with problems in their lives	19	1.2
Having staff at this agency who smoke would make this unworkable	11	0.7
There will be too much resistance from referring agencies	10	0.6
Local Public Health Unit provides smoking cessation treatment	9	0.6
Sub-Total	**282**	**18.0**
Strategy 2: Mandate Renewal		
This agency does not have such a directive or mandate from its funder	443	28.6
Sub-Total	**443**	**28.6**
Strategy 3: Providing Required Resources		
This agency cannot afford the necessary increase in staffing	345	22.3
This agency cannot afford to purchase stop-smoking medication	288	18.6
This agency cannot afford the necessary staff training	191	12.3
Sub-Total	**824**	**53.2**
Total	**1549**	**99.8***

* Rounding Error

The invitation to provide more general comments in the survey yielded a great deal of encouragement for this initiative and also identified some important challenges to be addressed. The scope of commentary is too broad to capture in succinct fashion for a summary report. The complete commentary, along with more detailed data from the

survey, is available in the full report (MacLeod, 2010). The commentary will continue to serve as a key repository of support and guidance in the ongoing evolution of our strategy.

DISCUSSION OF KEY ISSUES

Integration of Tobacco into Addictions Treatment is Gaining Momentum in Ontario

The response rates of 72.1% and 81.0% for agencies and programs, respectively, were achieved in an era of widespread survey fatigue where response rates of 30-40% is the norm. We believe that this indicates that the issue of the integration of tobacco into addictions treatment is clearly on the minds of those working in Ontario's addiction treatment system. The fact that 23.5% of agencies are already providing this service in the absence of any formal mandate or dedicated funding from their principal funding body is another indicator of the level of interest.

Anecdotally, we are led to believe that this issue is gaining in both awareness and practice since the survey was conducted. We are hearing about more addiction agencies who are considering providing tobacco cessation to their clients. Initial indications from Connex's ongoing monitoring of addictions agencies suggests that there has been an increase in the number of agencies reporting that they provide smoking cessation since our survey was completed in May 2010. A report will be provided in early 2011, after a more careful look at the Connex data.

Interest in TEACH, CAMH's professional education initiative on clinical skills for tobacco cessation, also appears to be increasing among addictions agency staff.

How are Agencies Providing Tobacco Cessation ?

With our survey indicating that more than one in five agencies and programs are offering tobacco cessation, it is important to know more about exactly what is offered, how, with what resources (ie. stop-smoking medications) and under what restrictions or limitations. This raises the major short-coming of our study which is that we cannot answer these questions. A major reason for involving ConnexOntario in the project was to be able to take advantage of their mandate for, and expertise in, cataloging this same information for other substances addressed by Ontario's addiction treatment system. As part of their ongoing agency audit, Connex has committed to collecting the information on tobacco cessation from their participating agencies. The collection of that information will provide us with an annual count of the number of agencies providing tobacco cessation, which also provides us with an annual indication of our progress relative to the baseline established by this survey.

Addressing Barriers to Providing Tobacco Cessation

In clustering the responses to the survey by implementation strategy, the following themes emerged.

1) Because of the historical absence of tobacco from the addiction treatment system, there is a considerable amount of misunderstanding about tobacco use, nicotine dependence, and the connection to substance abuse treatment. This puts the onus on ITCAT to improve its efforts to provide the field with the information needed to better understand the rationale and objectives of the project, particularly in regard to the benefits for their clients in addressing tobacco use.

2) There is a need for mandate renewal from the Ministry of Health and Long Term Care so that agencies can be confident that they have license to help clients who ask for help to address tobacco. A communication strategy for treatment agencies, forged with the support and input from the province's LHINs, needs to be developed.

3) There is a need for a variety of resources for the system. This would include training in clinical tobacco cessation knowledge and skills, improved staffing capacity, and access to stop-smoking medications.

