

October 12, 2022

» Oregon Nicotine Treatment and Recovery:

# Expert Panel Meeting

A SOCIAL IMPACT COMPANY  
»redegroup

## » Introductions

- Name
- Pronouns (optional)
- Organization
- Icebreaker question (optional): What's your favorite meal to cook? Why?



# » NiTR Expert Panel Agenda: 10.11.2022

Topic	How	Lead	Time
Welcome/ Introductions	Everyone shares their name, pronouns, and organization, optional icebreaker question	Elizabeth	12:00-12:15
Updates	Rede team share updates on current activities	Beck	12:15-12:20
Direct Service Staff	Share current status and preliminary data	Elizabeth	12:20-12:55
NRT Pilot	Discussion about NRT pilot and recommendations	Beck	12:55-1:20
Wrap Up	Review next steps	Beck	1:20-1:30

# Project timeline



Policy research/literature reviews

Monthly expert panel meetings



- Convene Nicotine Treatment and Recovery expert panel
- Identify assessment questions

- Begin policy research/literature reviews

- Survey SUD facilities
- Conduct key informant interviews with other states

- Collectively review and interpret SUD survey results
- Create a report with assessment results from SUD survey
- Begin CMHP assessment (through summer '22)

- Partner with Oregon groups to focus scope and identify focus group participants/interviewees
- Prepare for SUD facility interviews and focus groups

- Conduct interviews/provider focus groups with Oregon BH/SUD providers
- Develop preliminary analysis of Oregon BH/SUD provider interviews and focus groups. Collectively interpret results

- Develop recommendations for Oregon BH/SUD facilities
- Distribute knowledge/skills assessment to relevant OHA staff to identify training and TA needs
- Develop CMHP mini report

- Create a report with assessment results from Oregon BH/SUD interviews and focus groups
- Develop and implement a plan for bespoke training and technical assistance for OHA staff or partners, including engaging state and national trainers

# » Direct Service Staff data collection

## Purpose & goals:

- Exploring the level of acceptability of tobacco/nicotine use in SUD facilities and ways to address it
- How can we continue to shift the cultural norms within this population? Is it still pretty normative to smoke? What more can we do with policy and other environmental supports?
- Develop a deeper understanding of systemic and workplace issues affecting behavioral health facilities' efforts to treat nicotine dependence and support recovery



## » **Direct Service Staff Focus Groups**

Conducted two focus groups in September:

- Urban: 9/14/22
  - 8 participants representing 7 organizations
- Rural: 9/15/22
  - 5 participants representing 4 organizations

# » Direct Service Staff Focus Groups

After reviewing preliminary analysis....

- What information is missing or what do we need more info on?
- Some areas we thought could be explored further:
  - Why is it difficult to treat for nicotine dependence at outpatient SUD facilities?
  - What kind of trainings are staff receiving? What kinds do they need?
  - What else?

# » Direct Service Staff Focus Groups

Further data collection:

- More focus groups?
- Individual interviews?



**NRT Pilot**

# Panel Discussion



## » **Nicotine Addiction: Brief Overview**

Tobacco use and dependence is a chronic, relapsing condition that often requires repeated intervention and long-term support.

Evidence-based treatments improve success. Below are clinical interventions that work to help adult patients quit smoking.

# » Nicotine Addiction: Treatment

## Behavioral Counseling

- In-person
- Telephonic (Oregon Tobacco Quit Line)
- Web-based
- Text-based

## Medication

- Nicotine Replacement Therapy (NRT) reduces nicotine withdrawal symptoms
- Varenicline is a nicotine receptor partial agonist available only by prescription
- Bupropion is a dopamine and norepinephrine reuptake inhibitor with nicotine receptor antagonist properties

## » **Nicotine Addiction: Treatment**

### **Combining Treatments:**

Counseling and medication are effective on their own but using them together can more than double the chances of quitting

Combining long-acting NRT (patch) with short-acting NRT (e.g., gum, lozenge) also increases the chances of quitting

## » **NRT Pilot**

Based on input from this panel, OHA is supporting a pilot program to provide free NRT to SUD or Mental Health treatment facilities.

Clinics would use the free NRT onsite with consumers are addicted to nicotine, are ready to try quitting, and for whom NRT is indicated

OHA has set aside \$32,000 for the NRT Pilot

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## » **NRT Pilot**

*Through this pilot we hope to identify benefits and drawbacks of making NRT more accessible to direct service providers*

## » **NRT Pilot: Selecting Clinics**

### Options

- Facilities who asked for free NRT when taking the survey
- Facilities who are on this Expert Panel or CMPHs who have participated in interviews
- Another recruitment via email outreach
- Other

## » NRT Pilot: Site expectations

### Options

- Want to keep this simple - the idea is to ease the burden on facilities
- Do want to get some information about the results of the pilot (Maybe one 5-10 question survey or phone call with Rede a few months in?)
- What about tying a training requirement with receiving the free NRT? (Rede could facilitate training)



## » **NRT Pilot: Logistics**

### **Options**

Facilities purchase NRT using their formulary agreements and are paid upfront or after purchase by Rede

Rede or OHA purchases NRT and supplies it to clinics

## » Next steps

- Write up for interviews with Community Mental Health Programs
- Determine next type of data collection for direct service staff
  - We may ask for EP help!