Tangible Progress

Since putting our survey into the field, we are receiving regular indications that the field is increasingly recognizing the importance of this issue, and that tangible progress is occurring. We have already discussed the changes at ConnexOntario which include altering the structure and content of its database to include program information on the provision of tobacco cessation. After additional structural changes are made, it will be possible to search the database for those addiction programs that are willing to help clients address tobacco.

As noted earlier, there appears to be some increased interest in TEACH among addiction service providers. To take advantage of this, and to further the objectives of ITCAT, we have prepared a funding proposal for imminent submission to government: "*Proposal for Integrating Tobacco Cessation into Addiction Treatment (ITCAT): Development of a Provincial Training Program*". The proposed work will further address aspects of the three themes by holding two multi-site province-wide events by OTN video conference. The first will be an awareness event to provide people with the rationale for why tobacco integration is important, and an update on ITCAT progress. It will also provide an orientation to the TEACH clinical training program, and allow participants an opportunity to discuss ITCAT more generally. The second event will provide a province-wide training program in the fundamentals of tobacco cessation counseling skills using TEACH. This event will also be used to lay the foundation for a provincial Community of Practice to support the ongoing development of a skilled workforce for addressing the need for integrated tobacco cessation. It is hoped that an

investment in training by the Ministry will signal its interest in supporting mandate renewal.

The three themes presented above include several other challenges that are more complex. A separate funding proposal: *Integrating Tobacco Cessation into Addictions Treatment (ITCAT): Proposal for Mandate Renewal and Needed Resources* will address the many facets of this complexity. That proposal will present a business case and outline proposed responsibilities for all key players to realize the integration of tobacco into addictions treatment. This will include the Ministry of Health & Long-term Care, the LHINs, the Ministry of Health Promotion, and addiction treatment providers. That proposal is expected to be submitted in 2011.

In the interim, ITCAT is committed to connecting with the field in all possible ways to continually improve our strategy for the integration of tobacco into addiction treatment.

References

CAMH. Integrating Tobacco Interventions into Addictions Treatment: An Ontario Addictions Sector Meeting (Thematic Summary Report). Toronto: March 3, 2009.

CAMH. DATIS Database. Characteristics of Substance Abuse Open Individuals, Fiscal Year 2009-10.

CAMH. Proposal for Integrating Tobacco Cessation into Addiction Treatment (ITCAT): Development of a Provincial Training Program. 2010.

Hurt, R. D., Offord, K. P., Croghan, I. T., Gomez-Dahl, L., Kottke, T. E., Morse, R. M., et al. (1996). Mortality following inpatient addictions treatment. role of tobacco use in a community-based cohort. *JAMA: The Journal of the American Medical Association, 275*(14), 1097-1103

MacLeod, N.T. (2010). Smoking Cessation Treatment Integration into Ontario Addiction Agencies' Programs (Initial Data Report). CAMH.

McCarthy, W. J., Zhou, Y., Hser, Y., & Collins, C. (2002). To smoke or not to smoke: Impact on disability, quality of life, and illicit drug use in baseline polydrug users. *Journal of addictive diseases : the official journal of the ASAM, American Society of Addiction Medicine, 21*(2), 35-54.

Ontario Ministry of Health. "Setting the Course: A Framework for Integrating Addiction Treatment Services In Ontario" (1999)

Ontario Ministry of Health and Long Term Care. "Every Door is the Right Door: Towards a 10-Year Mental Health and Addictions Strategy: A Discussion Paper" (July 2009).

Rehm, J., Baliunas, D., Brochu, S., Fischer, B., Gnam, W., Patra, J., Popova, S., Sarnocinska-Hart, A., Taylor, B. (2006). The Costs of Substance Abuse in Canada, 2002. Canadian Centre on Substance Abuse.

Tobacco Strategy Advisory Group. "Report from the Tobacco Strategy Advisory Group to the Minister of Health Promotion and Sport". October 18, 2010.